



GCE MARKING SCHEME

HEALTH AND SOCIAL CARE AS/Advanced

JANUARY 2012

INTRODUCTION

The marking schemes which follow were those used by WJEC for the January 2012 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)	<p>1 mark each for:</p> <p>(i) diet (ii) hygiene (iii) physical safety (iv) physical comfort (v) stimulation</p>	5	5			
(b)	<p>1 mark each for:</p> <p>(i) social contact or social support (ii) autonomy (iii) psychological security</p> <p>(Do not allow social/intellectual, etc.)</p>	3		3		
(c) (i)	<p>0-2 marks: Basic identification of key points. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Key points described, including reference to Cerys. Answers are well structured and clearly communicate meaning, with use of specialist vocabulary</p> <p>Likely answers may include:</p> <p>The Disability Discrimination Act (DDA) would provide Cerys with rights in the areas of buying property, access to goods, services and facilities, employment, education and transport. It aims to end discrimination against her in these areas by providing her with relevant information and helping her achieve fairer treatment. The act requires public bodies to promote equality of opportunity and allows the government to set minimum standards so that Cerys can use public transport easily and access public buildings.</p> <p>Key points:</p> <ul style="list-style-type: none"> • people who provide services to the public must not provide a service that is less favourable to those who have disabilities • it is unlawful for an employer to discriminate against a job applicant or employee who has a physical or mental impairment • all employers must consider what reasonable adjustments they need to make to their employment and recruitment conditions, recruitment policies and procedures to accommodate disabled people. 	4	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c) (ii)	<p>(1 mark for the correct name of the Act, up to 3 marks for explanation.)</p> <p>Likely answers may include:</p> <p>Any two from:</p> <p>Sex Discrimination Act: This makes it unlawful to discriminate against a person on grounds of gender and marriage and promotes sexual equality within employment, education, advertising and the provision of housing, goods, services and facilities. The Act applies to both men and women of any age, including children.</p> <p>Key points:</p> <ul style="list-style-type: none"> • the Sex Discrimination Act (SDA) applies in Wales, Scotland and England, to all men, women and children • there are some exceptions to the law, e.g. when men and women are competing in an activity in which a woman may be at a disadvantage in comparison with a man due to physical strength; when a charity provides a service to one sex only (Women's Aid) • the SDA does not contain express provision in relation to sexual harassment • the SDA refers to both direct and indirect discrimination <p>Race Relations Act: This provides protection from racial discrimination and promotes equal opportunities in the areas of housing, employment, education and the provision of goods and services. The Act identifies three types of discrimination: direct discrimination (treating a person less favourably on racial grounds); indirect discrimination (discriminating without intention); victimisation.</p> <p><i>[Equality Act 2010: At the moment, there are several different laws to protect people from discrimination on grounds of:</i></p> <ul style="list-style-type: none"> • race • sex • sexual orientation (whether being lesbian, gay, bisexual or heterosexual) • disability (or because of something connected with their disability) • religion or belief • being a transsexual person (transsexuality is where someone has changed, is changing or has proposed changing their sex – called 'gender reassignment' in law) • having just had a baby or being pregnant • being married or in a civil partnership (this applies only at work or if someone is being trained for work) and • age (this applies only at work or if someone is being trained for work). 	4,4	2	3	3	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c) (ii) (cont'd)	<p><i>The Equality Act 2010 simplifies the current laws and puts them all together in one piece of legislation. Also, it makes the law stronger in some areas so, depending on your circumstances, the new Act may provide more protection. Most of the Equality Act came into force in October 2010 and this guide covers the main changes coming into effect then. The Act also contains other changes. For example, if someone is over eighteen, the Act contains a new law to protect them from discrimination because of their age when shopping or using facilities such as swimming pools or libraries. The government is looking at how the rest of the Act can be implemented in the best way for business.]</i></p> <p>Human Rights Act: This Act enables people to seek redress for infringements against their human rights, i.e. the right to take people to court. The Act makes it clear that the courts in this country should be compatible with the rights as stated in the convention and it places an obligation on public authorities to act compatibly with human rights. 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>Key points:</p> <ul style="list-style-type: none"> • the Act ensures that each individual can clearly understand basic values and practice • it covers all kinds of care environments • all public authorities must pay attention to each individual's rights when making decisions that are going to affect the public • people are able to challenge what they consider to be unlawful interference with their human rights before the UK courts <p>Children Act: This Act aims to ensure the welfare of the child is paramount. It aims to work in partnership with parents to protect children from harm. It strengthens children's legal position and gives them equal rights, feelings and wishes. It encourages children to make their own decisions, to be consulted and to be kept informed about everything that would happen to them.</p> <p>Key points:</p> <ul style="list-style-type: none"> • the welfare of the child is of paramount consideration – the 'paramountcy principle' • whenever possible, children should be cared for within their own families • parents should be offered help • statutory services are offered to children in need and partnerships between services should be effective • children should be safe and protected at all times <p>Credit answers which refer to Work and Families Act/Equal Pay Act.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>0-3 marks: Identification of several key points or description of one. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Several key points are described in detail, showing understanding of the positive actions of the commission. Answers are well structured and clearly communicate meaning, with use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>The role of commissions, which may include reference to the Equality and Human Rights Commission (or the Equal Opportunities Commission, the Commission for Racial Equality, the Disability Rights Commission, Human Rights Commission) and how it has a positive influence:</p> <ul style="list-style-type: none"> • Ensures people are aware of their rights and how to use them. It offers advice and information through help lines, websites and publications. The Equality and Human Rights Commission can help individuals work out their rights and give advice on what they can do next. • Works with employers, service providers and organisations to help them develop best practice. 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 inquiries and formal investigations. • Works with policy makers, lawyers and the government to ensure that social policy and the law promote equality, and • Uses its powers to enforce the laws that are already in place. There are laws in this country to protect individuals from discrimination, unequal treatment and to preserve individuals' rights in relation to: <ul style="list-style-type: none"> - age - disability - gender, including gender reassignment - race - religion and belief - sexual orientation 	5	3			2
	Total for Question 1	25	12	8	3	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i), (ii)	<p>Likely answers may include:</p> <p>Any two from:</p> <p>With an individual in care: Giving information: a care worker might explain the treatment available to an individual so they understand what is happening to them. Providing reassurance/comforting an individual: helping to relax an individual who may be worried about or afraid of treatment/ results.</p> <p>With the care team: Passing information on to other colleagues; ensuring treatment is not duplicated, providing continuing care. Asking questions: to find out individual's progress to continue/change treatment.</p> <p>Allow answers which refer to tone, speed, pitch and clarity in both (i) and (ii).</p>	3,3	2	4		
(b)	<p>Award a maximum of 4 marks for an accurate explanation in terms of using effective communication skills in a care setting. (Answers should include reference to tone, clarity and loudness.)</p> <p>Likely answers may include:</p> <p>The way you say something includes the tone of voice you use; if you are too harsh in the way you speak, individuals may be upset; likewise, if the way you speak is too jovial, people may be offended. Shouting at someone may make them afraid or angry and could cause offence.</p>	4	2		2	
(c)	<p>0-2 marks: Answers that attempt to explain non-verbal skills; possibly a list. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show evidence of understanding of at least one non-verbal communication skill and give examples of how communication may be affected. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that use correct terminology and show clear evidence of understanding of at least two non-verbal communication skills and evaluate how they can affect communication. Answers are well structured and clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Answers should include reference to positive and negative effects of:</p> <p>Use of eye contact so the individual feels valued and is aware that the carer is talking to them and is interested in them. Avoiding eye contact may make the person feel uncomfortable.</p> <p>Facial expression: should be appropriate to the situation, e.g. someone smiling would make an individual feel welcome/safe, whereas a frown might suggest bad news or hostility.</p>	6	2	2		2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (cont'd)	<p>Body language: open arms are welcoming, inviting discussion, closed arms indicate a closed person, holding back. Leaning forward indicates interest – encouraging the individual to talk, nodding head indicates approval, shrugging suggests a person does not care.</p> <p>Other gestures: winking, rolling the eyes may be misread as being too friendly/informal.</p> <p>Maximum of 3 marks for discussion of alternative methods of communication, including written.</p>					
(d) (i)	<p>Likely answers may include:</p> <p>Any two from:</p> <ul style="list-style-type: none"> storing all records and sensitive material in locked filing cabinets or password-protected computers carrying out consultations in a private room not gossiping about patients outside the care setting relevant security checks for telephone queries 	2		2		
(ii)	<p>Likely answers may include:</p> <p>Any one from:</p> <ul style="list-style-type: none"> if the individual is at risk if the public is at risk 	1	1			
(iii)	<p>0-2 marks: Answers that identify benefits or risks to individuals, possibly a list. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that describe and show some understanding of the benefits or risks to individual's care. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that use correct terminology and show clear evidence of understanding of the benefits and risks to individual's care; factors affecting quality of life are correctly identified. Answers are well structured and clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>By maintaining confidentiality, individuals will develop trust in their carers and will be more likely to discuss problems/conditions with them, thus getting the care they need, promoting psychological security. If individuals do not trust their carers, they may not open up to them and their condition may deteriorate. Individuals' physical safety may be at risk if confidentiality is not maintained, as addresses and/or contact details may get in to the wrong hands, putting individuals in danger (e.g. child custody situations). Maintaining confidentiality is important in upholding individuals' privacy in order to avoid embarrassment, for example, if details of their treatment/condition are made public.</p>	6	2		2	2
	Total for Question 2	25	9	8	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>2 marks each for description of barrier, 1 mark each for effect on care. (2x3)</p> <p>Likely answers may include:</p> <p>(i) Social exclusion – an individual may not be able to be involved socially due to inability, being ignored or an inappropriate activity. This would affect the care they receive, as they may be left out and become lonely, may lack confidence, not speak to anyone, may not ask for the help they need.</p> <p>(ii) Hostile behaviour – some individuals may feel lack of empowerment and resort to lashing out with physical and verbal abuse towards carers. Carers would be reluctant to help the individual as they may feel they could be in danger because of the individual's attitude and may be afraid, and may make mistakes. (Stubborn and aggressive behaviour.)</p>	3,3	3	3		
(b)	<p>2 marks for description of barrier, 1 mark each for effect on care. (2x3)</p> <p>Likely answers may include:</p> <p>(i) Lack of skill – the care worker does not have the correct skills for the work they are doing. If a care worker lacks skill, they may lack confidence and give poor care. For example, if a care worker has not had safe handling training they may injure themselves and/or the individual.</p> <p>(ii) Preoccupation with own needs – is about the care worker thinking about themselves and not the individual. It is about how the care worker may be focusing on their own concerns and not concentrating on their work; for example, the care worker may have a party to go to and be more concerned about what they are going to wear, or may have other concerns, such as worrying about an ill child. The care provided may not be safe or appropriate as the carer's mind would be distracted and lead to them not providing good care or paying attention to detail. Mistakes may therefore be made, for example with medication, or they may forget to do something for the individual.</p>	3,3	2	2	2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p>Likely answers may include:</p> <p>Physical impairment – a lack of mobility may result in lack of control over their care; for example, a missing limb may result in being unable to comply with instructions, not being able to get to the service they need, doors may not be wide enough for wheelchairs, doors may be too heavy for those with walking sticks, too many steps/no ramps available, poor transport facilities, unable to drive, too many steps.</p> <p>Do not credit reference to financial barriers.</p>	4	2	2		
(d)	<p>0-3 marks: Answers that identify ways to overcome barriers or name strategies, with little or confused descriptions; possibly a list. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that describe ways to overcome barriers to accessing care, giving relevant examples within a caring environment. Answers communicate meaning with some use of specialist vocabulary.</p> <p>7-9 marks: Answers that show clear evidence of understanding to assess a range of strategies to overcome the barriers to facilitate access to care. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy</p> <p>Likely answers may include:</p> <p>Assessment should refer to:</p> <p>Equipment – to assist understanding – adapted computers.</p> <p>Adapted equipment and facilities – voice-operated equipment, simplified notes/leaflets using correct style and font size, coloured paper.</p> <p>Use of support groups/an advocate – needs to be someone who knows them well, although not always available to go with them, will explain details in simpler terms, can give information on behalf of the individual which they may find difficult to explain. Can help them find the services they need, go with them, may give confidence so won't be so nervous/afraid.</p> <p>Makaton – symbols and signs that provide a visual representation of language which increases understanding and makes expressive communication easier. Signs and symbols give extra information which can be seen and are easier to learn than spoken words. Makaton can help if people have difficulties with understanding and speaking. Through Makaton, they are able to develop important communication skills.</p>	9	1	2		6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d) (cont'd)	<p>Widgit symbols enable individuals of all ages with communication challenges and/or learning disabilities gain access to written information and communication more independently. Widgits form a pictorial language of symbols used predominantly for people with learning disabilities. Using symbols helps everyone but, in particular, people with learning disabilities, to understand information. A symbol can simply illustrate a word but it can do much more than that; it is a graphic representation of a concept. Symbols used in public spaces also benefit a wide range of other people, including young children, foreign visitors and adults with poor literacy skills.</p> <p>Allow marks for answers which refer to staff training, policies and codes of practice.</p> <p>Allow caring skills.</p> <p>(Possible references to SEND)</p>					
	Total for Question 3	25	8	9	2	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i)	<p>Likely answers may include:</p> <p>Any three points from the following (award a maximum of 3 marks for a full explanation of the importance of Rashid's carers using caring skills to ensure his needs are met):</p> <p>Encouraging – the care worker will motivate and support Rashid through difficult times and procedures. This means to encourage him to reinforce behaviour that increases his health and well-being. The carer can gently provide information about the effects of this behaviour, remembering that each individual is unique and free to make their own choices. Rashid may feel more valued and be willing to try new experiences.</p>	3	2			1
(ii)	<p>Likely answers may include:</p> <p>Any three points from the following (award a maximum of 3 marks for a full explanation of the importance of Rashid's carers using caring skills to ensure his needs are met):</p> <p>Creating trust – is vital if caring is to be a true partnership between the carer and Rashid. The care workers need to build relationships, maintaining confidentiality and being consistent. Rashid will judge the care workers to be reliable because they behave consistently and will be more co-operative and feel safe. Rashid and his carers may develop special relationships when Rashid reveals confidences. These may be personal issues which have no bearing on the care he receives but he may wish to share his feelings with someone he feels he can trust.</p>	3	2			1

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b)	<p>0-2 marks: Answers that identify safe working practices, possibly in a list, or answers which describe only one area, e.g. safe lifting, good hygiene or maintaining own safety. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that discuss, in some detail, how carers can apply safe working practices when caring for Rashid. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>4-6 marks: Answers that discuss, in some detail, at least two areas of safe working practices which meet Rashid's needs. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Safe working practices – as part of a care worker's training, they are trained to work safely to ensure they protect themselves and the individuals in their care. Specific training includes: lifting techniques, hygiene practices and maintaining own safety.</p> <p>Safe lifting – is important to the care worker and the individual. If an individual needs help with their mobility, a care plan will record an assessment of the individual's needs. It will identify the procedures for moving and handling the individual. Safe lifting training aims to reduce the amount of injuries caused to the care worker (less risk of strains or back injury) and the individual in care (bruising, falls, skin tears, musculoskeletal injuries).</p> <p>Good hygiene practices – are in place to control infection. NICE has guidelines to control infection within the caring sector. Infection is a two-way process and the guidelines are 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 who could pass an infection on to them. Patients are also vulnerable, as their bodies are fighting to recover from illness and their immune system is at a low ebb.</p> <p>Methods for avoiding infection are:</p> <ul style="list-style-type: none"> • hand washing • using gloves and aprons • using sharps safely • basic food hygiene • educating carers and individuals <p>Maintaining own safety – is a natural part of safe working practices. It will be found integrated into safe lifting and hygiene practices. Carers are also trained to be aware of any threat of danger or risk they may be under with regard to hostile or violent individuals in their care, and should use disengagement to remove themselves from risk.</p>	6	3	2		1

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>Award a maximum of 3 marks for an accurate description of the ways in which carers could support Rashid's intellectual needs.</p> <p>Likely answers may include:</p> <p>Any three points from:</p> <p>Intellectual: he will need a lot of stimulation to keep his mind active, provision of a television, an adapted computer which could be voice activated/tapped with a mouth controller, audio books.</p>	3	2	1		
(d)	<p>0-3 marks: Answers that identify some aspects of the principle of care with little or no reference to Rashid. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that describe and show some understanding of some aspects of the principle of care in relation to Rashid. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show thorough understanding and use correct terminology to assess all aspects of the principle of care in relation to Rashid. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The right to dignity – means that individuals have a right to preserve their privacy with particular reference to hygiene, feeding, etc. The carers should ensure that Rashid is bathed with the bathroom door closed. The right to dignity also refers to the way an individual is spoken to – not demeaning Rashid in any way by calling him names such as 'darling' or 'love' or by speaking to him in a condescending manner. Rashid's carers can easily make sure this is carried out.</p> <p>The right to choice – as Rashid can talk and move his head, he can be easily included in decision making regarding his care – what food he wants to eat, what treatments he wishes to have, giving him the information he needs to make informed choices.</p> <p>The right to empowerment – Rashid should be provided with the necessary support to be able to do things for himself. This could be difficult as he can only move his head, but he should be provided with aids and adaptations, training or occupational therapy to enable him to do things for himself – using his computer, voice-activated equipment, etc – as much as possible in order to maintain his right to independence.</p> <p>Credit reference to providing individualised care.</p>	10	2	2	3	3
	Total for Question 4	25	11	5	3	6

Assessment Objectives

Question	AO1	AO2	AO3	AO4	Total	QWC
1	12	8	3	2	25	✓
2	9	8	4	4	25	✓
3	8	9	5	3	25	✓
4	11	5	3	6	25	✓
TOTAL	40	30	15	15	100	-

UNIT 5

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>Allow 1 mark for each factor, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>Osteoarthritis is a degenerative joint disease</p> <p>Signs/symptoms include:</p> <ul style="list-style-type: none"> • pain • swelling/inflammation of joints • loss of motion of joint • impaired function of joint/stiffness <p>(Accept noise (crepitus) in joints.)</p>	3	3			
(b)	<p>Allow 1 mark for voluntary organisation and 1 mark for help it may provide.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Arthritis UK • Age Cymru <p>(And any other reasonable answer.)</p> <p>Support, advice, practical help.</p>	2	2			
(c)	<p>Allow 1 mark each for daily living activities and 1 mark each for appropriate and different aids.</p> <p>Likely answers may include:</p> <p>Activity - washing self Aid/adaptation - extended tap handles</p> <p>Activity - getting on and off the toilet Aid/adaptation - raised toilet seat and/or handrail</p> <p>Activity - getting in and out of bath/shower Aid/adaptation - bath/showerseat/ walk-in bath/walk in wet room</p> <p>Activity - getting out of bed/chair Aid/adaptation - electric raising chair/bed</p> <p>Activity - dressing Aid/adaptation - Velcro on clothes (no small fastenings)</p> <p>Activity - walking Aid/adaptation - Zimmer with/without wheels</p> <p>(Accept eating food/specialised cutlery; cooking/specialised utensils; shopping/mobility aids.)</p>	1,1 1,1 1,1	3	3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>Allow 1 mark for correct identification of practitioner. Allow a maximum of 2 marks for an accurate explanation of how each could provide appropriate support for Marina.</p> <p>Likely practitioners may include:</p> <ul style="list-style-type: none"> • GPs • physiotherapists • occupational therapists • home care workers • social workers • community nurses <p>(And any other reasonable answer.)</p> <p>Likely support may be:</p> <ul style="list-style-type: none"> • advice, referrals, medication prescriptions • exercises and assessment • assessment of daily living activities and provision of aids and adaptations 	6	2	2	2	
(e)	<p>0-2 marks: Answers that have limited discussion, with little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that include some discussion with reference to what is meant by a care package and what is meant by a care plan. May include reference to assessment and/or review. Some elements may be missing or not discussed. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>6-8 marks: Answers that include discussion of the care management process, including reference to at least assessment of needs, implementation of a care package and review. For full marks, must include comments that relate to Marina being cared for at home. Answers are well structured and clearly communicate meaning, with use of specialist vocabulary.</p> <p>(If stages are listed, allow up to a maximum of 4 marks.)</p> <p>Candidates may make reference to some of the following:</p> <ul style="list-style-type: none"> • how the needs of individuals are assessed, with reference to eligibility criteria used • the stages of the care management process • how monitoring and evaluation might be carried out • how appropriate services are contracted to meet identified needs • how people and their families can be supported 	8	1	3	1	3
	Total for Question 1	25	11	8	3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	<p>Allow 1 mark for identifying the causes, up to a maximum of 3 marks.</p> <p>Likely answers may include:</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 	3	3			
(b)	<p>Allow 1 mark for each of the potential causes, up to a maximum of 2 marks.</p> <ul style="list-style-type: none"> • problems during labour and birth • lack of oxygen to the brain (hypoxia), accidents during delivery • damage to brain in-utero caused by: <ul style="list-style-type: none"> - genetic problems - malformations of the brain • maternal infections such as rubella and toxoplasmosis <p>(Do not accept smoking.)</p>	2	2			
(c)	<p>Allow 1 mark for each adaptation, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • stair lift • ramp • widened door frames • downstairs bathroom/wet room • hoists • lowered work surfaces • railings/grab rails on walls <p>(And any other reasonable answer.)</p>	3	3			
(d) (i)	<p>Allow up to a maximum of 3 marks for a full description.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • he may feel he cannot put himself forward for certain tasks • people may be embarrassed • he may find it difficult to make himself understood • people may assume that he is some way intellectually challenged 	3		3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d) (ii)	<p>0-2 marks: Answers that identify, in a limited way, how barriers may be overcome. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers are more detailed and show understanding of the situation. Answers are well structured and clearly communicate meaning with use of specialist vocabulary.</p> <p>Likely answers may include reference to:</p> <ul style="list-style-type: none"> • education • training • communication aids • discussion and understanding 	4	1	1	2	
(e)	<p>0-3 marks: Answers that identify only one way in which legislation can support and protect individuals with disability. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that identify at least two different ways in which legislation can support and protect individuals with disability and make reference to practical and legislative means that the people with disability might draw on, using appropriate terminology. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that show clear evidence of understanding of legislation that may support and protect individuals with disabilities. Answers are well structured and clearly communicate meaning, with use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>The Disability Discrimination Act 1995 (DDA 1995) gives disabled people protection against disability discrimination in a wide range of areas. This Act has been significantly extended since 1995, including by the Disability Discrimination Act (2005). It now gives disabled people rights in the areas of: employment, education, access to goods, facilities and services, buying and renting land or property, the functions of public bodies, and membership of and access to private clubs.</p> <p>Reference may also be made to the NHS and Community Care Act (1990) and also The Carers' Recognition Act (1996).</p>	10		3	2	5
	Total for Question 2	25	9	7	4	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Allow up to a maximum of 3 marks for a detailed definition of the social model of disability.</p> <p>Likely answers may include:</p> <p>A key concept of the social model of disability is that society disables people. Another way of expressing this is that disability is a social construct. Disability is not just caused by impairment, but the result of discrimination.</p> <p>A failure to allow people with disability to have equal access and equal opportunities.</p>	3		1	1	1
(b)	<p>Allow 1 mark for correct identification of tests used to diagnose cystic fibrosis (CF), up to a maximum of 2 marks.</p> <p>Any two from:</p> <ul style="list-style-type: none"> • sweat test • genetic test (allow amniocentesis/CVS) • mouth wash/saliva test (for carrier gene) • newborn heel prick test (Guthrie Test) 	2	2			
(c) (i)	<p>Allow 1 mark for correct identification of signs/symptoms of CF, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <p>Signs and symptoms:</p> <ul style="list-style-type: none"> • cough • shortness of breath • chest infection • malaise • digestive problems • constipation • salty skin • thick mucus produced • failure to thrive 	2	2			
(ii)	<p>0-2 marks: Answers that make limited reference to the impact CF may have on Gavin's life whilst at university, making him unable to take part in all activities. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that give a more detailed account of how the burden of treatment (time needed and amount of medication) can impact on Gavin's life. Answers are well structured and clearly communicate meaning, with use of specialist vocabulary.</p> <p>Answers may make reference to:</p> <ul style="list-style-type: none"> • time needed to attend appointments • tendency to contract chest infections • the need to live in adequate housing without damp and with easy access to refrigeration for storage of medication • unable to take part in some activities 	4	2	1	1	

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>Allow 1 mark for identification of type of support, and 1 mark for explanation of how it might help.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Disability Living Allowance • Disabled Students' Allowances <p>The Disabled Students' Allowances (DSAs) are government-allocated grants that aim to help pay for extra costs incurred as a direct result of disability or specific learning difficulty when studying. This could be specialist software, extra photocopying costs or help towards transport for academic purposes.</p> <p>The DSAs are available for all UK students whose disability has lasted longer than 12 months.</p> <ul style="list-style-type: none"> • Assistive technology provides software and hardware which may be of assistance, e.g. additional IT skills training can be arranged. • A support worker can assist with note-taking, materials in alternative formats, gathering library/research materials, etc, if required. • Specialist study skills tuition. • Study materials in alternative formats. 	2,2,2	3		3	

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e)	<p>0-2 marks: Answers that show basic understanding of the key features and how this may result in people with disability conditions facing barriers, with limited discussion. Little or no use of specialist vocabulary.</p> <p>3-6 marks: Answers that show some understanding of the key features and reference is made to at least one barrier, with some detailed discussion. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show thorough understanding of the key features of prejudice and discrimination, with clear discussion of more than one barrier that might be encountered. Answers are well structured and clearly communicate meaning, with use of specialist vocabulary.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • physical/access barriers, e.g. narrow doorways, steps • educational/access barriers, e.g. access to building, no provision of educational aids (hearing loops, note-takers, laptops, etc) • social/access barriers, e.g. prejudice against disability conditions • communication barriers, e.g. others' lack of understanding of how to interact with the individual • financial/economic barriers, e.g. cost implications of additional support for specialised equipment • geographical barriers, e.g. low-rise/adapted accommodation may be further from campus 	8		3	2	3
	Total for Question 3	25	9	5	7	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i)	<p>Allow a maximum of 2 marks for detailed explanation of the term 'informal carer'.</p> <p>Likely answers may include:</p> <p>An informal carer is a friend, neighbour or family member who helps an individual with the activities of daily living that they are unable to carry out for themselves.</p>	2	2			
(ii)	<p>Allow 1 mark for the correct identification of legislation and a further 2 marks for an accurate description of the impact on the informal carer.</p> <ul style="list-style-type: none"> The Carers' Recognition Act (1996) <p>Answers should include reference to the fact that the carer is entitled to an assessment in their own right and that support can be of a financial and/or practical nature.</p>	3	1	2		
(b)	<p>Allow 1 mark each for three types and 1 mark for appropriate example.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> physical, e.g. osteoarthritis, stroke, accident sensory, e.g. blindness/deafness/partial hearing/partial sight learning disability, e.g. someone with Down's syndrome/some cases of cerebral palsy/spina bifida in some cases 	2,2,2	3	1	1	1
(c)	<p>0-2 marks: Answers that make reference to a multi-disciplinary approach, or one potential benefit or drawback.</p> <p>3-4 marks: Answers that identify what a multi-disciplinary approach is, with some discussion of the benefits and drawbacks. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>4-6 marks: Answers that show thorough understanding, with clear discussion, of the key features of a multi-disciplinary approach, and identify more than one benefit and drawback. Answers are well structured and clearly communicate meaning, with use of specialist vocabulary.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> benefits: <ul style="list-style-type: none"> improved communication improved care person/client-centered approach drawbacks: <ul style="list-style-type: none"> mis-communication time constraints relating to care plan financial/resource constraints <p>(And any other reasonable answer.)</p>	6	2		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d)	<p>0-2 marks: Answers only provide advantages/disadvantages or a list of points that have not been explained. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers are clear and include some evaluation of more than one point. Some accurate points made with regard to Agatha's needs. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>6-8 marks: Answers fully discuss more than three points, highlighting the advantages and disadvantages, with clear reference to Agatha's needs. Answers are well structured and clearly communicate meaning, with use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Advantages</p> <ul style="list-style-type: none"> • can select a carer of own choice • can be more flexible to negotiate hours/ duties/times • may develop a better relationship if arrangements lasts longer • may be looked after by one person rather than several • retain more control over their life – empowerment <p>Disadvantages</p> <ul style="list-style-type: none"> • additional burden on the individual to handle money/payments • less supervision by local authority • may not be automatic cover if carer ill or on holiday (unless provided by agency) • risk possible over-dependency on one person • maybe more expensive (Direct Payments money may be received, but there may be a shortfall) • carer might not provide such a good service, due to lack of standardised training 	8		2	1	5
	Total for Question 4	25	8	5	4	8

Assessment Objectives

Question	AO1	AO2	AO3	AO4	Total	QWC
1	11	8	3	3	25	✓
2	9	7	4	5	25	✓
3	9	5	7	4	25	✓
4	8	5	4	8	25	✓
Total	37	25	18	20	100	—

UNIT 6

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i)	A disease caused by a pathogen (or organism, micro or macro). Implication that it can be passed on.	1	1			
(ii)	Viruses, bacteria, fungi, parasites.	4	4			
(iii)	Allow 1 mark each for naming three routes, with 1 mark each for example. Likely answers may include: <ul style="list-style-type: none"> • portals of entry – through breaks/openings in the skin, the respiratory tract, gastrointestinal tract and urinogenital openings • contact – touching, kissing, sexual intercourse • droplet transmission – coughing, sneezing • vehicle transmission – water, food, blood in the air • animal vectors – flies, mosquitoes, rats 	6	6			
(b) (i)	Head lice or tapeworm.	1	1			
(ii)	Allow 1 mark for each correct answer. Endo is internal, or ecto is external. (Second mark independent as long as expression is correct.)	2	1	1		
(iii)	Allow up to a maximum of 3 marks for accurate identification of three signs/symptoms of the named infection. Likely answers may include: Head lice: <ul style="list-style-type: none"> • the principal symptom is itching, especially behind the ears or at the back of the neck • the signs of infestation may be seen before any symptoms develop – nits in the hair • presence of nymphs or adults on shed hairs or combs • pillows showing unusual grubbiness due to louse droppings • continuous scratching can cause the skin to become broken, allowing secondary infections to develop Tapeworm (depending on the type of tapeworm) symptoms may include: <ul style="list-style-type: none"> • pain in the abdomen or stomach • pain in the part of the abdomen immediately above the stomach (epigastric pain) • nausea or vomiting • enteritis (inflammation of the intestine) • diarrhoea • weight loss • loss of appetite • dizziness • insomnia • fits (convulsions) • malnutrition (a condition caused by not being able to absorb food properly) • occasionally, eggs, larvae (newly hatched eggs) or segments from the tapeworm may be seen in the faeces 	3	1	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (b) (iv)	<p>0-3 marks: A basic explanation of methods that would be appropriate for control of the named parasitic infection. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: A clear attempt to explain methods that would be appropriate for control of the named parasitic infection. Answers convey meaning with some use of specialist vocabulary.</p> <p>7-8 marks: An accurate explanation of methods that would be appropriate for control of the named parasitic infection. The candidate may extend explanation to exhibit understanding of the need to break the cycle of reproduction and re-infection, as well as treat existing infestations. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Head lice: hygiene, insecticidal shampoo, wet combing, isolation while infection is cleared, regular screening programmes and willingness to notify, limited/no contact with others.</p> <p>Tapeworm: (anthelmintic) medication, food treatment (thorough cooking), sewage isolation and treatment.</p> <p>Appropriate explanation and discussion for each control method described – in terms of breaking the cycle by barrier or hygiene approach.</p>	8	1	1	2	4
	Total for Question 1	25	15	4	2	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	<p>Award a maximum of 3 marks for an accurate description of the key features of red-green colour blindness.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • a genetic/inherited disorder • results in inability to distinguish (not see) red and green • more prevalent in men • faulty gene • on X chromosome • recessive 	3	3			
(ii)	<p>Award a maximum of 2 marks for accurate identification of the difficulties individuals with red-green colour blindness might face.</p> <p>Likely answers may include:</p> <p>Difficulty with tasks which require the ability to distinguish red and green, e.g. traffic lights, matching decorations/ clothes, electric wiring. (Description + example, or two examples, for both marks.)</p>	2	2			
(b) (i)	<p>Award a maximum of 3 marks for an accurate description of how the faulty gene affects mucus produced in the individual who has cystic fibrosis.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • it is caused by a fault in a gene that is responsible for the movement of salt and water in and out of the cells in the body • cystic fibrosis occurs because too much salt (and/or not enough water) is allowed to pass into the cells • the secretions turn into a thick mucus • tends to block instead of lubricate the lungs and digestive system 	3	3			
(ii)	<p>0-2 marks: Answers which give a basic explanation of how the change in mucus causes the main symptoms of the disease. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers which explain in some detail how the change in mucus causes the main symptoms of the disease. Some use of specialist vocabulary.</p> <p>5-6 marks: Answers which explain in detail how the change in the mucus causes the main symptoms of the disease. For full marks, candidates should consider what the mucus does, the effect and the consequences for health of the body systems. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The thick mucus builds up in the lungs, which the body tries to shift by coughing it up – the continual build-up of mucus in the lungs provides an ideal breeding ground for bacteria, causing recurring chest and lung infections.</p> <p>The mucus also clogs the digestive system. The mucus blocks the ducts in the pancreas that produce a food-digesting enzyme, so not enough of this enzyme reaches the intestines. As a result, the body cannot digest many of the essential nutrients in the food, causing malnutrition.</p> <p>Chest infections which lead to breathing difficulties.</p>	6	2	1	2	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (iii)	<p>Award a maximum of 3 marks for an accurate explanation of one form of treatment for cystic fibrosis.</p> <p>Likely answers may include:</p> <p>Appropriate treatments may be physiotherapy, antibiotic, enzyme supplements, dietary management.</p> <p>Named treatment and appropriate explanation.</p>	3	1	2		
(iv)	<p>0-3 marks: Limited discussion on how the disorder can be managed to improve the quality of life for an individual with cystic fibrosis. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Some detailed discussion of how the disorder can be managed to improve the quality of life for an individual with cystic fibrosis. Answers communicate meaning with some ease and accuracy. Some use of specialist vocabulary.</p> <p>7-8 marks: Detailed discussion of how the disorder can be managed to improve the quality of life for an individual with cystic fibrosis. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Cough and wheeze, continuous chest infections Direct impacts – need for medication and physiotherapy, indirect well-being impacts on education and social life.</p> <p>Malnutrition, large odorous stools Cystic fibrosis affects the pancreas, which makes it difficult to digest food. This can cause malnutrition. Direct impacts – need for medication, dietary management, poor growth, physical weakness and delayed puberty. Wider impacts – psychological effects of peer comparison, effects on competitiveness and embarrassment.</p> <p>Exercise is encouraged, as this helps to shift the mucus, maintains body mass and general health, all of which assists in resisting the secondary infections which are a big risk of the disorder.</p> <p>Diet needs to be rich and varied to combat the general risk of malnutrition, with a particularly high calorie and protein balance.</p>	8	2		2	4
	Total for Question 2	25	13	3	4	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a) (i)	<p>Award a maximum of 2 marks for an accurate description of how a distraction test is carried out.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • a noise is made out of the child's line of sight, infant turns its head to respond to the noise <p>or</p> <ul style="list-style-type: none"> • the test may be carried out by whispering the name of an object and the infant has to point to the object 	2	2			
(ii)	<p>Award a maximum of 4 marks for an accurate description of how a sweep test is carried out.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • high and low pitches • different volumes • played to the child through earphones • the child has to indicate whether they have heard the sounds, or perform specified actions 	4	4			
(iii)	<p>Award a maximum of 3 marks for an accurate outline of the problems that a child with impaired hearing may face.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • practical communication difficulties • reduced general awareness • danger where hearing warning noises is important • educational difficulties where understanding or skill development is dependent on oral communication • possibility of bullying 	3		3		
(iv)	<p>0-2 marks: Basic explanation – or a list – of treatments or other strategies that can be used to minimise any problems identified by the hearing test. Answers convey meaning, but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Detailed explanation of treatments or other strategies that can be used to minimise any problems identified by the hearing test. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • enable remedial treatments such as the fitting of grommets (technical enhancement of hearing) or using hearing aids • prompt the early teaching of alternative communication methods • any other strategy to avoid hearing impairment inhibiting educational development 	4		4		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (i)	<p>Award a maximum of 3 marks for any three as listed below:</p> <ul style="list-style-type: none"> • development checks • eye tests • height/weight measurements • dental inspections • blood tests 	3	3			
(ii)	<p>0-3 marks: Limited attempt to assess the benefits to the individual and/or society of regular screening programmes. Answers convey meaning, but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Some evidence of sound assessment of the benefits to the individual and/or society of regular screening programmes. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-9 marks: Comprehensive understanding, with a clear assessment of the benefits to the individual and to society of regular screening programmes, e.g. screening costs outweighed by additional productive work or similar. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Advantages to individual – avoidance or minimising of impairment, allowing fuller participation in economic and social life, better job prospects, less isolation, (other sensible suggestions).</p> <p>Advantages to society – potential to increase productive working lives, reduce treatment costs and care needs, (other sensible suggestions).</p>	9		2	3	4
Total for Question 3		25	9	9	3	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i)	Any two from: <ul style="list-style-type: none"> • diarrhoea • HIV/AIDS • tuberculosis • malaria or neonate infection (Prematurity and low birth weight is not a disease).	2			2	
(ii)	Any two from: <ul style="list-style-type: none"> • any of the cancers • diabetes • Alzheimer-type diseases 	2			2	
(iii)	<p>0-3 marks: Limited discussion of the factors. Answers convey meaning, but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Some discussion of factors, with examples. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Good discussion of a full range of factors. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Discussion will depend on diseases chosen, but will tend to revolve around lack of clean water/ inadequate hygiene, lack of expensive treatments, inadequate awareness of causes/solutions, inadequate nutrition.</p>	8		4	1	3
(b) (i)	<p>Award a maximum of 3 marks for a clear description of the changes in percentages of deaths from CHD as income rises.</p> <p>Likely answers may include:</p> <p>As income increases so does the percentage of deaths from CHD, rising from 9.4% of all deaths in low income countries to 16.3% of all deaths in high income countries.</p>	3		3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b) (ii)	<p>0-4 marks: Limited discussion of the possible reasons for the differences in percentage deaths from CHD. Answers convey meaning, but lack detail. Little or no use of specialist vocabulary.</p> <p>5-7 marks: Some detailed discussion of the possible reasons for the differences in percentage deaths from CHD. Answers convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Accurate and detailed discussion of the possible reasons for the differences in percentage deaths from CHD. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>As affluence increases, so does control of many of the important causes of infectious disease – examples: poverty, squalor, lack of clean water, sewage; as do the availability of medical treatments, antibiotics, ORT (oral rehydration therapy).</p> <p>Therefore, fewer people die before they are old enough to suffer from CHD.</p> <p>Also increasing with affluence will be the lifestyle excesses that are risk factors for CHD: availability of fatty foods, less energetic lifestyle patterns, alcohol, smoking, stress.</p> <p>Therefore, more people can afford a lifestyle that puts them at risk of CHD.</p>	10	2	2	3	3
	Total for Question 4	25	2	9	8	6

Assessment Objectives

Question	AO1	AO2	AO3	AO4	TOTAL	QWC
1	15	4	2	4	25	✓
2	13	3	4	5	25	✓
3	9	9	3	4	25	✓
4	2	9	8	6	25	✓
TOTAL	39	25	17	19	100	

UNIT 7

Coursework Assignment

SECTION	CRITERIA FOR MARK ALLOCATION	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. The work will contain inaccuracies</p>	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 convey meaning but will lack detail. Little use of specialist vocabulary. The work may contain inaccuracies.</p>	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. The work will contain relatively few errors.</p>	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>	31-40

SECTION	CRITERIA FOR MARK ALLOCATION	MARKS
<p style="text-align: center;">ANALYSIS OF RESEARCH</p> <p style="text-align: center;">35 MARKS</p>	<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. The work will contain inaccuracies.</p>	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 the specialist vocabulary. The work may contain inaccuracies.</p>	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. The work will contain relatively few errors.</p>	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>	27-35

SECTION	CRITERIA FOR MARK ALLOCATION	MARKS
<p>EVALUATION</p> <p>25 MARKS</p>	<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>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. The work will contain inaccuracies.</p>	0-6
	<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. The work may contain inaccuracies.</p>	7-12
	<p>Realistic evaluation of the assignment with justification for the methodologies. Outcome demonstrates knowledge and understanding of the study and addresses the issues identified. It 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>	13-18
<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>	19-25	

UNIT 8

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>Sheltered housing; well described from the following:</p> <p>Award a maximum of 3 marks for a detailed description of the benefits to John of living in sheltered accommodation; maximum of 2 marks if answer not related to John.</p> <p>Likely answers may include:</p> <p>Accommodation specially designed for older people with mobility problems. Small, self-contained flats with security and safety features. Warden or manager on hand to help with any issues. 24-hour assistance with alarm system if resident has accident. People of his own age to socialise with.</p> <p>No marks for economic/lonely.</p>	3	3			
(b)	<p>Any two from the following;</p> <p>Award a maximum of 2 marks for a detailed description of each factor that may be influencing how John is feeling.</p> <p>Likely answers may include:</p> <p>Psychological – he was very active, now has mobility problems, low self-esteem. Has lived on his own and finds living so close to others difficult. Was very independent and finds warden and other residents intrusive; self-esteem. Socio-economic – may not share the same social class/culture as other residents. May be in a different area from previous home.</p>	2,2	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c)	<p>0-2 marks: Basic identification of some aspect of humanistic strategies. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that suggest some humanistic strategies. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>6-8 marks: Answers that give clear details of humanistic strategies with examples relevant to John. Answers are well structured and clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include;</p> <p>Rogers: person-centred/client-centred therapy – talking therapy.</p> <ul style="list-style-type: none"> • Therapist concentrates on the person, not the problem. In John's case, his feelings about himself, the other residents and the warden, and his failure to settle in his new home. • Therapist provides John with unconditional positive regard by being empathetic and letting him talk through his feelings without being judgemental. • Therapist mirrors back John's feelings with aim of helping him explore and understand them and decide for himself why he feels the way he does and what he can do about it. <p>Maslow: John is unsettled because his higher needs are not being met.</p> <ul style="list-style-type: none"> • e.g. self-esteem needs – because he used to be very active and now has mobility problems. Are others treating him as an invalid? Sense of identity – he used to be independent, now he needs help. Does he see the help offered as being patronising and intrusive, when it is merely others being helpful? • Other residents and warden could 'back off' and only give help when <u>he</u> asks for it. • Warden could suggest groups/courses in the area he might like to join – e.g. painting classes – so he does not feel like a useless invalid and he can develop a sense of belonging. <p>Encounter groups:</p> <ul style="list-style-type: none"> • Rogers believed that people had an innate ability to self-heal - this might be encouraged in a group setting. • Led by a facilitator but there are no rules or expectations about outcomes, nor are members encouraged to 'self-disclose'. • Members are allowed to discuss any topic, and facilitator may reflect their feelings back to them. • Facilitator creates an atmosphere in which members can discover their own inner source of healing and be able to move in a constructive direction. 	8	4	1		3

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>0-3 marks: Answers give a basic explanation of humanistic theories with little or no attempt to assess. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that show some understanding of humanistic theories and a basic assessment. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that demonstrate detailed knowledge of humanistic theories and address their limitations. Answers are well structured and clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Rogers</p> <ul style="list-style-type: none"> • Human behaviour is influenced by tendency to 'self-actualise', i.e. fulfil our potential to the fullest extent, 'become the best we can'. • The important emphasis on how people felt about themselves; their self-concept and their self-esteem. • To fulfil potential, people need a high level of self-esteem, and this depends on whether they have received unconditional positive regard as a child. • A fully functioning and mentally healthy person is one who has good self-esteem. • Some people only experienced conditional positive regard – they got love/affection only if they 'behaved'. • They have low self-esteem. They lack confidence, are defensive and unhappy. • Children who receive only negative regard, criticism and blame, develop low self-esteem, leading to psychological ill-health and problems in the future. 	10		2	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d) (cont'd)	<p>Maslow</p> <ul style="list-style-type: none"> • People are motivated by five (seven) needs arranged in a hierarchy. Basic/low-level needs must be satisfied before higher needs become important/relevant. • Basic needs are <ol style="list-style-type: none"> (1) Physiological needs (2) Safety needs • Higher needs are <ol style="list-style-type: none"> (3) Social needs (4) Self-respect and esteem (5) Intellectual needs (6) Aesthetic needs (7) Self-actualisation • A person may change levels daily, e.g. one day motivated by social needs, on another day by intellectual needs. • Different people in the same situation may be motivated by different needs. • Some people may not reach the higher levels; e.g. John may be 'stuck' at level 2 because he does not feel secure due to his reduced mobility and his inability to fully look after himself. <p>It is difficult to carry out research on humanistic theories and there is little evidence to support actualising tendency or hierarchy of needs. Some studies of mental health suggest that people who value friendship, knowledge, ideas, etc, experience better mental health than those who value material possessions.</p> <p>There is evidence to support the role of the parent and teacher in developing, or lowering, a child's self-esteem, and to support the view that achievement is dependent on high self-esteem. Also, many delinquents/self-harmers/low achievers suffer from low self-esteem. Humanistic approach has little influence on applied psychology except in counselling.</p>					
	Total for Question 1	25	9	5	4	7

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	<p>Award a maximum of 2 marks for a detailed description of each factor that might be affecting Dylan's cognitive development.</p> <p>Likely answers may include:</p> <p>Dylan is an only child so does not have siblings with whom to practise talking/play. He has only his mother – no other adults to help him develop and teach him different things. He lives in a rural area where there may be few services, and possibly no play school. His mother is single so she may be on a limited budget and be unable to take him out and buy him creative toys that would develop his mental abilities.</p> <p>No marks for 'he does not attend nursery school'.</p>	2,2	2	2		
(b)	<p>Award a maximum of 4 marks for a detailed explanation of the advantages to Dylan of attending a day nursery.</p> <p>Likely answers may include:</p> <p>A day nursery offers children from birth to 5 years an opportunity to learn through play and interact with other children and adults. Children are offered fun, creative and stimulating activities in a safe environment. Even if he only attended for half of the day, Dylan's language and cognitive skills would improve. They are Ofsted/Estyn inspected and run by trained staff and most allow the government's Early Years Foundation Learning curriculum.</p> <p>(Any other reasonable answer.)</p> <p>Must be linked to Dylan.</p>	4	3	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c)	<p>0-2 marks: Basic identification of some aspect of cognitive strategies. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that suggest some cognitive strategies. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that give clear details of cognitive strategies with relevant examples. Answers are well structured and clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Cognitive theorists believe in 'discovery learning' during simple and complex play.</p> <ul style="list-style-type: none"> • Dylan should have access to lots of different everyday materials and objects so that he can learn by manipulating them, e.g. paper, water, sand, dough, bark, stones, seeds. • He should have cups, sieves, funnels, etc, to use to fill/pour, etc - complex creative play. • Mother should encourage fantasy and free play – dressing up clothes – tents from sheets. • Mother should vary activities, and even the containers used in water and sand play, to increase the variety of experiences. • Outside activities should be included to encourage exploration and curiosity. • Mother should play with Dylan and encourage him to talk about what he is doing to help him develop language and thinking skills. • She should read to him to develop listening and language skills. <p>Do not accept simply therapies; answers should focus on skills that need developing.</p>	7	3		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-3 marks: Answers that give a basic explanation of the cognitive approach; there is little attempt to assess. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that discuss some assumptions of the cognitive approach and attempt an assessment. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that give clear details of the cognitive approach, with relevant examples, and which make a reasonable assessment of its limitations. Answers are well structured and clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p><u>Explanation</u></p> <p>The cognitive approach</p> <ul style="list-style-type: none"> emphasises the importance of a child's natural motivation as the key factor in development; the desire of children to satisfy their curiosity, master challenging tasks and understand the world around them. Piaget was one of the first to point out that children think in different ways from adults. He suggested that all children go through stages of development: <p>Sensorimotor stage: 0-2 years Pre-operational stage: 2-7 years Concrete operational stage: 7-11 years Formal operational stage: 11+ years</p> <ul style="list-style-type: none"> Piaget believed that a child in any particular stage was not able to understand or master tasks from the next higher stage until they were psychologically mature enough to do so, e.g. a baby in the sensorimotor stage is egocentric and is not able to take anyone else's needs into account, and a child in the pre-operational stage is unable to really understand logical rules. 	10		2	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d) (cont'd)	<p>Piaget's ideas have been the basis for child-centred learning and the UK National Curriculum but, recently, have received much criticism.</p> <p><u>Limitations</u></p> <ul style="list-style-type: none"> • Many think that Piaget's stages were too rigid and that children achieve concrete operations earlier than he suggested. • Vygotsky has shown that children can do certain tasks if they have been taught them. • Some also pointed out that many of Piaget's tests on children were too complicated for them to understand what was wanted of them. • Some researchers suggest that development does not occur in stages but is a continuous, gradual process. Piaget suggested that children learn best when finding out for themselves but Vygotsky has shown that children do best in co-operative learning situations. <p><u>Assessment</u></p> <p>Whatever the criticisms, his ideas have stimulated much further research which has increased our knowledge of children's cognitive development, and influenced teaching methods.</p> <p>Vygotsky</p> <p><u>Explanation</u></p> <ul style="list-style-type: none"> • Social interaction plays a fundamental role in the development of cognition. • Believed that language and thought develop independently in young children, up to 2 years, but as child grows older, between 2 and 7 years, language and thought become independent. • Up to 2 years, child performs actions which are given meaning by the carer, e.g. grasping action interpreted as pointing, and uses the properties of objects to name them, e.g. 'moo-moo' for a cow. • From 2-7 years, child's speech is a communication behaviour that produces change in others, and in themselves, e.g. 'see cows' is a request and a statement of what child is going to do; child uses spoken egocentric language to describe his actions before he acts. 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d) (cont'd)	<ul style="list-style-type: none"> • Egocentric speech becomes transformed into the inner complex thinking of adults that is very different from social speech. • Social speech develops as a means of communicating with other people. • Zone of Proximal Development – child's full cognitive development, his potential, can only be achieved through social interaction and problem-solving with a more knowledgeable person, an adult, e.g. parent helping young child to complete first jigsaw – he therefore places much emphasis on culture affecting cognitive development. Also emphasised the importance of interaction with peers as effective way of developing skills and strategies, and encouraged the use of collaborative learning in schools. <p><u>Limitations</u></p> <p>Vygotsky based his theories on evidence obtained from a number of experiments, but his reports lack sufficient detail to allow them to be evaluated, and few have been repeated by other researchers.</p> <p><u>Assessment</u></p> <ul style="list-style-type: none"> • Vygotsky's theories have had a major influence in education, emphasising the successful use of problem-solving and collaborative methods in the classroom. • He emphasised the importance of challenging and stretching a student. • He emphasised the importance of relating school learning to 'real life environments'. 					
	Total for Question 2	25	8	5	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award a maximum of 2 marks for a detailed description of two factors that could influence the development of individuals with disabilities whilst in residential care.</p> <p>Likely answers may include:</p> <p>Environment:</p> <p>Whether the location of the residential home allows the disabled access to and experience of the 'outside' services, shops, banks, etc, they will use.</p> <p>Socio-economic:</p> <p>They may not be used to living in a small, family-type home. They may not be accustomed to doing everyday activities for themselves, e.g. cooking, cleaning.</p> <p>Psychological:</p> <p>They may not have had opportunities to develop self-esteem and independence. They are disabled and have not had the same opportunities for social interaction that a non-disabled person might have had.</p>	2,2	2	2		
(b)	<p>Award a maximum of 4 marks for a detailed description of the social skills that young people might need to acquire in order to integrate into mainstream society.</p> <p>They will need to learn behaviour appropriate to living in the community – and unlearn behaviour that has been tolerated in a residential home.</p> <p>Likely answers may include:</p> <p>How to answer the door to callers. How to speak to neighbours/shop assistants in a casual but friendly way. How to give and take in a small, 'family size' unit. How to ask for directions/help from a stranger. How not to invade another's privacy.</p>	4	4			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p>0-2 marks: Basic explanation of social learning strategies. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that show some understanding of relevant social learning strategies. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that give clear details of social learning strategies, with relevant examples. Answers are well structured and clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • The strategies that might be used from the social learning approach are social skills training (SST) methods, designed to help people who have emotional, mental or physical problems that have prevented them from developing good social skills. • Many disabled people have problems communicating because they fail to notice other people's social cues, due to lack of social interaction. • SST helps them to understand the verbal and non-verbal behaviours that make up human social interaction, such as allowing others to speak or making eye-contact. • Complex social behaviours are broken down into smaller units, arranged in order of difficulty and then explained and modelled to the client so that he/she can understand and practise them. • So, buying an item in a shop would be broken down into: going into the shop, saying hello/good morning, asking for an item, asking the price, paying for it, saying thank you, etc. • Modelling involves demonstrating the desired behaviour, always with a favourable outcome (a reward, such as lots of praise) which is then practised or role-played by the client. • SST may be given to an individual or to a group. The small group of disabled people might gain more from a group setting because they are going to be living together. 	7	1	1	3	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>0-3 marks: Basic identification of some aspects of the theory; there is little attempt to assess. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that show understanding of social learning theory and attempt an assessment. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that give clear details of social learning theory, with relevant examples, and which make a reasonable assessment. Answers are well structured and clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Bandura claimed that one of the ways that children learned was by observing and imitating another person – observational learning – e.g. if a child sees an adult engaging in normal polite conversation, they will tend to imitate that behaviour themselves. • If a child sees another person – the model – getting a reward or praise for certain behaviour – e.g. politeness – they are more likely to try and imitate it. • People then form an idea as to how to behave in other similar situations. • Some people will be more important to a child than others – e.g. an older sibling or parent, or even television actors – and these people's behaviour is more likely to be copied; in the case of disabled people they may have copied the actions of others in the care home or what they have seen on television/in films. • Also, same-sex models are more likely to be copied than opposite-sex models – e.g. boys copy the masculine role of their father or other male – 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 or actors in a soap. • Bandura believed that children imitated both good and bad behaviours, such as in his famous experiment with the Bobo doll. • People in a residential care home may have had limited experience in observing what, to others, is normal social interactive behaviour. 	10		2	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d) (cont'd)	<u>Assessment</u> <ul style="list-style-type: none"> • Bandura's social learning theory has been criticised for being based on artificial laboratory experiments not found in real life. • It does not take account of inherited or learnt prior differences in individuals. • It does not take account of emotions or feelings at the time. • BUT it does provide a more credible approach than the behaviourist as it looks at the context and nature of the behaviour being learnt. 					
	Total marks for Question 3	25	7	5	7	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award a maximum of 2 marks for a detailed description of each factor.</p> <p>Psychological: Sense of self – Anna has moved from a foreign orphanage to a new home and is still confused about her identity. She may not have been able to bond/attach to her birth mother or anyone else – still shows signs of apathy and neglect. Lack of stimulation in the orphanage may have delayed her cognitive progress. She may have suffered some trauma in the orphanage.</p> <p>(No marks for ‘missing her mother’.)</p> <p>Socio-economic: Anna has been uprooted from her own familiar culture and class. She may be developmentally delayed due to poor diet, health problems.</p>	2,2	2	2		
(b)	<p>Award a maximum of 3 marks for a detailed explanation of why attending a mother and toddler group might benefit Anna.</p> <p>A mother and toddler group would be suitable because her 'new' mum can stay with her for reassurance and support'. They are usually very informal and friendly; she would meet and interact with other children; their presence and friendship might encourage Anna to start talking and be less withdrawn; the sessions are short, not too overwhelming.</p> <p>(Any other reasonable answer that includes mention of activities.)</p>	3	2	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-2 marks: Answers that give a basic explanation of play therapy. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that discuss some details of play therapy. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>6-8 marks: Answers that demonstrate detailed knowledge of play therapy with relevant examples. Answers are well structured and clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Play therapy might help Anna:</p> <ul style="list-style-type: none"> • Freud believed that if something which has made a child anxious (such as abandonment) or a traumatic event isn't removed, she might use a defence mechanism such as repressing it in the unconscious. If it remains unsettled, it may reappear later as a neurosis. • Or: a problem may cause the personality to become fixated at one of the stages of development, or regress to an earlier stage – e.g. Anna not talking. • Freud's therapy was to use psychoanalysis but this is not suitable for use with children. • Other psychoanalysts, such as V Axline, developed play therapy. • Psychoanalysts believe that children express all their concealed emotions through play, just as adults are supposed to through dreams, and the child can use play to communicate at their own pace and level without feeling pressured. This is especially useful for children for whom verbal communication may be difficult. • Play therapy helps the child understand muddled feelings and upsetting events by using objects to symbolise the real world. The play therapist has a large selection of play materials from which the child may choose, including art and craft materials, puppets, dressing-up clothes, books, sand and water, clay, musical instruments, etc. <p>Do not allow answers that suggest Anna needs therapy, e.g. psychoanalysis.</p>	8	2		4	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c) (cont'd)	<ul style="list-style-type: none"> The child is able to use these to 'play through' painful events, such as abandonment, and try to understand and cope with them. Negative feelings can be displaced onto dolls or imaginary people. Some emotions may be too painful to be dealt with in a few sessions and may need more than two years of regular sessions. Anna may be feeling a mixture of emotions about her lack of a mother figure and her life in the orphanage and can use play to express them and thus relieve her anxiety. 					
(d)	<p>0-3 marks: Answers that give a basic explanation of a psychodynamic approach; there is little attempt to assess. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that discuss some details of a psychodynamic approach and attempt an assessment. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that demonstrate detailed knowledge of a psychodynamic approach, with relevant examples, and which make a reasonable assessment of its usefulness. Answers are well structured and clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Freud</p> <ul style="list-style-type: none"> Believed that early childhood was very important for the development of personality. Personality consisted of three related elements: <ul style="list-style-type: none"> The id, which exists from birth and dominates the first year of life, and which demands that its needs are satisfied. The ego, which appears in the second year of life and helps the child to get what it wants (satisfy the id) but in a rational way, e.g. by asking nicely! The superego represents the child's conscience and ideal self. Personality is the result of clashes and compromises between the three parts of the personality as the child goes through three main stages of psychosexual development. <ul style="list-style-type: none"> 0-1 year: oral phase 2-3 years: anal phase 3-6 years: phallic phase 	10		2	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (cont'd.)	<ul style="list-style-type: none"> • Painful or traumatic experiences in any of the stages may result in fixation or regression and may prevent the personality from developing normally. Anna may have regressed to the oral phase, which explains why she is not talking and is withdrawn. She received too little stimulation in her first year of life and has gone back to being a baby. <p><u>Assessment</u></p> <p>There is no physical evidence for the existence of any of Freud's ideas, and they cannot be experimentally tested.</p> <p>His ideas were based on retrospective study of the dreams and 'memories' of a small number of Viennese people who had personality problems, not based on normal people.</p> <p>His view of children is that they are helpless and passive blank states, and it fails to take account of inherited characteristics.</p> <p>Erikson</p> <p>Related Freud's concepts of stages to the social environment of the child.</p> <ul style="list-style-type: none"> • The child passes through eight psychosocial stages from infancy to maturity. Each stage represents a different social conflict for the child, because she is interacting with different and increasing numbers of people, e.g. in the first phase – oral – birth to one year, the conflict is trust versus mistrust, and her main interactions are with carers. In the locomotor stage – 3 to 5 years – the conflict is between initiative and guilt, and her main interactions are with her whole family. • The final personality will be dependent on how successful the child is in resolving the conflicts at each stage, e.g. if the child experiences the loss or absence of a carer in the first year of life, like Anna, she may become depressed and pessimistic and may find it difficult to trust people in later life. • If particular conflicts are not resolved at any stage, the final personality will include negative features, such as being self-obsessed and introvert. <p><u>Assessment</u></p> <p>As with Freud, it lacks scientific backing, is generalised and based on his clinical observations, not on scientific testing. Also:</p> <ul style="list-style-type: none"> • Class or culture bound • Debate about whether the age ranges or the sequence of stages are right • Applies more to boys than girls 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (cont'd)	<p>Bowlby</p> <ul style="list-style-type: none"> • Bowlby believed that babies have an instinctive need to form an attachment with their mother or a mother substitute. • If this is not allowed to form or is broken, emotional development will be disrupted, Anna is withdrawn. • Children whose attachments were disrupted, maternal deprivation, do not develop healthy personalities and develop other problems such as delayed physical and intellectual development, which may explain why Anna is not talking. • Children who did not have sensitive or responsive mothers may also be affected in later life. • They may show all or some of the following; become delinquents, lack normal feelings of empathy or shame, are cold and uncaring, have low self-esteem, low intellectual attainment, are unable to form permanent relationships, become poor parents themselves. <p><u>Assessment</u></p> <ul style="list-style-type: none"> • Bowlby's research was suspect – retrospective, incomplete and selective. • Studies have shown that children who suffered from maternal deprivation can recover later in life. • Some children who suffer deprivation show no ill effects later in life. • Babies can attach to several people, not just mother. • Rutter argued that problems such as antisocial behaviour or delayed development due more to family discord. • Many personality traits of children/adults may come from their genes. 					
	Total for Question 4	25	6	5	8	6

Assessment Objectives

Question	AO1	AO2	AO3	AO4	Total	QWC
1	9	5	4	7	25	✓
2	8	5	6	6	25	✓
3	7	5	7	6	25	✓
4	6	5	8	6	25	✓
Total	30	20	25	25	100	-



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