



GCE MARKING SCHEME

HEALTH AND SOCIAL CARE AS/Advanced

JANUARY 2013

INTRODUCTION

The marking schemes which follow were those used by WJEC for the January 2013 examination in GCE HEALTH AND SOCIAL CARE. They were finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conferences were held shortly after the papers were taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conferences was to ensure that the marking schemes were interpreted and applied in the same way by all examiners.

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

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

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UNIT 1

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i)	<p>Physical safety – award 1 mark for each relevant point, up to a maximum of 3 marks. For 3 marks, reference must be made as to how physical safety can be provided and why it is important.</p> <p>Likely answers may include:</p> <p>How: the parents can ensure that all the equipment they buy meets safety/quality regulations – may refer to Kitemark, reference to use of safety equipment, e.g. baby gate; not letting the child out alone, holding her hand/using reins whilst out walking, locking away dangerous/poisonous products.</p> <p>Why: reduce risk of injury which could have a serious effect on her health and well-being, e.g. broken bones and poisoning.</p>	3	1	1	1	
(ii)	<p>Stimulation – award 1 mark for each relevant point, up to a maximum of 3 marks. For 3 marks, reference must be made to how stimulation can be provided and why it is important.</p> <p>Likely answers may include:</p> <p>How: they could talk to her, provide educational toys which focus on different areas of development.</p> <p>Why: she will learn more, e.g. vocabulary, skills, be more alert; it will prevent boredom.</p>	3	1	1	1	
(iii)	<p>Social contact – allow 1 mark for each relevant point, up to a maximum of 3 marks. For 3 marks, reference must be made as to how social contact can be provided and why it is important.</p> <p>Likely answers may include:</p> <p>How: they could play simple games with her, take her to playgroup, playgrounds, visit family, etc.</p> <p>Why: she will learn how to interact with others, learn to share, learn manners, improve vocabulary, develop social skills, learn how to behave in different situations, make friends.</p>	3	1	1	1	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (iv)	<p>Approval – award 1 mark for each relevant point, up to a maximum of 3 marks. For 3 marks, reference must be made as to how approval can be provided and why it is important.</p> <p>Likely answers may include:</p> <p>How: praise her when she does things well: verbally, with facial expressions, by giving treats.</p> <p>Why: she will gain understanding of right and wrong, she will be more likely to do things again, e.g. put toys away, walk unaided.</p>	3	1	1	1	
(b)	<p>0-2 marks: Answers that identify several key points or include a basic description of one. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that describe several key points, showing understanding of how the Act helps her mother and father. Answers are well structured and clearly communicate meaning, with use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>The Act will help them as it aims to establish a balanced package of rights and responsibilities for both employers and employees, in line with the Government’s better regulation agenda. The Work and Families legislation will:</p> <ul style="list-style-type: none"> • allow her mother to extend maternity pay from six to nine months and allow up to a year’s leave (additional maternity leave) if she qualifies for ordinary maternity leave • give her father a right of up to 26 weeks’ additional paternity leave, some of which could be paid, if the mother returns to work; this will be introduced alongside the extension of maternity pay for up to 12 months; transfer of leave between parents • help employers and employees benefit from improved communication during maternity leave • allow her mother to return to work on a limited basis without causing the maternity leave to end – no obligation to do this • provide an enabling power to extend the entitlement to 4 weeks’ leave, making it additional and time equivalent to bank (and public) holidays • the right to request flexible working times to allow for appointments, school pick-up times; e.g. for parents with children under 6 or a disabled child. 	4	3			1

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c)	<p>0-3 marks: Answers that briefly describe caring skills with little or no reference to children. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that describe and show understanding of the caring skills, with some reference to children. Answers clearly communicate meaning, with some use of specialist vocabulary.</p> <p>8-9 marks: Answers that discuss how parents may use the chosen caring skills to provide effective care to promote the health and well-being of their children, showing thorough understanding. Reference may be made to life quality factors. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Social perception: parents who are able to recognise children’s feelings and needs will be able to provide the care and support they need at all times, e.g., being able to identify when a child is not feeling well, they will be able to provide medical care, take them to the GP; they will know when a child is tired and needs sleep; will know when they are hungry to feed them.</p> <p>Creating trust: by being there and being consistent with praise, procedures, etc, the children will feel loved and secure and gain psychological security, and will be more likely to discuss problems so parents can help.</p> <p>Setting challenges: they can use this to enhance development, to encourage the children to progress intellectually, to learn more – could be learning to spell, read, name colours, count. Physically: to climb steps, to run faster, learn fine motor skills – feed themselves without spilling/making a mess.</p> <p>Modelling: by always showing acceptable behaviour, the child is more likely to do the same and so develop positive relationships/wellbeing, e.g. by always saying “please” and “thank you”, they will encourage social development and so the child will learn to get on with others. Eating healthy foods/participating in exercise will encourage the child to have a healthier lifestyle.</p> <p>Physical contact: this would be used to provide support for the children, e.g. dressing/bathing the children; helping them to maintain physical safety, e.g. holding hands when crossing the road, helping to maintain balance, lifting them up to see; providing comfort, nursing/cuddling when not well or upset to provide psychological security.</p> <p>Any other reasonable answer.</p>	9	3	3		3
	Total for Question 1	25	10	7	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	Award 1 mark for correct identification of factor, and a further 1 mark for reason, up to a maximum of 2 marks. Likely answers may include: Physical safety – because his actions could cause him harm (or relevant example from the text – leaving gas on, wandering in the night).	2	1	1		
(ii)	Award 1 mark for correct identification of principle of care, and a further 1 mark for reason, up to a maximum of 2 marks. Likely answers may include: Promoting individual's right to choice – because they have asked him if he would like to go into care. (Allow 'safety' if appropriate reason given.)	2	1	1		
(b) (i)	Award 1 mark for each relevant point made, up to a maximum of 3 marks. Likely answers may include: <ul style="list-style-type: none"> to provide the legislation which allows for people suffering from a mental disorder to be detained in hospital and have their disorder assessed or treated against their will, officially known as 'sectioning' the Act covers the reception care/treatment of mentally disordered people, the management of their property and other related matters to provide services to treat or protect people with mental illness to help people with mental illness who may harm themselves or others 	3	3			
(ii)	Award 1 mark each for correct identification of methods of referral, up to a maximum of 2 marks. Any two from four possible methods: <ul style="list-style-type: none"> self-referral – when the patient refers him/herself third party referral – when the patient is referred by their closest relative professional referral – when the patient is referred by a professional, e.g. doctor, social worker compulsory referral – when the patient is referred by a professional, e.g. doctor, social worker because they are identified as unable to make a decision for themselves due to their mental health (Allow marks for answers which describe the method.)	2	2			
(iii)	Award 1 mark each for any two disorders covered by the Mental Health Act, up to a maximum of 2 marks. Likely answers may include: <ul style="list-style-type: none"> schizophrenia anorexia nervosa (eating disorder) major or severe depression (not just 'depression') bipolar disorder and other similar illnesses '(severe) mental impairment' (allow Alzheimer's OR dementia, not both) covers mental retardation (learning disability) (allow autism OR learning disability, not both) 'psychopathic disorder' – covers personality disorders (allow psychosis) 	2	2			

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (i)	Award 1 mark for identification of any one from: <ul style="list-style-type: none"> • Access to Health Care Records Act (2000) • Access to Personal Files Act (1987) • Data Protection Act (1984/1998) • Freedom of Information Act (2000) (although not in specification, credit if referred to) 	1		1		
(ii)	<p>0-3 marks: Answers that include a basic identification of key features of the legislation; possibly a list. Answers may be confused. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that outline the key features of the legislation and show clear evidence of knowledge and understanding. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Either:</p> <p>The Data Protection Act (1984/1998)</p> <p>The Data Protection Act gives a legal basis for the handling of information relating to living people. It is the main piece of legislation that governs protection of personal data in the UK. Although the Act does not mention privacy, in practice it provides a way in which individuals can enforce the control of information about themselves, and also gives all individuals the right to access any personal information that has been compiled about them.</p> <p>There were changes to this Act in 1998 which came into force in 2000 and replaced the previous Act; e.g., information stored on both paper records and computer are now covered. There are eight principles covered under the new Act, each one referring to good practice when dealing with personal data.</p> <p>The Data Protection Act creates rights for those who have their data stored, and responsibilities for those who store or collect personal data. The person who has their data processed has the right to:</p> <ul style="list-style-type: none"> • view the data an organisation holds about them, for a small fee (known as ‘subject access’) • request that incorrect information is corrected – if the company ignores the request, a court can order the data to be corrected or destroyed and, in some cases, compensation can be awarded • require that data is not used in a way which causes damage or distress • require that their data is not used for direct marketing 	5	2		2	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (ii) (cont'd.)	<p>Or:</p> <p>The Access to Health Care Records Act (2000)/Access to Personal Files Act (1987)</p> <p>Under these Acts, all patients have the right to see their own health records, reports, X-rays and electronically stored data. They can make an appointment to see them or can ask to see the current section of the records during a consultation, so they can check what has been written and have knowledge of their condition/treatment.</p> <ul style="list-style-type: none"> • Both Acts give an individual the right to have inaccurate data about themselves corrected. • Personal information about someone else will not be released without that person's consent or unless the applicant has a reasonable requirement (if that person is not capable of giving consent, etc). • A health professional does not need another health professional's permission to show/read information recorded by that person, so the individual can be treated easily and correctly, e.g. locums/duty changes. • If a doctor writes a report on a client's health for an insurance company or employer, the client has a right to see this information before it is sent (under the Access to Medical Reports Act (1988)). 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-3 marks: Answers that identify emotional life quality factors; possibly a list. May be little or confused description of how the factors may be met. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that identify at least two emotional life quality factors and describe how they may be met by care workers. Answers may include reference to caring skills or principles of care. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show clear evidence of understanding of a range of emotional life quality factors and discuss ways in which they may be met. Answers should include reference to caring skills/principles of care (should refer to whether these are easily achieved or not). Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Psychological security</p> <ul style="list-style-type: none"> • Creating trust – building relationships, talking to him. • Maintaining confidentiality and being consistent will give him psychological security. • This can also be achieved by observation – visual observation, noticing changes in behaviour, food intake and wakefulness, as well as medical observations, including measuring temperature and blood pressure, will make him feel reassured that they are looking after him. • Using physical contact to provide appropriate psychological security or approval by holding his hand or putting a hand on his shoulder. • Providing a temporary distraction to divert him from his anxiety if he is scared or worried about his new surroundings. <p>Privacy</p> <ul style="list-style-type: none"> • Being able to recognise his feelings and needs – noticing when he needs privacy and allowing this to happen; allowing him time to himself – social perception • Not having to share a room. <p>Dignity</p> <ul style="list-style-type: none"> • Not demeaning him in any way, or making fun of him; always treating him with respect; addressing him correctly, making sure he is dressed appropriately. <p>Approval</p> <ul style="list-style-type: none"> • Showing approval – giving praise when he remembers to do things properly. <p>Autonomy</p> <ul style="list-style-type: none"> • They could engage in the same activity as him, showing him how to do things to make them more autonomous – working alongside. • Give him choices to make his own decisions. 	8	2	2	2	2
	Total for Question 2	25	13	5	4	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award a maximum of 3 marks for a detailed explanation of distraction, including a relevant example.</p> <p>Likely answers may include:</p> <p>Providing Connie with a temporary diversion to distract her from/take her mind off her anxiety.</p> <p>The care assistant could provide Connie with something enjoyable/different to do, so she is diverted from her anxiety as her family is leaving, e.g. talking to her, making her a cup of tea, taking her to a different room.</p>	3	1	2		
(b)	<p>Award 1 mark for identification of caring skill; and up to a maximum of 2 marks for a detailed explanation of how this could help Connie (skill and explanation must match).</p> <p>Likely answers may include:</p> <p>(i) Working alongside; engaging in the same activities as Connie, so she will help develop confidence, provide company. (Allow 'creating trust' if appropriate reason given.)</p> <p>(ii) Gaining compliance; giving reasons and choices without coercion to maintain her health and well-being.</p> <p>(iii) Showing approval; giving praise. Connie will feel valued and will develop positive self-concept and is more likely to do it again. (Allow 'encouraging'.)</p> <p>(iv) Modelling; using only acceptable behaviour so the residents will act in the same way, will improve social skills and get on with others. (Allow 'creating trust'.)</p>	3 3 3 3	1 1 1 1	2 2 2 2		
(c)	<p>Award up to a maximum of 2 marks for the identification and description of the barrier to care. Award up to a further 2 marks for correct assessment of the effects on the well-being of the individual receiving care.</p> <p>Likely answers may include:</p> <p>Preoccupation with own needs The care assistant is focusing on her own concerns and not concentrating on her work. It may be about how the care assistant is feeling, her worries, her expectations. By not listening to the residents, she might miss something important and not give the correct care needed, resulting in the individual becoming ill or injured or not being provided with physical comfort and safety.</p>	4	1		2	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>0-2 marks: Answers that identify barriers with little or no reference to the situation, or show understanding of effects of barriers/behaviour. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show understanding and some application of the barriers to care related to the individual. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that show correct use of terminology and clear evidence of understanding of the barriers to care related to the individual. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include any two of the following:</p> <p>Concealing problems: as Connie is not telling anyone her problems, this will result in lack of appropriate care. This is often linked to lack of status, not wanting to be a nuisance, or she could be afraid to say what is wrong in case she has to have further treatment.</p> <p>Social exclusion: Connie may not be able to be involved socially due to inability and fear of being ignored. She is likely to become lonely and lack social contact and social support.</p> <p>Hostile behaviour: Connie may feel lack of empowerment and resort to lashing out and verbal abuse so will not receive appropriate care as the care assistants will be reluctant/afraid to help her.</p>	6	2		2	2
	Total for Question 3	25	8	10	4	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award a maximum of 2 marks for a detailed explanation of how individualised care is provided.</p> <p>Likely answers may include any one from the following:</p> <ul style="list-style-type: none"> • Salma has transport provided/is helped into the day centre because of her walking difficulty. • Patrick has different food as he is a vegetarian; does not have transport provided as he enjoys walking. 	2		2		
(b) (i)	<p>Award 1 mark for an appropriate example of how dignity may be promoted in a day centre.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Preserve their privacy with particular reference to hygiene, feeding, etc; e.g: <ul style="list-style-type: none"> - an individual should be bathed/allowed to go to the toilet with the door closed - if they cannot drink properly from a cup, special cups or the necessary support should be provided • Calling them by a preferred name, not demeaning them in any way by using terms such as 'darling' or 'love' or by speaking to them in a condescending manner. 	1		1		
(ii)	<p>Award 1 mark for an appropriate example of how independence may be promoted in a day centre.</p> <p>Likely answers may include: Individuals should be allowed and encouraged to do as much for themselves as possible, e.g:</p> <ul style="list-style-type: none"> • showing different methods of cooking/dressing • allowing individuals to eat on their own 	1		1		
(iii)	<p>Award 1 mark for an appropriate example of how empowerment may be promoted in a day centre.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • provision of aids and adaptations, training or occupational therapy to enable them to do things for themselves to maintain their right to independence • provision of information so that individuals have the knowledge and understanding to make their own decisions or choices 	1		1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b) (iv)	<p>Award 1 mark for an appropriate example of how choice may be promoted in a day centre.</p> <p>Likely answers may include: Individuals should be included in decision-making regarding their care (what food they want to eat, what treatments they wish to have, etc), by giving the individual the information they need to make informed choices.</p>	1		1		
(v)	<p>Award a maximum of 1 mark for an appropriate example of how safety may be promoted in a day centre.</p> <p>Likely answers may include:</p> <p>Protecting individuals from harm by making sure the premises are safe:</p> <ul style="list-style-type: none"> • locked doors • no slippery floors • all the equipment checked and appropriate for the individual being treated • harmful substances locked away • room risk assessed • fire procedures/precautions 	1		1		
(c) (i)	<p>Award 1 mark for correct identification of the principle of care.</p> <p>Likely answers may include:</p> <p>Promoting anti-discriminatory practice.</p>	1	1			
(ii)	<p>Allow a maximum of 3 marks for a detailed explanation of the benefits of an equal opportunities policy for individuals attending a day centre.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • individuals being treated fairly • not the same • not being left out of activities • being enabled to do the same as others by being provided with more help than others to achieve the same things, e.g. help walking, feeding, going to the toilet (or any other suitable example) • access/facilities should be available for all who attend the day centre • beliefs and other differences will be respected 	3		1		2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (i), (ii)	<p>Award a maximum of 3 marks for a detailed description of each communication skill as follows:</p> <p>1 mark for identification of an appropriate communication skill 1 mark for description 1 mark for example</p> <p>Likely answers may include any two from:</p> <p>Written: written communication involves the use of written words or information we wish to convey. It can be used in both formal and informal situations. Letters/reports/memos/notes/e-mails/text messages to inform individuals of events, to refer to other health professionals. Records – personal data, attendance, food intake, accidents.</p> <p>Verbal: speaking, singing, active listening, using paralinguistic skills such as volume/tone/pitch/pace that can help or hinder communication, e.g. to explain procedures; general chat to provide social contact.</p> <p>Non-verbal: body language/gestures/facial expressions/hand gestures to enhance conversation, to add meaning. Mime and drama, music, art and craft could be used to support those who cannot speak, allow them to express themselves.</p> <p>Graphical: uses visual materials to convey information, images used instead of words for those who cannot read; understand the same language: posters, signs, drawing/illustration, cartoon; photography, sign/symbol.</p> <p>Alternative methods of communication: British Sign Language, Makaton, Braille, Widget, used when other methods of communication are not possible for those with sensory disabilities.</p>	3,3	4		2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (e)	<p>0-3 marks: Answers that provide basic description of the factors affecting communication. Little or no attempt to describe their impact on the communication process between individuals. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that describe the factors affecting communication, with some attempt to assess their impact on the communication process between individuals. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show clear evidence of understanding of the factors affecting communication and assesses their impact on the communication process between individuals. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Eye contact: this means to look regularly into the other person's eyes as you talk to them. It is very important to maintain eye contact with individuals in your care so that they gain trust in you. It will help them feel valued and be more likely to listen to you. If you do not maintain eye contact, the individual may feel you have something to hide or you do not like/value them. Care must be taken as, in some cultures, eye contact may cause offence.</p> <p>Facial expressions: also very important and can have a positive or negative effect; they can express your feelings; they can enhance communication, e.g. smiling will make the individual feel welcome, whereas frowning may make them feel you disapprove of them in some way. Facial expressions can also show anger, surprise or shock which may make the individual feel intimidated, so they would not tell you anything.</p> <p>Body language: this is a vital part of communication as much can be said without ever opening our mouths, e.g. hand gestures – pointing, beckoning, thumbs up/down; head – nodding/shaking, inclined to one side; body posture – leaning back/forward, crossed arms/legs, shrugging; other gestures – winking, rolling the eyes, pursing the lips. Again, care must be taken using these as they may be misinterpreted and cause offence. However, body language can be very comforting if used in a positive way as sometimes people cannot understand due to language or sensory difficulties so this can be used as an alternative form of communication.</p> <p>Summary: non-verbal communication must match what is said verbally. If this is not the case, there is a risk of sending 'mixed messages' which hinder communication.</p>	8	4			4
	Total for Question 4	25	9	8	2	6

Question	AO1	AO2	AO3	AO4	Total	QWC
1	10	7	4	4	25	✓
2	13	5	4	3	25	✓
3	8	10	4	3	25	✓
4	9	8	2	6	25	✓
Total	40	30	14	16	100	

UNIT 5

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i),(ii),(iii)	<p>Award 1 mark for each identification of the causes of disability, up to a maximum of 3 marks.</p> <p>Likely answers may include any three from:</p> <ul style="list-style-type: none"> • chromosomal abnormalities • genetic factors • birth trauma • nutritional factors • accidents • infections • acute/chronic disease • environmental factors (e.g. stress) • age-related factors 	3	3			
(b) (i),(ii),(iii)	<p>Award 1 mark each for three types of disability and 1 mark for an appropriate example, up to a maximum of 6 marks.</p> <p>Likely answers may include:</p> <p><u>Physical</u>, e.g. osteoarthritis, stroke, accident. <u>Sensory</u>, e.g. blindness/deafness/partial hearing/partial sight. <u>Learning disability</u>, e.g. someone with Down's syndrome/some cases of cerebral palsy/spina bifida in some cases.</p> <p>(Any other reasonable answer)</p>	2,2,2	3	3		
(c) (i),(ii),(iii),(iv)	<p>Award 1 mark for each correct adaptation, up to a maximum of 4 marks.</p> <p>Stair lift, ramp, widened door frames, downstairs bathroom/wet room, hoists, lowered work surfaces.</p> <p>(Accept any other reasonable adaptations)</p>	4		4		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>Award a maximum of 3 marks for a detailed explanation of the medical and social models of disability.</p> <p>Likely answers may include:</p> <p>(i) Medical model of disability – here the disabled person is seen as being ill or having a condition (referred to as the disability) and is in need of some form of treatment. In this model, or view, of disability the illness or condition is said to be seen first and the person second.</p> <p>(ii) Social model of disability – a key concept of the social model is that society disables people. Another way of saying that is that disability is a social construct, i.e. that disability is not just caused by impairment, but as the result of discrimination; a failure to allow people with disability to have equal access and equal opportunity.</p>	3,3		2	2	2
(e)	<p>0-2 marks: Answers that identify at least one stage of the care planning process. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that describe, with some attempt to discuss, two stages of the care planning process. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that discuss two stages of the care planning process, with clear evidence of understanding. Specialist terms used with ease and accuracy.</p> <p>Likely answers may make reference to at least two of the following stages:</p> <p>Assessment: finding out the person's needs and capabilities (e.g. whether they are incontinent) and their daily living skills.</p> <p>Care planning: deciding on the package of care to be provided plus, e.g. whether kitchen needs to be adapted for wheelchair use and a timetable for when it should be carried out.</p> <p>Implementation: actually providing the planned care. Any relevant example, e.g. fitting/supplying aids/adaptations.</p> <p>Monitoring: checking that services have been provided/objectives have been achieved, e.g. that adaptations have been installed/are effective and that care workers are attending as planned.</p> <p>Making alterations to care plan as a result of monitoring, e.g. providing more home care as the client's condition worsens.</p>	6	2	1		3
Total for Question 1		25	8	10	2	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i), (ii)	<p>Award 1 mark for the correct identification of a cause of spina bifida, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • vitamin/folic acid deficiency • genetic 	1, 1	2			
(b)	<p>Award a maximum of 1 mark for the correct identification of a test used to detect spina bifida and a maximum of 2 marks for a detailed description of how it is carried out.</p> <p>Likely answers may include:</p> <p>Amniocentesis: a needle is inserted through the women’s abdomen into the uterus/and amniotic sac positioned with the aid of an ultrasound scan. A sample of the amniotic fluid in the sac is extracted at around 15/16 weeks into the pregnancy. The tissue sample is tested for AFP.</p> <p>The AFP/alpha foetal protein test: a test using a sample of the mother’s blood at 15 - 18 weeks to test the level of alpha protein. High AFP indicates risk of spina bifida and a need for a diagnostic test.</p> <p>Ultrasound: produces an image of the foetus. In some cases, the spinal defect can be seen on the ultrasound study.</p> <p>Chorionic villus sampling: a form of prenatal diagnosis at 10 - 12 weeks to determine chromosomal or genetic disorders in the fetus. A sample from the placental tissue is taken via the cervix and then tested.</p>	1, 2	2	1		
(c)	<p>0-2 marks: Answers that make some reference to the mechanism of impairment in spina bifida, with limited explanation. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that give a detailed explanation of how spina bifida can lead to the impairment. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Paralysis occurs below the damaged area.</p> <p>Description of how or why this would affect the lower body.</p> <p>Explanation of the connection (or lack of) between the brain and the spine.</p>	4		2		2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-2 marks: Answers that identify benefits that might be available, with little or no explanation. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that describe at least one benefit, with limited discussion. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that discuss in detail the benefits that might be available and how they might offer support. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Disability Living Allowance (DLA) is a tax-free benefit available if an individual needs help getting around and/or looking after themselves because they are ill, disabled or terminally ill. Disability Living Allowance may also be claimed for an ill or disabled child.</p> <p>An individual is eligible to claim Disability Living Allowance if they need help caring for themselves or getting around and are under the age of 65 when they claim.</p> <p>Disability Living Allowance has two components: a care component – if someone needs help looking after themselves; and a mobility component – if they can't walk or need help getting around.</p> <p>Some people will be entitled to receive just one component; others may receive both.</p> <p>Disability Living Allowance is paid at different rates depending on how an individual is affected by disability.</p> <p>Housing Benefit is means tested and paid weekly into a person's account to help towards the cost of their accommodation. It is rare that all accommodation will be paid for.</p> <p>The Independent Living (1993) Fund is designed to help an individual, if they are disabled, to live independently at home rather than in residential care. Payments from the fund can be used to employ people to give personal and domestic care in the home.</p> <p>The Community Care (Direct Payments) Act 1996 introduced the opportunity for a disabled person to employ their own personal care assistant.</p>	6	2		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e)	<p>0-3 marks: Answers that identify barriers, with little or no assessment. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that explain the barriers and how they can be overcome, with some attempt to assess. Answers communicate meaning with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that assess the barriers and how they can be overcome, with clear evidence of understanding. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Barriers resulting from ignorance, prejudice and discrimination: Avoiding social contact, bullying due to embarrassment, fear of not knowing what to say. Ignorance due to not mixing with people with a disability. Lack of knowledge about spina bifida which assumes that, for example, people with spina bifida can't live independently/access the curriculum. The expectations of disabled people and their informal carers might also act as a barrier reduced by DDA. Legislation which allows redress and so encourages employers to ensure policies are in place.</p> <p>Barriers to access public and private transport: Lack of provision for wheelchair users. Not all buses are specially adapted and using trains can be very difficult. Reduced by DDA. But need for more adapted buses/taxis.</p> <p>Barriers to education: The school might have been resistant to taking Martin because of toileting issues due to bowel and bladder control. Martin may have experienced social isolation at school for the reason stated above. Reduced DDA requirements for schools to produce policy statements. Education Act requiring inclusion. Need for time off as impairment may affect school work.</p> <p>Barriers resulting from own impairment: Being in a wheelchair might prevent participation in physical education activities. Some people with spina bifida may have ADHD or learning difficulties, such as hand-eye co-ordination.</p>	10	2	2	3	3
	Total for Question 2	25	8	5	5	7

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a) (i), (ii), (iii)	<p>Award 1 mark for each correct answer, up to a maximum of 3 marks.</p> <p>Likely answers may include :</p> <ul style="list-style-type: none"> • pain • swelling • loss of motion of joint • impaired function of joint • crepitus 	3	3			
(b) (i)	<p>Award a maximum of 2 marks for a detailed description of what is meant by an acute disease.</p> <p>Likely answers may include:</p> <p>Acute: of abrupt onset, in reference to a disease. Acute often also connotes an illness that is of short duration, rapidly progressive, with severe symptoms and in need of urgent care.</p>	2		1	1	
(ii)	<p>Award 1 mark for a correct example.</p> <p>Likely answers may include:</p> <p>This could describe anything from a broken bone to an asthma attack or heart attack.</p>	1	1			
(iii)	<p>Award a maximum of 2 marks for a detailed description of what is meant by a chronic condition.</p> <p>Likely answers may include:</p> <p>This important term in medicine comes from the Greek <i>chronos</i>, time, and means lasting a long time; can also mean a long developing syndrome.</p>	2		1	1	
(iv)	<p>Award a maximum of 1 mark for a correct example.</p> <p>Likely answers may include:</p> <p>Osteoporosis, asthma, bronchitis, heart disease, diabetes, cystic fibrosis.</p>	1	1			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c) (i),(ii)	<p>Award a maximum of 3 marks for a detailed explanation of how each of two aids/adaptations can support individuals with disabilities in the work place.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • technology • chairs • tables • widened doorways • lowered surfaces • accessible building and toilets (e.g. lifts) • a support worker to ‘be a person’s legs’, to take notes/type, support them in being able to do a job • daily living aids, e.g. utensil cuff 	3, 3	2	4		
(d)	<p>0-3 marks: Answers that identify and describe legislation, with little or no attempt to evaluate how it attempts to support and protect individuals. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that give an explanation of how the legislation attempts to support and protect individuals, with some attempt to evaluate. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that evaluate how legislation attempts to support and protect individuals, with clear evidence of understanding. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The Disability Discrimination Act 1995 (DDA 1995) gives disabled people protection against disability discrimination in a wide range of areas. This act has been significantly extended since 1995, including by the Disability Discrimination Act (2005). 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, the Carers Recognition Act (1996) and the Equality Act 2010.</p>	10	1	3	2	4
	Total for Question 3	25	8	9	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i),(ii),(iii)	<p>Award 1 mark for each correct identification of a sign/symptom of multiple sclerosis.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • tremor • jerky movements: clumsiness, weakness, slurred speech, loss of mobility • blurred/double vision, facial pain, numbness/tingling in legs, giddiness 	3	3			
(b) (i),(ii)	<p>Award a maximum of 3 marks for a detailed outline of each of two practitioners.</p> <p>Likely answers may include:</p> <p>Physiotherapist</p> <ul style="list-style-type: none"> • to prevent contractions of joints • to promote effective movement • to strengthen different body parts • to demonstrate breathing exercises to prevent chest infection <p>Occupational therapist</p> <ul style="list-style-type: none"> • to assess for help and support for activities of daily living • hoists • lowered surfaces • adaptations to surroundings <p>General practitioner</p> <ul style="list-style-type: none"> • to prescribe medication • to refer to hospital for further tests <p>Neurologist</p> <ul style="list-style-type: none"> • a specialist doctor looking at problems to do with the brain <p>Speech and language therapist</p> <ul style="list-style-type: none"> • to assist with speech/language skills • to assess swallowing <p>Dietician</p> <ul style="list-style-type: none"> • to assess nutritional state and promote adequate nutrition 	3, 3	2		4	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-2 marks: Answers that identify the ‘reasonable adjustments’ that employers are expected to implement, with little or no explanation. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that describe the ‘reasonable adjustments’ that employers are expected to implement, with some attempt to discuss. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that discuss the ‘reasonable adjustments’ that employers are expected to implement, with clear evidence of understanding. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Reasonable adjustments while in employment:</p> <p>Giving or arranging training and equipment, e.g. speech browser software installed onto computer.</p> <p>Providing a reader or interpreter, e.g. sign language interpreter for meeting.</p> <p>Providing supervision, e.g. support worker.</p> <p>Acquiring or modifying equipment, e.g. a specially designed chair.</p> <p>Modifying instructions or reference manuals, e.g. oral instruction may be provided.</p> <p>Altering working hours, e.g. a person who takes medication which has side effects that are worse in the morning is allowed to start work later in the day.</p> <p>Allocating some of the disabled person’s duties to another person, e.g. a librarian cannot return books to high shelving so a colleague assists with this aspect of work.</p> <p>Transferring the disabled person to fill an existing vacancy, e.g. a sales rep who has to give up driving is transferred to a vacant post requiring computer skills for which she is given training.</p> <p>Assigning the disabled person to a different place of work, e.g. allowing home working during a period of rehabilitation.</p> <p>Allowing absence during working hours for rehabilitation assessments or treatment.</p> <p>Allowing time off for counselling sessions.</p> <p>Modifying assessments procedures, e.g. giving people longer to complete selection tests.</p> <p>Adjusting premises, e.g. the direction in which a door opens is altered for wheelchair user.</p>	6	2	2		2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d)	<p>0-3 marks: Answers that identify of the advantages and disadvantages of the package of care, with little or no explanation. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that describe the advantages and disadvantages of the package of care, with some attempt to discuss. Answers communicate meaning with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that discuss the advantages and disadvantages of the package of care, with clear evidence of understanding. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Advantages</p> <p>Employing a personal assistant gives Jed more autonomy, choice and control.</p> <p>Jed can select a personal assistant who suits him/with whom he gets on well.</p> <p>Arrangement is more flexible; personal assistant can be asked to help in a greater range of situations, e.g. on holiday.</p> <p>Reduces number of different people providing care. Quality of relationship leads to better care.</p> <p>Disadvantages</p> <p>Greater responsibility/stress for Jed, e.g. in selecting and employing the personal assistant or if a problem develops and requires client to have organisational skills. Less supervision by local authority – increased risk of abuse.</p> <p>Person may not be trained/qualified, CRB checked.</p> <p>Client might become over-dependent.</p> <p>Greater risk of a gap in care if personal assistant is ill or leaves.</p>	10	4	2	2	2
	Total for Question 4	25	11	4	6	4

Question	AO1	AO2	AO3	AO4	Total	QWC
1	8	10	2	5	25	✓
2	8	5	5	7	25	✓
3	8	9	4	4	25	✓
4	11	4	6	4	25	✓
Total	35	28	17	20	100	

UNIT 6

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i)	<p>Award a maximum of 2 marks for a detailed definition of the meaning of the term 'pathogen'.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • an organism • that causes disease 	2	2			
(ii)	<p>Award a maximum of 3 marks for a detailed explanation of the term 'vector'.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • an animal/organism • that can carry a disease • and pass it on/transmit it to humans (or other animals) 	3	1	2		
(iii)	<p>Award 1 mark for each correct identification of three animals, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • flies • fleas • mosquitoes • rats • dogs • birds 	3	3			
(b) (i)	<p>Award a maximum of 2 marks for a detailed explanation of how washing surfaces reduces the risk of infection.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • this will wash away the microbes, reducing their number • less chance of contact infection • less microbes to cause infection • reducing the risk 	2		2		
(ii)	<p>Award a maximum of 2 marks for detailed explanation of how regular treatment with disinfectant can reduce risk.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • bleach is a biocide • the microbes are killed • less chance of contact infection • less live microbes to cause infection • reducing the risk 	2		2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c) (i)	<p>Award a maximum of 2 marks for a detailed explanation of how sterilisation differs from disinfection.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> sterilisation implies the complete elimination of living organisms (from an item/surface) disinfection is the removal/destruction of infectious agents (but not necessarily all living organisms) 	2		2		
(ii)	<p>Award 1 mark for the correct identification of a surgical sterilisation method and a further 2 marks for a detailed and accurate description of the method, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>Autoclaving</p> <ul style="list-style-type: none"> steam under pressure/at a sufficient temperature break down/denatures macromolecules/proteins kills all micro-organisms <p>Radiation treatment</p> <ul style="list-style-type: none"> radiation damages chemical bonds (macromolecules/nucleic acids) kills all micro-organisms 	3	1	2		
(d)	<p>0-3 marks: Answers that identify points that illustrate understanding of the increased risk of infection in hospitals, with little or no attempt to discuss. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that describe the increased risk of infection in hospitals and how hygiene protocols contribute to managing this risk, with some attempt to discuss. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that discuss the reasons for increased risk of infection in hospitals and explain clearly how sound hygiene protocols can mitigate this risk, with clear evidence of understanding. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> patients in hospital may be ill, infected or have open wounds or surgical scars may have reduced immune function, or offer open ports of entry to infection may act as reservoirs of infection, as many people visit them consequently, the potential for contact infection in hospitals is high this increased risk can be managed/mitigated by rigorous adherence to sound cleaning protocols 	8			2	6
Total for Question 1		25	7	10	2	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	Award 1 mark for the correct identification of a type of organism: <ul style="list-style-type: none"> a bacterium 	1	1			
(ii)	Award 1 mark for each correct symptom of chlamydia or MRSA. Likely answers may include: Chlamydia Women may have non-specific symptoms such as: <ul style="list-style-type: none"> cystitis a change in their vaginal discharge mild lower abdominal pain Men may experience the following: <ul style="list-style-type: none"> discharge from the penis opening irritation at the end of the penis MRSA <ul style="list-style-type: none"> inflammation swelling tenderness pus fever 	4	4			
(iii)	Award a maximum of 3 marks for a detailed description of how chlamydia or MRSA is transmitted. Likely answers may include: Chlamydia <ul style="list-style-type: none"> is a sexually transmitted infection (STI) is caught through unprotected vaginal, anal or oral sex MRSA <ul style="list-style-type: none"> skin to skin contact with a carrier of MRSA contact with objects contaminated by MRSA 	3	3			
(iv)	Award 1 mark for the identification of the correct treatment for chlamydia or MRSA: <ul style="list-style-type: none"> antibiotics 	1	1			

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (i)	<p>0-3 marks: Answers that identify the trends observed, with limited analysis. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that describe the trends observed, with some attempt to analyse. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that analyse the trends observed and show a comprehensive understanding, with accurate qualification. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> trends both rising females higher than males until about 2004 then starts converging to approximately the same value in 2007 females start circa 28,000 males start circa 21,000 final value for both around 60,000 female trend is the one that starts curving downwards in the convergence male trend remains fairly constant 	8			8	
(ii)	<p>0-3 marks: Answers that identify a range of suitable strategies to reduce the spread of infection, with little or no explanation. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that describe a range of suitable strategies to reduce the spread of infection, with some attempt to discuss. Answers convey meaning with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that discuss a range of suitable strategies to reduce the spread of infection, with clear evidence of understanding. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Chlamydia</p> <ul style="list-style-type: none"> decrease number of sexual partners use of barrier protection awareness raising (campaigns) screening programmes effective treatment <p>MRSA</p> <ul style="list-style-type: none"> reduce contact by barrier methods or isolation improved hygiene practices screening (especially of hospital staff) effective treatment 	8		4		4
Total for Question 2		25	9	4	8	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award a maximum for 2 marks for a detailed definition of the term 'genetic disorder'.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> when some aspect of bodily development or biochemical function is impaired through the inheritance of a faulty gene 	2	2			
(b)	<p>Award a maximum of 2 marks for a detailed definition of the term 'recessive gene'.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> both copies of the gene must be faulty for the disorder to be expressed 	2	2			
(c)	<p>Award a maximum of 3 marks for a detailed explanation of the term 'carrier'.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> a person who has one copy of the gene (a recessive gene) therefore doesn't show the disease themselves but can pass it on to offspring 	3	1	2		
(d)	<p>Award 1 mark for each correct symptom, up to a maximum of 5 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> troubling cough wheezing recurring chest and lung infections malnutrition clubbed fingers and toes polyps inside the nostrils large, odorous stools salty tasting skin breathlessness/difficulty breathing (not 'unable to breathe') 	5	5			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e)	<p>Award 1 mark for the correct identification of a suitable treatment for cystic fibrosis and a further 2 marks for an accurate explanation, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Antibiotics – these can be taken to fight infections in the lungs. They can be inhaled through a nebuliser (a device which turns drugs into a mist that can be breathed in), or they may be injected if the infection is more severe. • Bronchodilator drugs – these are inhaled to ease breathing. They work by relaxing the muscles that surround the airways in the lungs, helping them to open up. • Steroids – these can be taken to reduce swelling of the airways in the lungs, which can help breathing. Steroid nasal drops and sprays can be used to treat nasal polyps (small growths inside the nostrils). • DNase – this treatment, which is usually inhaled, helps to thin and break down the sticky mucus in the lungs so that it is easier to cough up. • Pancreatic enzymes – these should be taken before every meal to help the digestive system break down the food. The pancreas cannot produce enough food-digesting enzymes due to mucus clogging the digestive system, so these pills supply the enzymes instead. • Immunisations and flu jabs – it is particularly important that people with cystic fibrosis are up-to-date with all required. • Physiotherapy – regular physiotherapy loosens the mucus in the lungs, cleaning the airways and easing breathing. 	3	1	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (f)	<p>0-3 marks: Answers that identify the benefits and problems associated with each life stage, with little or no explanation. Little or no use of special vocabulary.</p> <p>4-6 marks: Answers that describe a range of benefits and problems associated with each life stage, with some attempt to analyse. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that analyse the problems and benefits associated with each life stage, with clear evidence of understanding. Special terms used with ease and accuracy.</p> <p>Screening of potential parents:</p> <ul style="list-style-type: none"> • allows assessment of risk and informed decision making • but may give rise to difficult decisions about the appropriateness of parenthood or screening of the foetus in the womb <p>Screening within the womb:</p> <ul style="list-style-type: none"> • allows informed decision making, mental preparation • but then gives rise to difficult ethical decisions about the appropriateness of abortion in cases of extreme impairment • also has a risk for the foetus due to the physical intervention <p>Screening of the new-born:</p> <ul style="list-style-type: none"> • allows early intervention to limit damage caused in cystic fibrosis • no major threats as is a minor intervention (heel prick) 	10		2	4	4
	Total for Question 3	25	11	6	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4															
4. (a)	<table border="1"> <thead> <tr> <th></th> <th>Type of immunity</th> <th>Example</th> </tr> </thead> <tbody> <tr> <td>(i)</td> <td>Natural (1) active (1) immunity</td> <td>Response to infection (1)</td> </tr> <tr> <td>(ii)</td> <td>Natural passive immunity</td> <td>Antibodies passed from mother to child (1)</td> </tr> <tr> <td>(iii)</td> <td>Artificial (1) active (1) immunity</td> <td>Vaccination (1)</td> </tr> <tr> <td>(iv)</td> <td>Artificial (1) passive(1) immunity</td> <td>Infusion of antibodies to treat rabies</td> </tr> </tbody> </table>		Type of immunity	Example	(i)	Natural (1) active (1) immunity	Response to infection (1)	(ii)	Natural passive immunity	Antibodies passed from mother to child (1)	(iii)	Artificial (1) active (1) immunity	Vaccination (1)	(iv)	Artificial (1) passive(1) immunity	Infusion of antibodies to treat rabies	9	6	3		
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(i)	Natural (1) active (1) immunity	Response to infection (1)																			
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(b)	<p>0-3 marks: Answers that identify the role of lymphocytes in the immune system, with little or no explanation. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that describe the role of lymphocytes in the immune system, with some explanation. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that explain the role of lymphocytes in the immune system, with clear evidence of understanding. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • lymphocytes are produced in the lymph nodes and spleen • these make antibodies • the antibodies attach to, and neutralise, infective particles • some of them, the 'memory lymphocytes' keep a record of antigens to which the body has been exposed • one memory lymphocyte for each different antigen • allows much more rapid and effective response to any subsequent exposure – these cells are the basis of the effectiveness of vaccination • lymphocytes are responsible for identifying foreign antigens (i.e. infections/allergic reactions) 	8	5	3																	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-3 marks: Answers that identify the issues associated with vaccination programmes as a method of controlling infectious disease, with little or no attempt to assess. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that describe the issues associated with vaccination programmes as a method of controlling infectious disease, with some attempt to assess. Answers communicate meaning, with some use of specialist vocabulary</p> <p>7-8 marks: Answers that assess the issues associated with vaccination programmes as a method of controlling infectious disease, with clear evidence of understanding. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • individual immunity • herd immunity • breakdown of herd immunity if people fail to take up or refuse vaccination, allowing re-emergence of some diseases • potential to eliminate diseases • short-term nature or lack of effective vaccines for other diseases • rates of mutation in some viruses, requiring frequent updating of vaccines • adverse reactions to vaccines • consideration of ethical issues, e.g. parents making decisions for children 	8			4	4
	Total for Question 4	25	11	6	4	4

Question	AO1	AO2	AO3	AO4	Total	QWC
1	7	10	2	6	25	✓
2	9	4	8	4	25	✓
3	11	6	4	4	25	✓
4	11	6	4	4	25	✓
TOTAL	38	26	18	18	100	

UNIT 7

	Criteria for mark allocation	Guidance	Marks
Aims and Investigation (40 marks)	<p>Candidates will be expected to:</p> <ul style="list-style-type: none"> • state the aims of their coursework assignment • use a variety of resources to investigate the chosen assignment • identify and interpret issues relevant to the assignment • use investigation to assemble relevant information 		
	<p>Poorly formulated aims, little evidence of background knowledge and a restricted investigation of the issues relevant to the assignment.</p> <p>Evidence will reflect lack of understanding. No use of specialist vocabulary. Work will contain inaccuracies.</p>	<ul style="list-style-type: none"> • Basic identification of needs. • List of services to meet needs/brief descriptions. 	0-10
	<p>Aims are restrictive, limited resources used to investigate. Little evidence of investigation of issues relevant to the assignment.</p> <p>Evidence will communicate meaning but will lack detail. Little use of specialist vocabulary. Work may contain inaccuracies.</p>	<ul style="list-style-type: none"> • Brief description of care needs – some of which may be may be omitted. • Basic descriptions of care services - some of which may be irrelevant 	11-20
	<p>The aims are clearly expressed and a range of resources used to investigate the assignment. Evidence presented demonstrates an understanding of issues relevant to the study.</p> <p>Evidence at this level will be structured clearly to communicate meaning. Technical vocabulary will be used accurately. Work will contain relatively few errors.</p>	<ul style="list-style-type: none"> • Clear descriptions of the care needs, showing knowledge of the condition. • Clear descriptions of a range of care services from the different sectors, describing how they support the care needs of the condition. • Local provision should be identified. • Some reference may be made to statutory, private, voluntary provision. • Some referencing may be present. 	21-30
	<p>The aims are comprehensive, realistic and well expressed. The candidate has demonstrated knowledge and has been selective in their choice of resources used to investigate. Evidence presented shows sound understanding of issues raised by the study.</p> <p>Evidence at this level is well structured and clearly expressed. Specialist terms will be used with ease and accuracy. Work will be largely error free.</p>	<ul style="list-style-type: none"> • Clear explanation of the care needs, showing thorough knowledge and understanding of the condition. • Clear descriptions of a wide range of care services from the different sectors, explaining how they support the care needs of the condition. • Knowledge and understanding of statutory, private, voluntary provision shown. • Local provision must be identified. • Evidence of referencing must be present. 	31-40

	Criteria for mark allocation	Guidance	Marks
Analysis and Research (35 marks)	<p>Candidates will be expected to:</p> <ul style="list-style-type: none"> • apply knowledge and understanding to the chosen assignment • use both primary and secondary research to support their findings • analyse and discuss findings in relation to the chosen assignment 		
	<p>Limited knowledge and understanding of the requirements of the assignment. Minimal attempt to analyse and interpret findings.</p> <p>Evidence will reflect lack of understanding. No use of specialist vocabulary. Work will contain inaccuracies.</p>	<ul style="list-style-type: none"> • Not all sections of the work addressed. <p>or</p> <ul style="list-style-type: none"> • Very brief descriptions, some of which may be irrelevant or inaccurate. 	0-8
	<p>Demonstrates knowledge with limited understanding of the assignment. A limited range of research is used to support the findings. Restricted analysis and interpretation of the findings.</p> <p>Evidence will convey meaning but will lack detail. Little use of specialist vocabulary. Work may contain inaccuracies.</p>	<ul style="list-style-type: none"> • Basic descriptions of most of the requirements of the section (2/3 of the 4) – some work may be irrelevant or inaccurate. • Possibly factual information with little or no attempt to link to individual/service provision. 	9-16
	<p>Demonstrates sound knowledge and understanding of the assignment. Appropriate primary and secondary research is used to support findings. Clear analysis and interpretation of the findings.</p> <p>Evidence at this level will be structured clearly to communicate meaning. Technical vocabulary will be used accurately. Work will contain relatively few errors.</p>	<ul style="list-style-type: none"> • Evidence of at least three sections should be included: <ul style="list-style-type: none"> ✓ Practitioners – identified with brief description of how they support individuals. ✓ Care planning – identification of stages with some reference to individual/service provision. ✓ Quality assurance (QA) – should describe several methods of QA which support the individuals' care and/or service provision. ✓ National policy and legislation – several different types should be addressed 	17-26
	<p>Demonstrates detailed knowledge and a thorough understanding of the assignment. A range of both primary and secondary research is used confidently in support of the findings. Sound and comprehensive analysis and interpretation of the findings.</p> <p>Evidence at this level is well structured and clearly expressed. Specialist terms will be used with ease and accuracy. Work will be largely error-free.</p>	<ul style="list-style-type: none"> • Evidence of all sections must be included, showing knowledge and understanding of how they support the individuals: <ul style="list-style-type: none"> ✓ Practitioners – a range is identified, with brief description of how they support the individuals and explanation of how they work together to support the chosen individual. ✓ Care planning – showing understanding of how the process affects the chosen individual/service provision. ✓ Quality assurance (QA) – should explain how several different methods of appropriate QA supports the individuals' care /service provision ✓ National policy and legislation – several different types should be addressed, and be specific to selected services/individual. • Evidence of referencing must be present. 	27-35

	Criteria for mark allocation	Guidance	Marks
Evaluation (25 marks)	<p>Candidates will be expected to evaluate:</p> <ul style="list-style-type: none"> • methods used to obtain information and evidence • outcomes of the assignment 	<p>Marks can be awarded in two sections:</p> <ul style="list-style-type: none"> up to 12 marks if only evaluation of methods used to collect data; up to 13 marks if only evaluation of the findings of the assignment. 	<p><i>Marks in brackets apply if only one section of work is addressed</i></p>
	<p>Brief description of the strengths and weaknesses of the assignment, with one or two comments on methodology. Outcome does not address the issues of the assignment and may be limited to one area.</p> <p>Evidence will reflect lack of understanding. No use of specialist vocabulary. Work will contain inaccuracies.</p>	<ul style="list-style-type: none"> • Identification of resources used – brief descriptions of how they were used/what they were used for (bibliography or a list of books/websites). • Little or no attempt to discuss findings of the assignment. • May discuss strengths or weaknesses of work 	<p>0-6 (0-3)</p>
	<p>Describes the strengths and weaknesses of the assignment with superficial comments on methodology. Outcome addresses the assignment but knowledge is limited and presentation is basic.</p> <p>Evidence will convey meaning but will lack detail. Little use of specialist vocabulary. Work may contain inaccuracies.</p>	<ul style="list-style-type: none"> • Basic descriptions of one or two resources used; brief comments as to how useful or not they were. • Brief description of how service provision meets individuals' needs; possibly a repeat of AI. 	<p>7-12 (4-6)</p>
	<p>Realistic evaluation of the assignment with justification for the methodologies. Outcome demonstrates knowledge and understanding of the study and addresses the issues identified. Work is well presented and may contain several well thought out and differing ideas.</p> <p>Evidence at this level will be structured clearly to communicate meaning. Technical vocabulary will be used accurately. The work will contain relatively few errors.</p>	<ul style="list-style-type: none"> • Detailed descriptions of several resources used, including specific names, clearly showing advantages and disadvantages of each. May include suggestions for other methods to be used. • Some attempt to evaluate the findings of the assignment – Is local service provision good or not? Reference may be made to national policy/ demographics/funding. 	<p>13-18 (7-9)</p>
	<p>Thorough and comprehensive evaluation with sound justification of the methodologies used. Use of reasoned judgements to draw valid conclusions from all evidence present which are clear and detailed in order to produce a high standard evaluation.</p> <p>Evidence at this level is well structured and clearly expressed. Specialist terms will be used with ease and accuracy. Work will be largely error free.</p>	<ul style="list-style-type: none"> • Detailed evaluation and justification of the use of a range of resources (including specific names/titles) to include both primary and secondary data – use of Internet, text books, magazines, local health directories, questionnaires, interviews, etc. • Valid conclusions made to evaluate service provision with reference to the amount of services available, access and barriers to care; national policy and funding and national and local priorities. 	<p>19-25 (10-12)</p>

UNIT 8

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>Award 1 mark for each correct answer.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • family • education • diet • income • occupation • social class • housing • culture • access to health services 	3	3			
(b)	<p>Award a maximum of 3 marks for a detailed explanation of how inheritance could have influenced Daniel's development.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Genes are passed on by one or both parents and carry different characteristics, e.g. personality traits (introversion, extroversion, aggression). • If introverted, Daniel would be shy and find it difficult to make friends. • Aggression could lead to Daniel gaining a bad reputation and becoming less desirable to have as a friend.. • Having an aggressive nature may make it difficult for Daniel to keep friends. 	3		3		
(c)	<p>Award a maximum of 2 marks for a correct answer: (allow 1 mark for correctly identifying a feature and 1 mark for an accurate description).</p> <p>Likely answers may include: Bandura's social learning theory:</p> <ul style="list-style-type: none"> • observation, i.e. behaviour is learned from watching how others behave • imitation, i.e. copying the behaviour others • modelling, i.e. demonstrating behaviour that may be observed and imitated by others 	2	2			

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>0-2 marks: Answers that show a basic understanding of social learning theory and how aggressive behaviour can be learned. Answers lack detail, with little use of specialist vocabulary.</p> <p>3-5 marks: Answers that show some understanding of social learning theory and how aggressive behaviour can be learned. Answers are structured and communicate meaning, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show a clear understanding of social learning theory and how aggressive behaviour can be learned. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>According to Bandura's social learning theory, children learn by observing and imitating the behaviour of another, i.e. model. This is known as observational learning. An example would be aggressive behaviour as demonstrated by another.</p> <p>If the model is seen to be rewarded for their aggressive behaviour, the child is more likely to try and copy that behaviour, especially in the case of significant others, e.g. a parent or sibling.</p> <p>Behaviour in same sex models is also more likely to be copied than in opposite sex models, i.e. girls are more likely to copy their mothers, and boys their fathers (sex role identification); also, if the model has a social status, power or skill, e.g. celebrities, pop/sports stars, etc. Bandura believed that both desirable behaviours could be learned in this way.</p> <p>In his Bobo doll experiment, Bandura found that children who watched others behaving aggressively towards a Bobo doll also behaved aggressively towards it.</p> <p>Parents who display aggression in the home are providing their children with a model of aggression. Any child who witnesses aggressive behaviour in the home is likely to imitate it.</p>	7		1	3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (e)	<p>0-3 marks: Answers that give a basic identification and description of appropriate strategies, but no assessment of their effectiveness in reducing aggressive behaviour. Answers lack relevance and detail, with little use of specialist vocabulary.</p> <p>4-7 marks: Answers that show some knowledge and understanding of strategies from the social learning approach. May attempt some assessment of their effectiveness in reducing aggressive behaviour. Answers are relevant, structured and communicate meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers show clear knowledge and understanding of strategies from the social learning approach, with a clear assessment of their effectiveness in reducing aggressive behaviour. Answers are relevant, well structured, clearly expressed, and accurate. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Modelling</p> <p>Observational learning:</p> <ul style="list-style-type: none"> • Demonstrating appropriate/desirable behaviour so that Daniel will learn through observation and imitation. • Encouragement of self-regulation by Daniel (self-monitoring of his own behaviour). • Reward and reinforcement. • Removal of reinforcement for undesirable behaviour. • Use praise or reward non-aggressive or pro-social behaviours in Daniel. • Vicarious reinforcement. • Praise or reward non-aggressive or pro-social behaviours in others where Daniel can observe. • Eliminate vicarious reinforcement by those modelling anti-social or aggressive behaviour who may be observed by Daniel, e.g. a parent, sibling or other child. • Punishment/vicarious punishment, if used, must be non-aggressive, age appropriate and carried out within sight/hearing of Daniel. 	10	2		4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (e) (cont'd)	<p>Credit should be given for other suitable answers e.g:</p> <ul style="list-style-type: none"> • Identify triggers to avoid escalating behaviours. • Remove child from situation i.e. time out. • Provide structure and routine as predictability helps maintain a sense of claim and control. • Reinforcing good behaviour. <p>Assessment</p> <p>Easy to put into practice on an everyday basis. However, requires consistency, i.e. should occur both inside and outside of the family/school setting for maximum effect.</p> <p>Effective – the more children see appropriate behaviour, e.g. saying ‘please’ and ‘thank you’, the more normal it will become and the more likely they will be to imitate the behaviour. If a parent/adults should happen to model inappropriate behaviour (e.g. swearing) it should be acknowledged, and an explanation given as to why it is wrong. They should also be seen to discipline themselves, e.g. ‘Mummy can’t have dessert tonight because she swore.’</p> <p>Social skills training (SST):</p> <p>A form of behaviour therapy used by teachers, therapists and other professionals, e.g. educational psychologists. Aims to help those who have difficulties relating to other people. Requires objective assessment.</p> <p>Goal is social competence. One behaviour at a time is worked on and these are broken down and introduced gradually to avoid Daniel becoming overwhelmed.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (e) (cont'd)	<p>Social skills include:</p> <ul style="list-style-type: none"> • Eye contact with others, e.g. during conversation, shaking hands when meeting someone. • Using the right tone and volume of voice, expressing opinions to others. • Perceiving how others are feeling/showing empathy, appropriate emotional responses, e.g. crying when something sad happens. • Laughing when someone says something funny; participation, co-operation, sharing, helping, being patient; positive communication/language skills, active listening, practising good manners, being polite and respectful and 'reading' others during social interactions. <p>Opportunities exist for Daniel to practise social skills in everyday routines, e.g. organised play activities, conversation, interacting with others in the community, e.g. at the playgroup or nursery, trips to the park, shopping, library, meeting friends, etc.</p> <p>Assessment</p> <p>SST is flexible – individual/group therapy, useful for children and adults.</p> <p>SST offers a range of useful techniques for adults and children, e.g. modelling, role play, peer assessment, reinforcement.</p> <p>Can be very successful if the individual has self-efficacy, i.e. belief in their own abilities.</p> <p>Research has shown variable results, i.e. moderate short-term effects (dependent on the underlying issues, e.g. disorders such as ADHD, autism or whether it is used in combination with other therapies, e.g. CBT, family therapy).</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (e) (cont'd)</p>	<p>Family therapy</p> <ul style="list-style-type: none"> • Requires a highly skilled professional, i.e. family and systematic psychotherapist. • Family therapy is used for a wide range of issues including problem behaviour in children, e.g. aggression • The therapist may work with the family as a whole or individually with Daniel. The aim is to help family members help one another. • Family therapy explores close relationships, thoughts, emotions, views and opinions, patterns of behaviour, as well as any specific issues, e.g. addiction, domestic violence. It aims to help family members understand and respect each other's views, needs, etc. It identifies and builds on the family's strengths as they try to make useful changes in their relationships and their lives. <p>Assessment</p> <p>Requires commitment – sessions may be weekly or twice weekly, sometimes for lengthy periods (can last 3 - 12 months or more).</p> <p>Good evidence for its effectiveness.</p> <p>Helpful for a wide range of problems.</p> <p>Family therapy has been found to be better than individual therapy in certain cases, e.g. aggressive behaviour in children and ADHD.</p>					
	Total for Question 1	25	7	4	7	7

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	<p>Award 1 mark for each correct answer up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • sense of self • self-concept • self-esteem • parental/peer approval and interaction 	2	2			
(ii)	<p>Award a maximum of 3 marks for a detailed explanation of how one environmental factor can influence physical development. (Allow 1 mark for correct identification of a factor and up to 2 marks for a detailed explanation.)</p> <p>Likely answers may include:</p> <p>Location</p> <p>Urban areas</p> <ul style="list-style-type: none"> • Less space/opportunity for outdoor exercise. • More overcrowded so easier for illnesses/diseases to spread. • More amenities, e.g. leisure/sporting facilities. • Easier to access health and social care services. <p>Rural areas</p> <ul style="list-style-type: none"> • More space/opportunity for outdoor exercise. • Less overcrowding, more pleasant environment. • Fewer amenities, e.g. fewer leisure/sporting facilities. • Inadequate transport network – difficulty accessing health/social care services. <p>Pollution</p> <ul style="list-style-type: none"> • Air pollution linked to respiratory illness, e.g. asthma, emphysema, allergies. • Noise pollution contributes to stress levels and related health problems, e.g. depression, anxiety, sleep problems. <p>Crime levels</p> <ul style="list-style-type: none"> • Fear for personal safety and security. • Concern about safety and security of personal property. • Both can impact on mental health and well-being; and link with some health conditions, e.g. depression, cardio-vascular disease 	3		3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (ii) (cont'd)	<p>Employment</p> <ul style="list-style-type: none"> • Higher employment levels in urban areas. • Employment gives a greater sense of security which has a positive impact on physical health, e.g. unemployed people tend to have more health problems. • Regular income allows access to better food/diet, standard and quality of housing, more leisure opportunities, e.g. gym membership, sports clubs. <p>(Any other relevant answer.)</p>					
(b)	<p>0-3 marks: Answers that show a basic understanding of how residential care could benefit Linda's emotional development and well-being. Answers communicate meaning but lack detail, with little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that show clear evidence of understanding of how residential care could benefit Linda's emotional development and well-being. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Linda will develop a sense of acceptance, i.e. feel part of a community. • She will have a sense of personal value from being treated with respect and dignity. • She will receive social support from newly formed relationships/friendships. • She may feel more optimistic/positive about her life and the future. • She will have a sense of safety and security from being in a home and having help and support on hand 24/7. • She will be free from financial and personal worries, e.g. bills, property maintenance issues, cooking, personal care, i.e. having individual needs met. 	5	2	1	2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (i)	<p>Award 1 mark for the correct identification of a theorist from the biological approach.</p> <ul style="list-style-type: none"> • Eysenck • Cattell • Gessell 	1	1			
(ii)	<p>0-2 marks: Answers that show a basic knowledge and understanding of the biological strategies that might be used to treat sleep problem. Answers communicate meaning but lack detail, with little use of specialist vocabulary.</p> <p>3-4 marks: Answers that show some knowledge and understanding of the biological strategies that might be used to treat sleep problems. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that show detailed knowledge and understanding of the biological strategies that might be used to treat sleep problems. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • The biological approach focuses on physical/ biological causes of illness (e.g. depression) or problem behaviours (e.g. sleeplessness). • Drugs are used as a treatment, e.g. anti-depressants, sleeping pills (e.g. benzodiazapines, z drugs). • Drugs can be used alone or in conjunction with other methods, such as relaxation and medication, which are sometimes available on the NHS. • Drugs may have mild to serious effects (e.g. drowsiness, tolerance, dependence). • Side-effects may lead patient to stop taking drugs, either of their own accord or under medical advice. • Several drugs may need to be tried before one is found to suit the patient. • Treats the symptoms only, not the underlying cause. • Symptoms often return when drug therapy ceases 	6	1	1	1	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (ii) (cont'd)	<p>Relaxation</p> <ul style="list-style-type: none"> • Methods include ‘tense and release’ exercises, breathing exercises, mental imagery, listening to soothing music. • Helps relieve symptoms of stress on the body, i.e. stress floods the body with chemicals preparing it for ‘fight or flight’. • This stress response helps in emergency situations where you need to be alert, but it wears the body down when constantly activated by life events. • Relaxation brings the body’s system back into balance: deep breathing reduces stress hormone levels, slows heart rate and blood pressure, and relaxes muscles. • Helps to reduce fatigue, promotes sleep and increases self-confidence. Research has shown that relaxation combats mental illness, relieves aches and pains, heightens problem-solving abilities and boosts motivation and productivity. <p>Meditation</p> <ul style="list-style-type: none"> • Meditation can affect the area of the brain involved in processing emotions. • Changes brain wave patterns and may cause actual structural brain changes, making people able to train their attention away from stressful events so that they control their emotions better. • Depression, stress and panic attacks can be helped by medication. • Some techniques are easily carried out at home without specialist advice/guidance. • Specialist/professional therapist may be required. • May incur cost (private practitioners/classes) complementary therapies, e.g. massage, aromatherapy, reflexology, yoga (also effective for relaxation). • Not suitable for everyone, e.g. individuals with severe mental illness or difficulty concentrating. 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (iii)	<p>0-3 marks: Answers that give basic discussion of how personality develops according to a theory from the biological approach. No attempt at assessment. Answers lack structure and detail, with little use of specialist vocabulary.</p> <p>4-6 marks: Answers that show some knowledge and understanding of the development of personality according to a theory from the biological approach, with some relevant assessment. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show detailed knowledge and understanding of the development of personality according to a theory from the biological approach. Clear and relevant assessment. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Eysenck</p> <ul style="list-style-type: none"> • Two personality dimensions – biologically based, i.e. personality is passed on through the genes/inheritance. • Extrovert-introvert (E) – the individual focuses inward, and prefers calm, quiet, order and less stimulation, OR focuses outward and prefers change, stimulus and excitement. • Stable-neurotic dimension (N) – the individual is calm and easy-going or restless and moody. • Credit may be given for a relevant diagram. • The Eysenck Personality Inventory establishes an individual’s position on each dimension. • Most people score around the middle of each dimension, with a few at either extreme. • Linda would be likely to have a low score on the introversion/extroversion scale because she is shy and quiet. • She is also likely to score highly on the neuroticism/stability scale which could account for her depression. 	8	2		3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (iii) (cont'd)	<p>Cattell</p> <ul style="list-style-type: none"> • 16 personality factors (16PF); claimed there were 16 source traits which were the basis of personality. • A trait is a relatively stable characteristic that causes people to act in certain ways, e.g. imaginative, bold, cheerful, self-sufficient. • The combination and interaction of various traits forms a personality that is unique to the individual. • Cattell developed a personality assessment – the 16PF questionnaire where each trait is scored from 1 (low) to 10 (high) according to the answers given to the questionnaire, thereby giving a personality profile. • The 16PF has been used extensively in education and employment. • If Linda were to take this test, she would possibly have low scores on traits such as emotional stability and social boldness, and high scores on traits such as privacy and apprehension. <p>Gessell</p> <ul style="list-style-type: none"> • Development is genetically determined by a universal process of maturation. • Personality develops out of social and mental development as part of the process of maturation. • Gessell indicated that environmental influences were also important to some extent. • Gessell's theory offers only a bare outline in respect of personality development. • Reference might be made to the spiral of development. <p>Assessment</p> <ul style="list-style-type: none"> • Research supports a genetic basis for personality. • Trait theories are generally well respected and influential. • Biological theories do not give consideration to cognitive processes. • Traits are not always reliable predictors of behaviour, i.e. people don't always behave in accordance with a recognised trait. • Other factors may play a role in behaviour, e.g. situation, medical, learning. 					
	Total for Question 2	25	8	5	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award 1 mark for correct identification of factor, and up to 2 additional marks for an explanation, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>Socio-economic</p> <ul style="list-style-type: none"> • Family, e.g. providing love and support. • Diet, e.g. healthy diet to promote recovery. • Income, e.g. receipt of disability benefits, army pension. • Housing, e.g. a safe, secure and suitably adapted home (ramps, bathing facilities etc.). • Occupation, e.g. continued service in the army, or retraining/new employment opportunity in civilian life. • Culture, e.g. acknowledgement, respect, positive attitude towards disability. • Access to amenities/health services, e.g. GP, counselling, physiotherapy, occupational therapy, library, leisure centre, college/ university, etc. <p>Psychological</p> <ul style="list-style-type: none"> • Self-concept, e.g. how Chris sees himself now that he is disabled. • Self-esteem, e.g. how Chris feels about himself, e.g. why did he survive/others die? Is he deserving? • Parental approval, e.g. ongoing love and support as Chris copes with his disability and for the choices/decisions he makes as he moves forward with his life. • Peer approval, e.g. a continuing bond despite disability. 	3	1	2		
(b)	<p>Award a maximum of 3 marks for a detailed description of the term 'self-actualisation'.</p> <p>Likely answers may include:</p> <p>Self-actualisation:</p> <ul style="list-style-type: none"> • a higher level need in humans • the need or desire for self-fulfilment • involves using talents and abilities to reach one's full potential • achieved by some, not all • Maslow's hierarchy of needs 	3	3			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p>0-3 marks: Answers that give basic description of humanistic theory, with little relevant discussion of how it can help to understand behaviour. Answers communicate meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show some relevant knowledge and understanding of humanistic theory. Some discussion of how this can help understand behaviour. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers show relevant knowledge and understanding of humanistic theory. Clear discussion of how this can help understand behaviour. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Maslow’s hierarchy of needs</p> <p>Could help carers to understand how Chris might be feeling and bring insight to his behaviour. Part of their job role would be to identify Chris’s needs and be able to recognise when those needs are not being met, e.g:</p> <p>Physiological needs</p> <ul style="list-style-type: none"> • Chris’s basic needs might be met, but physical injuries are still healing – pain, discomfort, inability to sleep might explain why he is worried and withdrawn. • Medication may make Chris feel unwell/affect behaviour. • Chris is worried and may not be able to eat or sleep normally. <p>Safety needs</p> <ul style="list-style-type: none"> • Chris may feel safer than when he was in Afghanistan but he may be experiencing flash backs/post-traumatic stress. • He may feel bored and restless after the adrenaline rush of being in a war zone. • Worries over the future, e.g. what he will do (employment), how he will cope (financial/ psychological) may affect his confidence and make him feel insecure. 	8	1	1	3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c) (cont'd)	<p>Love and belonging needs</p> <ul style="list-style-type: none"> • Chris is away from his regiment, fellow soldiers/friends so he may be missing the support/team spirit. • Also apart from his family and love ones – although they may visit, distance may mean visits are infrequent. • May feel lonely and be anxious to get home or back to his regiment <p>Self-esteem needs</p> <ul style="list-style-type: none"> • May feel guilty/responsible for his injuries or those of any others involved in the accident. • May feel devalued as he no longer able to fight/serve alongside his colleagues. • May feel unhappy/resentful about being dependent on other people. <p>Self-actualisation</p> <ul style="list-style-type: none"> • Chris's sense of who he is and who he is going to be will be affected, e.g. <ul style="list-style-type: none"> - will he be able to remain in the army? - what are his career prospects? - how will he cope as a disabled person? • Needs to re-evaluate his plans and goals. <p>Rogers' person centred approach</p> <p>Clients are seen as experts on themselves, and the agents of change in their own life, i.e. they have the potential to understand themselves and resolve their own problems.</p> <p>Carl Rogers' theory would help carers and other professionals understand the impact of the trauma Chris experienced in Afghanistan, as well as the potential impact of his injuries.</p> <p>They would understand that conditional positive regard can lead to conditions of worth that, once internalised, can prevent an individual from developing to the optimum level, i.e. reaching their full potential (self-actualisation).</p> <p>By understanding Chris's need for unconditional positive regard, i.e. accepting Chris for who he is, they would be able to treat him in a non-judgemental and empathetic way as they support him to come to terms with his injuries/disablement and find his own way through his problems.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>0-3 marks: Answers that give a basic description of one or more strategies from the humanistic theory with little assessment of their usefulness. Answers convey meaning but lack detail, with little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show some relevant knowledge and understanding of one or more strategies from the humanistic approach, together with some assessment of their usefulness. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show detailed, relevant knowledge and understanding of more than one strategy from the humanistic approach, together with an assessment of their usefulness. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Person centred therapy (PCT)</p> <p>A form of counselling. Recipients are sometimes called clients rather than patients, depending on the setting for therapy.</p> <p>The goal is to help individuals develop a sense of self and recognise how their attitudes, feelings and behaviour may be affecting their ability to reach their full potential.</p> <p>Therapist provides a non-judgemental environment, demonstrates congruence (genuineness) empathy (ability to understand what the client is feeling) and unconditional positive regard (i.e. valuing the person for who they are) toward the patient. Rogers believed that self-actualisation could be blocked by an unhealthy self-concept, i.e. negative or unrealistic attitudes about oneself.</p> <p>PCT takes a non-directive approach (i.e. not leading the patient) whilst helping the patient to tap into their own resources, find their own solutions to problems and move towards personal growth/self-actualisation.</p>	8	2		3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d) (cont'd)	<p>Assessment</p> <p>A very popular and effective treatment. Widely used.</p> <p>Useful in a range of situations including those who have experienced traumatic events, e.g. injured soldiers/war veterans.</p> <p>Criticisms: PCT lacks scientific basis. Its non-directive approach has been criticised, and responsibility lies with the client, not the therapist – not always suitable, e.g. when destructive behaviours are involved.</p> <p>Encounter groups</p> <p>An unstructured form of psychotherapy where groups of people meet together and encounter not just other people but also, more importantly, themselves. People treat one another as full human beings, in an open, direct and non-defensive manner.</p> <p>May involve sitting in a circle, on a mat/cushions.</p> <p>Uses a range of techniques, e.g. discussion, psychodrama, non-verbal touching behaviour.</p> <p>Rogers believed that humans have an innate ability to ‘self-heal’ and group therapy aims to reveal this by increasing self-awareness and addressing the issues underlying life problems. Typically used as a short-term treatment for less serious psychological problems. Can be a very intense and unpredictable form of therapy.</p> <p>Assessment</p> <p>Focuses on human strengths rather than weaknesses. Useful for meeting with others in a similar situation – mutual support and encouragement.</p> <p>Gain insight to yourself, your emotions and how you relate to others.</p> <p>Opportunities to learn from one another – sharing of thoughts, feelings, experiences, etc.</p>					
	Total for Question 3	25	8	5	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award 1 mark for the correct identification of a possible reason for Michael's behaviour, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Michael has a learning disability. • The effects on Michael of a recent stroke. • Genetics (inherited traits) 	2	2			
(b)	<p>Award a maximum of 2 marks for a detailed explanation of two benefits of attending the day centre, up to a maximum of 8 marks.</p> <p>Likely answers may include:</p> <p>Physical benefits</p> <ul style="list-style-type: none"> • Exercise from physical activities at the day centre, e.g. armchair aerobics. • Opportunity/encouragement to use skills that need to be regained/strengthened, e.g. fine/gross motor skills. • Well balanced and nutritious meal. • Help and support with personal care needs, e.g. mobility, toileting, feeding, personal hygiene, etc. • Access to other services under same roof, e.g. chiropodists, dentists, vaccination programmes. <p>Intellectual benefits</p> <ul style="list-style-type: none"> • Stimulating environment. • Mentally stimulating activities, e.g. art/craft, quizzes, music, bingo, music/sing-a-longs, reminiscing (e.g. childhood/war stories, etc). <p>Emotional benefits</p> <ul style="list-style-type: none"> • Feeling valued, respected and accepted for who you are. • Having someone to talk to/share problems with. • Support network from people in similar situations. <p>Social benefits</p> <ul style="list-style-type: none"> • Change of environment (getting out of the house). • Meeting other people. • Making friendships/new relationships. • Learning/developing social skills 	2,2,2,2		4	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c) (i)	<p>Award 1 mark for the correct identification of one theorist from the behaviourist approach. Any one from:</p> <ul style="list-style-type: none"> • Pavlov • Skinner 	1	1			
(ii)	<p>Award a maximum of 4 marks for a detailed explanation of the term 'conditioning' in the context of a named behavioural theory.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Classical Conditioning (Pavlov). • Operant Conditioning (Skinner). • Conditioning is a form of learning. • It occurs where a response to a stimulus becomes more frequent as a result of reinforcement. • Reinforcement increases the likelihood that a response (behaviour) will be repeated. 	4	2	2		
(d)	<p>0-3 marks: Answers that give a basic description of strategies from the behaviourist theory. Little relevant discussion of their use in modifying behaviour. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that show some relevant knowledge and understanding of the strategies from the behaviourist theory. Some discussion of two suitable strategies to modify behaviour. Some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show detailed relevant knowledge and understanding of the strategies from the behaviourist theory. Coherent discussion of two suitable strategies to modify behaviour. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Behaviour modification</p> <p>The behaviourist approach to changing problem behaviour is called behaviour modification. Based on operant conditioning, using the principles of reinforcement to increase desirable (target) behaviour and punishment to eliminate undesirable behaviour.</p> <p>Behaviour that is rewarded in some way will be repeated in the future, e.g. a child learns to say 'please' because it is more likely to get what it wants. Any behaviour that is punished will not be repeated.</p>	10	2		4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (cont'd)	<p>Behaviour modification is successful in treating problem behaviour. It can be useful in the management of problem behaviours, e.g. aggressiveness.</p> <p>In care settings, service users should be made aware of the standards of behaviour required at the day centre and understand which aspects of their behaviour are unacceptable and why.</p> <p>In adult care settings, carers seek calmness and co-operation from service users. When behaviour responses are suitable/desirable, carers should reward the service user with a smile, praise, thanks, etc. This will have the effect of reinforcing the behaviour, i.e. increasing the likelihood that the behaviour will be repeated.</p> <p>When a service user behaves in an unacceptable way, carers should ensure that their response is assertive but not aggressive. They should withhold reinforcement or ignore the service user if it safe to do so, i.e. if the service user is in a safe, secure position and ignoring them will not put them or others at risk.</p> <p>Service users who are happy with an outcome following their co-operative behaviour are more likely to behave similarly in the future. Undesirable behaviours, e.g. aggression, may eventually disappear altogether.</p> <p>Assessment</p> <p>Easy to use.</p> <p>Inexpensive.</p> <p>Can be used in a range of settings and for both adults and children. Requires consistency amongst those involved.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (cont'd)	<p>Token economy</p> <p>Based on the principles of operant conditioning. Aims to teach appropriate behaviour/social skills in a range of settings. Designed to increase desirable/ decrease undesirable behaviours.</p> <p>Tokens are given as reinforcers for clearly defined target behaviours. These tokens (e.g. counters, stars, coins, etc.) have no value but can be exchanged for other 'backup reinforcers' once a predetermined number is reached, e.g. ten tokens can be exchanged for a privilege or treat.</p> <p>Systematically rewarding appropriate behaviour in Michael, e.g. exercising patience, waiting, refraining from verbal abuse, etc, can be rewarded by giving a token, e.g. a counter or a gold star, etc.</p> <p>Consistency is essential, both in terms of the behaviour to be rewarded and the number of tokens to be given, and correct adherence to the system by all staff is important.</p> <p>Assessment</p> <p>Can be used with both children and adults.</p> <p>Can be used with individuals but primarily used in group situations.</p> <p>May be met with resistance by some adults.</p> <p>Effectiveness criticised by some as newly acquired behaviours can cease when the token economy ceases.</p>					
	Total for Question 4	25	7	6	6	6

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



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