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Always have a spare pen!

Mock exam practice for the spec section

**A4. Social development**

Exam rules apply; Mobile phones on silent and in your bag, no talking or distracting others in any way, no doodling on the paper and face away from the wall displays with the answers on!

This exam paper, completed and marked is a very useful revision tool. Try your hardest every time you are set an exam and when you review how well you’ve done, set targets for revision to ensure continuous improvement.

1) Complete the table below including the age bracket and key features **[18 marks]**

|  |  |  |
| --- | --- | --- |
|  | **Age** | **Key Features of this stage and its purpose in development** |
| **Solo Play Unoccupied** |  |  |
| **Solo Play Solitary** |  |  |
| **Parallel Play** |  |  |
| **Associative Play** |  |  |
| **Co-operative** |  |  |
| **Co-operative Play** |  |  |

2) Compare informal relationships with formal relationships. **[6 marks]**

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3) Define and give one example of peer pressure **[3 marks]**

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**Josie is 19 and has 2 good friends who have been in a steady relationship for over a year. Both have openly talked about being intimate with their boyfriend and stay overnight at each other’s homes.**

4) Josie has not yet had a steady boyfriend until recently and he has strongly hinted he would like to take their relationship to an intimate level. How might Josie feel about this? **[6 marks]**

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5) What key features of developing independence might Josie be experiencing? **[3 marks]**

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6) What are the social benefits of Josie’s friendships? **[4 marks]**

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7) Define the term independence **[2 marks]**

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8) Complete the table below **[10 marks]**

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| --- | --- |
| **Stage** | **Key Features of social development in each stage** |
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**9) What is meant** by the term; institutionalisation? How may it affect social development in young children who spend their early in hospital? **[10 marks]**

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10) Complete the table below **[4 marks]**

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| --- | --- |
| **stage** | **Key features in development of independence with one example** |
| Birth to  infancy |  |
| Early childhood |  |

11) What issues may a person in Later Adulthood have that may effect their independence and how may this be overcome or supported? **[8 marks]**

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12)How may having a disability and using a wheelchair, as a 5 year-old affect their independence? **[6 marks]**

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13) Evaluate the wider implications of care aids for an individual in later adulthood to enable independence [**10 marks]**

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**Answers – key word focussed**

1) **[1 mark for age category and 2 marks for 2 key features at each stage]**

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|  | **Age** | **Key Features of this stage and its purpose in development** |
| **Solo Play Unoccupied** | 0-1 | Looks at and observes adult closely, puts things in mouth and reaches out to touch items, exploring them, waving them about, touching them and putting in mouth. Plays alone with toy such as plastic keys set for short periods of time. Gradually begins to play simple games, for example peek-a-boo. |
| **Solo Play Solitary** | 12-18  mth | Begins to play and ‘talk’ alone, to toys or items, repeats actions such as opening a door or book and starts to play with adults. They start to notice and observe other children but not interact with them. |
| **Parallel Play** | 18  Mth-  2 yrs | Begins to enjoy repetitive actions such as nursery rhyme or song actions or repeatedly putting and object in a box and taking it out. Begins to copy other children (parallel) or adults eg. Pouring pretend tea into a cup. Enjoys playing with adults as well as playing on their own. Learns to complete tasks through trial and error. |
| **Associative Play** | 3-4 yrs | Begins to play cooperatively with other children and starts to show reasoning skills by asking questions ‘why’ or ‘how’ ? They join in pretend and fantasy games using creative imagination, eg. Pretend I’m a princess and… taking or negotiating roles with others |
| **Co-operative** | 4-6 yrs | Begins to use simple rules to games and plays cooperatively towards a shared goal eg. Escape from the witch. Takes turns in playing table top or board games with other children |
| **Co-operative Play** | 6-8 yrs | Begins to enjoy playing in small groups, making up own games and rules. Enjoys and understands using rules, but does not usually cope well with losing and can engaging in cheating to win! |

2) **[ 3 points formal, 3 points informal for full 6 marks]**

|  |  |
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| Informal relationships | Formal relationships |
| Physical contact acceptable  Comfort zone proximity close  Acceptable to use sarcasm, mimicking and poor manners  Swearing and street slang language permitted  Good eye contact not necessary as aware of each other’s body languages  Nicknames and comedy ‘abuse’ | Little to no physical contact except for hand shake  No sarcasm, respectful eye contact and the use of good manners, nodding  Less of a show of genuine emotions  Full names used and formal alert upright posture  No swearing or slang, higher level of vocabulary as and when necessary |

3) **Influences of one’s own peer group causing members to conform to fit in**, this can be positive or negative. For example, a group of young people who binge drink at the weekend regularly, all members drink none abstaining.

**[2 marks for definition key pints and 1 mark for good example]**

4) Josie may feel…

**Pressure to conform** from her boyfriend as this appears to be the acceptable norm and afraid to refuse this next step for **fear of ridicule and being labelled** as ‘frigid/tease’ Happy to oblige as she feels she is ready and it is the next natural step **Isolated from friends** as she is not ready, is afraid and feels anxiety and stress Able to talk things over with friends to share feelings, **seek reassurance** or gain strengths to independently deal/cope with this new situation. Able to discuss feelings and seek reassurance from mum, if close relationship Has strong feelings that they have not been together long enough as friends were with their boyfriends for a longer length of time before such an intimate commitment May use internet to research about societies norms in this situation, **feeling alone** and confused of the right morals but not confident enough to open up and talk.

**[6 points, positive or negative, well written = 6 marks]**

5)She may question her sense of identity, who is she? Is she normal? Etc May see herself separate from her family and possibly feel alone if not in close supportive peer group or feel closer to friends May question her previously learned family values about importance and tolerance or acceptance, change to norm and values. Peer influences can lead to the questioning of previous choices and decisions that may have been made on their behalf. She may learn the consequences of choices she makes good/bad as the responsibility for these solely fall on herself. May regret some short-term thinking decisions such as a tattoo or social media comment/entry and learn from these. Learn from experience about budgeting money in advance or getting into debt. Get the job or miss out on the job through poor interview technique or lack of actual job experience or make choices about a career direction and enrol onto specific choices for qualifications in order to begin the career aspirations journey. May clash with parents about independent choices which do not meet parents expectations, eg. Choice of friends

**[3 clearly explained independence points = 3 marks]**

6) Friends can help with coping with a traumatic event or sudden changes such as parents’ divorce, ding badly on an important exam/test, relationship breakdown, social media troll, bullying, as they are there as a sounding board and to be supportive and reassure. Positive influences encourage Josie to lead a healthy life style eg.health balanced diet, exercise or team sport, not smoking or binge drinking or wanting to better herself so trying harder at school. Avoids loneliness and isolation and can improves self-esteem and confidence giving a sense of belonging.

**[4 clear benefits explained = 4 marks]**

7) Being able, having the confidence and having **total control over one’s life** ranging from having choices **to make decisions** based on wants and desires, using free will **[2 marks, definition key points]**

### 8)

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| **Stage** | **Key Features of social development in each stage** |
| **Birth to infancy** | Interacting with carers – infants appear to have an inbuilt tendency to interact with carers. By 2 months, they start to smile at human faces and at 3 months they attempt to respond when being talked to at close range. At 5 months infants can distinguish between familiar and unfamiliar people. Infants make first relationships as they form an emotional attachment to carers. In the later stages of infancy, infants will play alongside other children (parallel play) |
| **Early Childhood**  **3-8 years** | First social learning - young children are emotionally attached and dependent on adults that care for them. Children begin to learn social roles and behaviours in primary socialisation, within the family context, in a safe base, from which they can explore social relationships with other children. As they start school in secondary socialisation they continue to explore new relationships with teachers and peers going through the stages of play such as cooperative play. As children grow they become increasingly independent able to make choices about food, clothing and activities they want to take part in and good friendships with a basis of trust are made. In the later part of this stage they may begin to be influenced by peers, what is the norm, what is acceptable and reject actions that they have previously carried out if they don’t fit in. Friendships become increasingly important as children grow towards adolescence. Children may begin to form social networks or ‘circles’ of friends who like they’re company and who agree with one and other. Parents maybe able to influence some friendships in early years. |
| **Adolescence**  **9-18 years** | During adolescence a person’s sense of self-worth maybe more influenced by the peers than by their family and the impact on self-image great. Adolescence copy the style of dress, beliefs and cultural values and acceptable behaviours amongst their own network of friends. Historically adolescence is seen as a time of ‘storm and stress’ as the new values may be different from the one’s instilled in early childhood by the family and striving for independence may cause conflict. Adolescence also have to cope with their own sexuality and changing moods in puberty and social transition into roles of responsibility such as part time work, exam revision planning and caring for siblings. Recent research suggests adolescence experience a smooth transition to adult roles without serious conflict with parents and develop negotiation skills. |
| **Early and middle Adulthood 19-65** | Maturity – during early adulthood, friendship networks continue to be very important. For most people early adulthood is dominated by forming intimate partnership and by the need to find sustainable employment /establish a career. For many people marriage and parenthood represent major social development in life.  In middle adulthood, individual experience time pressures that might limit social activity from employment or family commitments. Mature adults may have to actively plan ahead and split their time, between work, family, caring for parents and wider social activities. Some mature adults report a reduction in the amount of social activities due to pressures and responsibilities to others, despite having more disposable income for leisure activities. |
| **Older Adulthood**  **65+** | Following retirement, older adults have more free time which they may make the most of or simply struggle with the change in status and social importance. Some choose to take up new leisure activites and hobbies where as others use the time to be more involved with their family such as grandchildren care. New networks of friends maybe made in this time as couples or widow/widowers choose to travel and engage in activities tat create new bonds |

### 9) The **effect of residential living where decisions** such as what and when to eat, when to get up or go to bed and what to where, **are made by the institute** such as prison, hospitalisation or special needs residential care eg.Autistic Centre. **The person then no longer attempts to make independent decisions themselves** and become **dependent on authorities to give commands which they passively conform and obey to, eventually**, without question. **[3 marks for definition, key points]**

### A child who has experienced hospitalisation at an early age will not experience social development as others in that they will usually be the centre of adults attention, doctors, parents and visitors leading to egocentric behaviour or even attention- seeking, selfish behaviours when then placed in a non-institutionalised environment such as mainstream school. They may have selfish only-child-syndrome behaviours and act younger than their years when in others company. They will probably be behind in their education and feel a distance with peers if well enough to be re-integrated into a school. They may find it a challenge to problem solve independently and look to others for guidance and maybe even give-up easily, defeatist attitude. They may lack confidence and seek reassurance from family and friends, unable to carry out even small tasks without someone present to confirm they are doing it correctly. May struggle with forming appropriate sustainable friendships and may have short term friendships. May struggle with finding lasting partnerships due to lack of independence eg. Mummy’s boy or daddy’s girl. May struggle with empathising with others due to self-centred outlook and demand to be the centre of attention at times such as birthdays **[7 marks for clear examples of the impact institutionalisation has on a child in hospital]**

### 10) **[2 marks for 2 key points in each stage – 4 in total]**

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| --- | --- |
| **Birth To infancy** | Infants are totally dependent on others for their care but towards the end of this stage, **they start to assert their need to become independent and attempt to do more themselves** such as holding an umbrella to keep dry or feeding themselves. **This comes with increased fine and gross motor skills and abilities as they physically and emotionally mature.** An infant will have preferred clothing, preferred food and may like to push their pushchair rather than be pushed or walk rather than sitting in the shopping trolley seat |
| **Early child-hood** | In **early childhood, although still very much dependent on adults for survival needs provision**, they are widening their experiences – starting school, joining clubs and activities outside the home. **Children gradually become less reliant on close family and start to make their own free-will decisions**. Initially, these maybe limited such as activities, food choices or what clothes to wear but by the time they reach the end of this stage, they will have **developed clear likes and dislikes** and **are less likely to be influenced by parents on issues such as friendship choice or clubs**. |

1*1*) In later adulthood a person my **become frail, ill or have deteriorating senses impairing sight and hearing**. **Balance may become a problem or mobility and daily activities such as brushing/washing hair**, cutting harden toe nails or cleaning the house means an occupational therapist assessment of needs/abilities needs to be carried out, care planning from multi-agency work and family involvement will be a necessity**. Care Aids such as eating or kettle pouring aids and additional ramps, rails and walking frames may keep them independently living** at home with **domiciliary care to carry out tasks** such as cleaning, providing a warm meal and checking up on tasks such as taking medication or ironing clothes. Research shows that older people who want to stay in their own home are often happier and are therefore less likely to suffer with mental illness or other illnesses, if they still maintain a healthy diet. However, statistically they are more likely to suffer a fall and require an emergency button or possibly move to warden accommodation which has monitored independent flats with adaptions to provide for people with mobility or sensory issues. It’s important that older people are still offered choices and come to terms with the need for support in their own time..

12) A 5 year-old child will be able to choose and dress themselves, move around the house freely eg. Go to the toilet independently or play in the garden, however, a child using a wheelchair is unlikely to have these choices and option available. This will certainly affect their independence and they will either accept the need to be help gracefully and work on other areas they can be independent in or be comfortable in being reliant on others. Toileting, bathing, dressing, moving around freely and the impact the dependency of this when they start school will have a great impact on their sense of self. They will be unable to join in mainstream sporting activities however, later on in life there is more of a provision for wheelchair sport. A mainstream school may have supportive enabling adaptations which will lead o good independence and socialising with able bodied peers which they may enjoy, however a specialist school will have more adaptations as the norm, additional support on hand and better understanding so disability is more the norm and a different set of peers.

**[6 marks if understanding considers a range of angles]**

13) **Positives** – Ensures daily tasks can be carried out independently as support from care aids is enabling. Most care aids are relatively cheap such as rails, kettle pourer, wider handled cutlery, pill box, walker with trolley etc so minor adjustments are cost effective as does not require any domestic care help. Enables person to stay in their own home which they are likely to have an emotional attachment to and feel comfortable and at home in. Does not require moving into a residential non-personal setting. May not feel like a burden on their family, friends or carers so happier in themselves etc

**Negatives** – reluctant to admit they need help so care aids are something to be revered and make them feel old and useless. Some equipment or care aids are expensive eg. Rising chair, hospital sit-up beds etc so may not think the cost is worth it or they may not have that amount of money. Living independently at home and not being visited by carers can be isolating and lonely and there’s no one to check on their health and well-being daily. Could lower sense of self-worth or self-image as feel ‘old’

**[Accept other reasonable points both positive and negative but MUST include TWO positive and TWO negative and a concluding sentence for 3 marks]**