



GCE MARKING SCHEME

HEALTH AND SOCIAL CARE AS/Advanced

SUMMER 2012

INTRODUCTION

The marking schemes which follow were those used by WJEC for the Summer 2012 examination in GCE Health and Social Care. They were finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conferences were held shortly after the papers were taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conferences was to ensure that the marking schemes were interpreted and applied in the same way by all examiners.

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

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

UNIT 1

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i)	<p>1 mark for identification of life quality factor; award a maximum of 2 marks for a detailed explanation (factor and explanation must match).</p> <p>Any one from the following.</p> <p>Likely answers may include:</p> <p>Physical comfort: she has provision of equipment to maintain her needs – she can get into bed so she can rest comfortably</p> <p>Physical safety: use of specialist equipment, i.e. the bed hoists, to reduce the risk of injury, she is less likely to fall getting in and out of bed.</p> <p>Autonomy: she can make decisions for herself, can decide when to get up/go to bed.</p>	3	1	1	1	
(ii)	<p>1 mark for identification of life quality factor, award a maximum of 2 marks for a detailed explanation (factor and explanation must match).</p> <p>Any one from the following.</p> <p>Likely answers may include:</p> <p>Autonomy: she can make her own decisions about when she wants to have a shower. Will not feel useless, will be more independent.</p> <p>Hygiene: she can maintain her cleanliness to guard against infection to prevent unnecessary disease or illness.</p> <p>Dignity: she does not have to have anyone with her in the bathroom which she may find embarrassing.</p> <p>Physical safety: use of specialist equipment to reduce the risk of injury, she is less likely to fall when getting in and out of a bath.</p> <p>Privacy: she can wash/shower herself without supervision.</p> <p>Independence can be referred to in explanation but should not be a factor.</p>	3	1	1	1	
(iii)	<p>1 mark for identification of life quality factor; award a maximum of 2 marks for a detailed explanation (factor and explanation must match).</p> <p>Likely answers may include:</p> <p>Psychological security: she will have less worry or stress which may make her feel insecure, she will feel safe knowing that she can call someone in an emergency, she can call for help immediately after a fall.</p> <p>Allow safety as long as not repetition of previous answer.</p>	3	1	1	1	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (iv)	<p>1 mark for identification of life quality factor, award a maximum of 2 marks for a detailed explanation.</p> <p>Any one from the following.</p> <p>Likely answers may include:</p> <p>Diet: lack of mobility means she may find it difficult or be unable to prepare food; she is more likely to have a balanced diet consisting of varied and appetising food which can contribute to her good health.</p> <p>Social contact: she has opportunities to be with other people. Without social contact she may become isolated and this can lead to depression.</p>	3	1	1	1	
(b) (i)	<p>Award 1 mark for the correct identification of the barrier to care.</p> <p>Likely answers may include:</p> <p>Concealing problems.</p> <p>Lack of status.</p> <p>(Any other reasonable answer.)</p> <p>(Do not allow hostile behaviour.)</p>	1	1			
(ii)	<p>Award 1 mark for each correct reason identified, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <p>This is often linked to lack of status, or psychological barriers – she could be afraid to say what is wrong in case she has to have further treatment or has to move into residential care; does not want to be a nuisance.</p>	2		1	1	
(iii)	<p>Award a maximum of 3 marks for a detailed explanation of how the barrier may affect the care Gladys receives.</p> <p>Likely answers may include:</p> <p>By Gladys not telling anyone her problems this will result in lack of appropriate care as the care workers will not know that she needs additional care and support. Her condition could deteriorate.</p>	3	2	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c)	<p>0-2 marks: Basic identification of the changes in care provision with little or no attempt at discussion. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that describe the changes in care provision made as a result of the Act with some evidence of detailed discussion, including reference to assessment by the local authority. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show clear evidence of understanding of the aims and purpose of the Act with evidence of detailed discussion, including the reasons behind the Act to encourage families to take responsibility for their relatives and reduce public spending. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The purpose of the Community Care Act was for individuals with a chronic illness or in need of long-term care. Those who would have lived in a state-run institution under the previous care service</p> <p>would now be able to live either in their own home, with adequate care and support, or in a residential home setting. The local authority is expected to assess the care needs of any person with a disability, impairment, illness or mental health problem, then decide what provision of care is needed for them, and provide a package of care to meet their needs.</p> <p>Reference could be made to:</p> <p>(a) the idea of creating a 'mixed economy of care'; (b) concerns regarding the cost of the existing system; (c) changes in the attitude towards care practice; (d) demographic reasons, e.g. people now living longer; (e) political views about family responsibilities.</p>	7	2	3		2
	Total for Question 1	25	9	9	5	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	<p>Award a maximum of 4 marks for a detailed explanation, including a relevant example.</p> <p>Likely answers may include:</p> <p>Acknowledging individuals' personal beliefs and identity – means that care workers should try to communicate that they accept the person for who they are and what they believe in. Care workers may not always share the beliefs and lifestyle of the people they care for, but should still show that they accept individuals' individuality.</p> <p>Examples: when caring for people who have different religious beliefs and practices to the carer, they should be given the opportunity to practise their faith and celebrate their religious festivals at times when this is important to them; a vegetarian should be offered an alternative to meat at mealtimes; a smoker should be allowed to go outside to smoke; an individual should be permitted to dress in a way that suits them; if an individual's religion says they must not show their hair/body/legs, then the dress code must respect this, e.g. school uniform.</p> <p>(Allow other relevant examples.)</p>	4	2	2		
(ii)	<p>Award a maximum of 4 marks for a detailed explanation, including a relevant example.</p> <p>Likely answers may include:</p> <p>Providing individualised care – care workers often provide care for people who have similar problems and needs. However, rather than treating everyone the same, they should provide care that meets each person's individual needs. To do this, each individual needs to be assessed to find out their particular needs, taking into account personal beliefs and preferences.</p> <p>Examples:</p> <p>In medical settings, individuals receive the treatment/medication they require for specific health conditions, e.g. some individuals may require pain relief while others may require antibiotics to cure infections, a diabetic may require insulin while others would not.</p> <p>In social care, an individual's needs are usually assessed by a social worker, an occupational therapist or a GP. After an assessment a care plan will be drawn up with the individual. Some individuals may require input from several care workers to assist with bathing, dressing, feeding and mobility, as well as provision of aids and adaptations, while others may require support for only one need such as the provision of a stair lift to get up and down stairs.</p> <p>(Allow other relevant examples.)</p> <p>(Do not allow repetition from response to 2 (a) (i).)</p>	4	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (iii)	<p>Award a maximum of 4 marks for a detailed explanation including a relevant example.</p> <p>Likely answers may include:</p> <p>Protecting individuals from abuse - means protecting individuals from deliberate harm or a way of treating them which may cause them harm. Care workers should assess the relationships clients have with other people for any signs of abuse and should act to prevent or stop it happening.</p> <p>Examples: individuals can be protected from abuse by:</p> <ul style="list-style-type: none"> • raising awareness of possible problems • noting and recording signs of possible abuse • reporting incidents to the appropriate person/organisation • training staff so they are aware of the procedures to follow • abuse can be <ul style="list-style-type: none"> - physical - sexual - psychological - financial - neglect <p>(Allow other relevant examples.)</p>	4	2	2		
(b)	<p>Award 1 mark for identification of each correct way, up to a maximum of 4 marks.</p> <p>Any four from the following.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • clear and effective policies • clear and effective codes of practice • staff training • advice and support in the workplace • staff appraisal • monitoring • continuing professional development procedures <p>(Do not allow CRB.)</p>	4	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
(c)	<p>Award a maximum of 3 marks for a detailed explanation of the purpose of a code of practice.</p> <p>Likely answers may include:</p> <p>Codes of practice support organisational policies and can help to define the quality of care individuals can expect from care services and they can be used as a basis for measuring the quality of care provided.</p> <p>They aim to ensure all that the care provided is the same for all nurses/midwives/doctors.</p>	3			3	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-2 marks: Basic identification of the main principles of the Act with little or no attempt at discussion. Possibly a list. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that describe the aims of the Act with some attempt at discussion with reference to either the care worker and/or individuals in their care. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that show clear evidence of understanding of the aims of the Act with discussion relating to the care worker and individuals in their care. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The Health and Safety at Work Act provides the legal framework to promote, stimulate and encourage high standards of health and safety in places of work – this includes all care settings. Its main aims are to secure the health, safety and welfare of the care workers, to protect individuals receiving care against risks to health or safety in connection with the activities of persons at work, to control the keeping and use and prevent unlawful use of dangerous substances and also to control certain emissions into the atmosphere. This means that employers have to ensure that care workers are fully trained and comply with their health and safety policy, carry out regular risk assessments and make sure all equipment is safe.</p> <p>Care workers must: use safety equipment, e.g. hoists, wheelchairs, sharps disposal boxes; follow the health and safety policy; be aware of their own safety as well as that of others – the individuals in their care/family; report potential hazards in the work place.</p> <p>RIDDOR and COSHH.</p>	6	2			4
	Total for Question 2	25	10	8	3	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a) (i)	Award a maximum of 1 mark for each accurate identification of a life quality factor not being supported, up to a maximum of 2 marks. Likely answers may include: <ul style="list-style-type: none"> dignity autonomy privacy 	2	2			
(ii)	Award a maximum of 1 mark for the correct identification of a barrier to care. Likely answers may include: <ul style="list-style-type: none"> attitude and prejudice – stereotyping labelling 	1	1			
(b) (i)	Allow 2 marks for clear description of one communication barrier or brief description/ identification of two barriers. Likely answers may include: <ul style="list-style-type: none"> unable to explain problem as speech may be affected unable to hear diagnosis if care worker cannot use alternative methods of communication, e.g. Makaton, sign language unable to hear when name is called in waiting room (Allow other relevant examples.)	2	1		1	
(ii)	Allow 2 marks for clear description of one communication barrier or brief description/ identification of two barriers. Likely answers may include: <ul style="list-style-type: none"> cannot access information as may not be able to read signs showing where to go letters informing of appointments would be difficult to read would not be able to read instructions of medicines (Allow other relevant examples.)	2	1		1	
(c)	0-3 marks: Answers which show/describe caring skills, some of which may be inappropriate. Answers convey meaning. Little or no use of specialist vocabulary. 4-5 marks: Answers which show a level of knowledge and understanding to explain at least two appropriate caring skills. Answers clearly communicate meaning with some use of specialist vocabulary. Likely answers may include: <ul style="list-style-type: none"> Encouraging – so she motivates and supports the young adults to do things for themselves Creating trust – to build relationships with the individuals so they trust she is acting in their best interests Social perception – so she can recognise their feelings and needs and allow them to do things for themselves Working alongside – individuals given independence and autonomy to do things themselves but she is there to provide support (Or any other caring skill – but only if with appropriate explanation.)	5		3		2

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d) (i)	<p>Award a maximum of 3 marks for any three of the following:</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • older people • people with physical disabilities • people with mental health problems • women • minority ethnic groups • minority religious groups • gay men and lesbians • children 	3	3			
(ii)	<p>Award a maximum of 3 marks for a detailed explanation of what is meant by discrimination.</p> <p>Discrimination means individuals being treated less favourably than others because of a personal characteristic they may have. They have not been treated fairly. May be direct or indirect. (Do not allow repetition from response to 3 (d) (i).)</p>	3	1	2		
(iii)	<p>0-2 marks: Brief answers which identify/show knowledge of the effects of discrimination with limited or no attempt at discussion. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that describe and show knowledge and understanding with an attempt at discussion of the effects of discrimination on quality of life. Answers clearly communicate meaning, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show sound knowledge and understanding of discrimination and provide detailed discussion of the effect on quality of life. Reference should be made to life quality factors/PIES. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Reference to a particular type of discrimination. Will refer mainly to negative effects on an individual's quality of life with reference to physical, intellectual, emotional and social life quality factors.</p> <p>Diet: may not eat as too upset, appetite may be affected, lose weight and become ill or, alternatively, may over-eat to compensate, comfort eat and gain weight.</p> <p>Exercise: may lack motivation/energy to bother/may feel self-conscious and not participate.</p>	7	2	3	1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d) (iii) (cont'd)	<p>Engaging in activities: less likely to participate in activities as they feel left out or may be targeted by others. May not feel activities are worthwhile, and may miss opportunities for social interaction or developing physical fitness (exercise).</p> <p>Stimulation: may lack motivation to improve own learning, possibly linked to employment.</p> <p>Dignity: will not feel valued, may feel demeaned if they are called names or spoken to in a condescending manner.</p> <p>Psychological security: emotional effects/may be afraid or worried about what might happen depending on the type of discrimination – bullying, feeling insecure, unwanted.</p> <p>Approval: would be lacking as they would feel everyone is against them.</p> <p>Autonomy: may feel as if they do not have control over their lives.</p> <p>Social contact and support: may be afraid of going out with others so not want to and therefore isolate themselves.</p>					
	Total for Question 3	25	11	8	3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award 1 mark for type of communication and 1 mark for appropriate example. (3x2)</p> <p>Any three from the following.</p> <p>(i) Verbal communication: the nurse explained she needed an X-ray/a consultant explained her results/she was told her arm was not broken.</p> <p>(ii) Graphical communication: she was given a map to help her find the X-ray department.</p> <p>(iii) Non-verbal: gestures, he pointed to the X-ray, smiling.</p> <p>Written: she was given a card with details of an appointment the following day.</p>	2,2,2	3	3		
(b)	<p>Award 2 marks each for description of factor and 1 mark each for relevant example (factor and explanation must match). (3x3)</p> <p>Likely answers may include:</p> <p>(i) Personal appearance: this refers to the way a person looks – are they clean/dirty, tidy/dishevelled, smart/scruffy? These can influence communication as individuals may be intimidated by someone in a uniform/too smart and may feel unequal and not talk to them freely. Can be positive – if the medical staff look clean, friendly and approachable then the individual is more likely to discuss issues. A nurse may be intimidated by a patient with numerous piercings/boys wearing hoodies. Facial expressions (frowning, etc, can be intimidating).</p> <p>(ii) Proximity: this refers to the distance a carer stands or sits away from an individual; too close and they may feel uncomfortable and may be too nervous to speak, too far away and they may think the medical staff does not want to know them. Examples may include: a teacher standing over a pupil when working; a nurse sitting on a patient's bed; a doctor talking to a patient from the other side of the room.</p> <p>(iii) Use of technical terminology: means using words that the individual may not understand. It is sometimes called jargon and is a special language for use by a group or profession, e.g. doctors, nurses, social workers. It should only be used during communication with those who are familiar with it, e.g. 'DNR' is a term sometimes used in nursing/medicine. This could be easily misinterpreted, although a doctor may understand it to mean 'Do Not Resuscitate'. Doctors might refer to parts of the body by their technical name and could confuse the individual receiving care.</p>	3,3,3	3		3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-3 marks: Brief descriptions of the caring skills. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that explain the use of the caring skills, giving relevant examples. At least two of the caring skills are addressed with some attempt at assessment. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show clear evidence of understanding to assess the use of the three caring skills, giving relevant examples within the A&E department. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Social perception: a care worker should always be able to recognise accurately an individual's feelings, needs and intentions as those are often shown by facial expressions, posture, tone of voice and what is said. This is very useful because a good carer should be intuitive and be able to pick up and receive non-verbal signs that may actually be in conflict with the spoken word. Even though the words used indicate that the individuals are not worried, the behaviour, such as biting the lips, would indicate otherwise. Anxious people may look paler than usual, be more distracted and seem quieter than usual. The staff would be able to recognise that they may need more urgent treatment than is apparent.</p> <p>Distraction: this is used to manage temporary pain and anxiety, useful for staff because when individuals concentrate on discomfort then the feeling of discomfort increases and they become more anxious, but if their attention is focused on something else, the pain decreases and stress is reduced, e.g. distracting a child with a toy while they are having an injection, making the work easier for the nurse.</p> <p>Disengagement: means breaking an exchange or contact for a short period, perhaps by going to call someone else or moving to a different location. This is very useful in the A&E department as it often has the power to calm down a heated exchange, particularly with hostile individuals who may have been waiting for treatment. The care worker should not storm out and slam the door, but should calmly walk away, giving a reason for withdrawing. This enables an individual to calm down and gives them 'time out' to allow treatment for themselves and others to continue in a more relaxed atmosphere.</p> <p>Should refer to A&E to gain top band marks.</p>	10	4	2	1	3
	Total for Question 4	25	10	5	4	6

Assessment Objectives

Question	AO1	AO2	AO3	AO4	Total	QWC
1	9	9	5	2	25	✓
2	10	8	3	4	25	✓
3	11	8	3	3	25	✓
4	10	5	4	6	25	✓
TOTAL	40	30	15	15	100	

UNIT 5

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>1 mark for identifying the causes.</p> <p>Likely answers may include:</p> <p>Any two from:</p> <ul style="list-style-type: none"> • genetic factors • birth trauma • nutritional factors • accidents • infections • acute/chronic disease • environmental factors (e.g. stress) • age-related factors • lifestyle factors <p>Any other relevant factors.</p>	2	2			
(b)	<p>Award a maximum of 1 mark for correctly naming the legislation.</p> <p>Likely answers may include:</p> <p>The Disability Discrimination Act (1995; 2005) or: Equality Act (2010)</p>	1	1			
(c)	<p>Award 1 mark for the correct identification of a suitable practitioner, and a further 2 marks for a detailed explanation of how each could provide support for Ashley.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • practitioners • GPs • physiotherapists • occupational therapists • home care workers • community nurses • social worker <p>Any other reasonable answer.</p> <p>Support provided:</p> <ul style="list-style-type: none"> • advice • referrals • medication/prescriptions • exercises and assessment • assessment of daily living activities and provision of aids and adaptations 	3,3	2	2	2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>Allow a maximum of 2 marks for a detailed description of aid or adaptation available to support Ashley in the workplace.</p> <p>Likely answers may include:</p> <p>assistive technology</p> <ul style="list-style-type: none"> • provides software and hardware which may be of assistance, e.g. additional IT skills training can be arranged <p>physical adaptations to work place:</p> <ul style="list-style-type: none"> • specialist desk • access to facilities in work • any practical aids and technical equipment <p>support worker</p> <ul style="list-style-type: none"> • to assist with note-taking, materials in alternative formats <p>Any other reasonable answer, including any type of aid, adaptation or service that is properly identified and can support a worker's experience.</p>	2,2,2	3		3	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (e)	<p>0-3 marks: Answers that give limited discussion of advantages/disadvantages or a list of points that have not been explained. Answers communicate meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that discuss, in some detail, and give clear but brief description. Accurate points made with regard to client needs (remembering that she is a young woman). Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that discuss, in detail, fully highlighting the advantages and disadvantages, with clear reference to client needs. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Advantages</p> <ul style="list-style-type: none"> • can select a carer of own choice • can be more flexible to negotiate hours/duties/ times • may develop a better relationship if arrangement lasts longer • may be looked after by one person rather than several • able to retain more control over their life (empowerment) <p>Disadvantages</p> <ul style="list-style-type: none"> • additional burden on the individual to handle money/payments • less supervision by local authority • there may not be automatic cover if carer ill or on holiday (unless agency) • risk of possible over-dependency on one person • may be more expensive (Direct Payments money may be received, but there may be a shortfall) • carer could not provide such a good service, due to lack of standardised training 	10		2	2	6
	Total for Question 1	25	8	4	7	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	<p>Award a maximum of 2 marks for a detailed description of the sort of changes carers might experience.</p> <p>Caring for an individual with dementia can be difficult; the relationship will change greatly as time passes.</p> <p>Carers may also experience feelings of grief and bereavement as the illness progresses, not just in the period after the individual's death. There are so many changes that occur along the way when caring for someone with dementia that it can be difficult for carers to deal with their feelings.</p>	2	2			
(b)	<p>Award a maximum of 2 marks for a detailed description of one method used to diagnose dementia.</p> <p>Ultimate diagnosis is not possible until post mortem, but methods used may include:</p> <ul style="list-style-type: none"> • mini mental test • conversations • brain scans • observations 	2	1	1		
(c)	<p>0-3 marks: Answers that give a limited explanation of the differences and examples. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>4-6 marks: Answers that give a detailed explanation of the nature of acute and chronic disease, using correct terminology to differentiate between the two, and providing suitable examples. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Acute: of abrupt onset, in reference to a disease. Acute often also denotes an illness that is of short duration, rapidly progressive, and in need of urgent care.</p> <p>This could describe anything from a broken bone to an asthma attack, or a heart attack.</p> <p>Chronic: this important term in medicine means lasting a long time and comes from the Greek <i>chronos</i>, meaning time.</p> <p>This could include a long-developing condition or syndrome, such as osteoporosis, asthma, bronchitis, arthritis or cystic fibrosis.</p>	6	3	1	1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>Award a maximum of 2 marks for a detailed explanation of what is meant by 'means testing'.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • a means test is a determination of whether an individual is eligible for help from the government • means tested benefits are not affected by National Insurance contributions; they are affected by capital income • so: how much an individual receives is dependent on this and there are different formulae for different benefits 	2	2			
(e)	<p>0-2 marks: Answers that highlight the fact that the carer is entitled to an assessment in their own right. Brief reference made to type of support/services. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>3-5 marks: Answers that highlight the fact that the carer is entitled to an assessment in their own right, even without the cared for person having their own assessment. Identifies at least one benefit or service that a carer may be entitled to. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Attendance Allowance is for people aged 65 and over • it is tax-free, non-means tested and non-contributory • it is available for those who, due to illness or disability: <ul style="list-style-type: none"> - need help with personal care or supervision to avoid danger and remain safe - need someone with them during dialysis • in order to qualify, it needs to be shown that help has been needed for at least six months prior to applying • two rates are available: <ul style="list-style-type: none"> - lower rate, if help is frequently needed with personal care or supervision needed continually throughout the day only, or throughout the night only, or during dialysis - higher rate, if help and supervision is needed throughout the day and night, or for those who are terminally ill. 	5	2	3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (f)	<p>0-2 marks: Answers that give limited discussion of situation. Reference is made to types of services that might be available. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that give some discussion, relating to the individual and/or their family with regard to care received, explaining what may be offered and how it might help. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>6-8 marks: Answers that give detailed discussion, relating to both the individual and their family and how it might help. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • security for both individual and family • safety • social contact for individual • improved personal hygiene • nutrition • takes potential pressure off family • fewer mix-ups with medication • independence back (for both parties) • less privacy for both family and individual • disorientation due to different carers • loss of independence • change of routine • having to admit that there is a serious problem <p>Types of services that might be mentioned could include:</p> <ul style="list-style-type: none"> • personal care – where someone goes in to help the individual with activities of daily living • day centre/day hospital – where the individual might go for a day a few times a week • a sitter – to be with the individual so that the family is not constantly responsible for care (Crossroads Care, for example, provide this service) • respite care – allows the family some time to themselves in the knowledge that the individual will be looked after • residential care 	8		4	2	2
	Total for Question 2	25	10	9	3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award a maximum of 1 mark for an accurate statement of the case of Down's syndrome.</p> <p>In most cases, Down's syndrome occurs when there is an extra copy of chromosome 21.</p>	1	1			
(b)	<p>Award a maximum of 2 marks for the correct identification of two tests that may be used to diagnose Down's syndrome.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • amniocentesis • nuchal translucency scan (ultra-sound scan) • blood tests • chorionic villus sampling 	2	2			
(c)	<p>Award a maximum of 3 marks for the correct identification of three possible health-related conditions.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • heart defects • hearing problems • vision problems • thyroid problems • increased susceptibility to infection • intestinal problems • dementia • dysphagia (problems with swallowing) • poor muscle tone 	3	3			
(d)	<p>Award a maximum of 3 marks for a detailed explanation of the medical model of disability.</p> <p>Likely answers may include:</p> <p>The medical model:</p> <p>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.</p> <p>In this model, or view, of disability the illness or condition is said to be seen first and the person second.</p>	3	1		1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e)	<p>0-3 marks: Answers that give limited discussion and show some understanding of what is meant by a multidisciplinary team and why it might be useful in Joseph's case. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that give detailed discussion of a multidisciplinary team accurately and assess how it could be helpful to support both Joseph and his family. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Multidisciplinary teams:</p> <p>Consist of staff from several different professional backgrounds who have different areas of expertise. These teams are able to respond to clients who require the help of more than one kind of professional.</p> <p>Members of two or more professional disciplines, drawing on their own discipline's body of knowledge, work separately to achieve goals. Decisions about the assessment, formulation and treatment of cases are made independently.</p>	6	2		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (f)	<p>0-3 marks: Answers that give limited assessment of benefits and/or limitations for Joseph. Answers communicate meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that give some assessment of benefits and limitations and relate to Joseph. Some elements may be missing and the language may not be specialist. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that give detailed assessment of benefits and limitations and make reference to the perspectives of Joseph. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Benefits of mainstream school:</p> <ul style="list-style-type: none"> • access to a wider curriculum • more facilities and wider range • likely to be near child's home so greater integration in community • social benefits of a wider mix of pupils • provision is cheaper for tax payers • gives other children life experiences of interacting with people with disabilities so leads to greater social acceptance/reduces prejudice • prepares child with disability for the real world • no need for child to be separated from family by attending residential school <p>Limitations of mainstream school:</p> <ul style="list-style-type: none"> • staff less well trained in meeting needs of child • curriculum less likely to be adapted to child's specific needs/abilities • child's self-image may suffer by social comparison with peers • child may be stigmatised for being different and receive differential treatment from staff – may lead to bullying • increases demands on staff • lack of specialised facilities • problems with access, e.g. wheelchair access • lower teacher/pupil ratio in classes 	10	2	6	1	1
	Total for Question 3	25	11	6	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award 1 mark for each symptom, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • muscle weakness that slowly gets worse • delayed development of muscle motor skills • difficulty using one or more muscle groups • drooling • eyelid drooping (ptosis) • frequent falls • problems walking (delayed walking) • curvature of the spine • (muscular) contractions 	2	2			
(b)	<p>Award a maximum of 2 marks for a detailed explanation of what is meant by 'carer' in this context.</p> <p>Likely answers may include:</p> <p>A 'carer' includes any person, such as a family member, friend or neighbour, who is giving regular, ongoing assistance to another person without payment for the care given.</p>	2	1	1		
(c)	<p>0-3 marks: Answers that give limited explanation of processes of assessment and make some reference to meeting Ryan's needs. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>4-6 marks: Answers that give detailed explanation of processes of assessment and make reference to meeting Ryan's changing care needs. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The assessment/care planning process:</p> <ul style="list-style-type: none"> • observation/implementation/monitoring/evaluation • multidisciplinary team working • educational input • occupational therapy input • physiotherapy input • medical and nursing input • home visits • observations 	6		2	1	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d)	<p>0-3 marks: Answers that give limited explanation of respite care and make some mention of why it may be useful. Answers communicate meaning with some use of specialist vocabulary.</p> <p>4-5 marks: Answers that give detailed explanation of respite care and the benefits for both Ryan and Mary. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Respite care is the provision of short-term temporary relief for those caring for family members who might otherwise require permanent placement in a facility outside the home.</p> <p>There are many benefits to respite care:</p> <ul style="list-style-type: none"> • relaxation • enjoyment • stability • preservation • involvement • time off • enrichment 	5	1	1	3	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (e)	<p>0-3 marks: Answers that give limited discussion and make some reference to barriers but are rather vague and little to do with overcoming the them. Answers communicate meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that give some discussion, and make some reference to barriers and how they may be overcome. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that give detailed discussion of barriers and how they may be overcome. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Barriers may include:</p> <ul style="list-style-type: none"> • access, both physical and to goods and services • attitudes • social barriers <p>Ways in which these can be overcome are by:</p> <ul style="list-style-type: none"> • making physical changes • legislation: <ul style="list-style-type: none"> - Disability Discrimination Act - Equality Act • education to change attitudes and value diversity • access, awareness, acceptance and appreciation 	10	3	2	2	3
	Total for Question 4	25	7	6	6	6

Assessment Objectives

Question	AO1	AO2	AO3	AO4	Total	QWC
1	8	4	7	6	25	✓
2	10	9	3	3	25	✓
3	11	6	4	4	25	✓
4	7	6	6	6	25	✓
Total	36	25	20	19	100	

UNIT 6

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	Award up to a maximum of 4 marks for a full explanation of the term 'coronary artery disease'. Build-up of fatty substances/plaque which cause blockage/reduced blood flow. Coronary arteries, reduced blood flow/oxygen to the heart.	4	2	2		
(b)	1 mark for each correct answer, up to a maximum of 2 marks. Likely answers may include: <ul style="list-style-type: none"> • high blood pressure • arrhythmia (irregular heart beat) • angina/acute pain • heart attack • sweating • light-headedness • nausea • breathlessness (Do not allow generic 'pain'.)	2	2			
(c)	1 mark for each correct answer up to a maximum of 2 marks. Likely answers may include: An angiogram: <ul style="list-style-type: none"> • a catheter (flexible tube) is passed into a vein or artery in the groin or arm • using X-rays, it is guided into the coronary arteries • a dye is injected into the catheter to show up the arteries supplying the heart with blood • a number of X-ray pictures are taken, which will highlight any blockages An (ECG) electrocardiogram: <ul style="list-style-type: none"> • records the rhythms and electrical activity of the heart • a number of electrodes (small, sticky patches) are put on the arms, legs and chest • the electrodes are connected to a machine that records the electrical signals of each heartbeat • the pattern of signals is interpreted to detect whether there is any restriction to blood flow (The above are the recommended diagnostic techniques in the teacher guidance.) Also allow: An MRI (magnetic resonance imaging) scan: <ul style="list-style-type: none"> • can be used to produce very detailed pictures of the heart • the scanner uses a magnetic field and radio waves to produced these images A radionuclide test: <ul style="list-style-type: none"> • a small amount of a radioactive substance, called an isotope, is injected into the blood (sometimes during exercise) • a camera placed close to the chest picks up the gamma rays transmitted by the isotope as it passes through the heart 	3	1	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d) (i), (ii)	<p>Allow 1 mark for naming the treatment, and a further 2 marks for describing how the treatment works.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • low-dose aspirin – clot disrupting and anticoagulant medicines can be used to reduce the occurrence of clots and hence to reduce the likelihood of blockage • statins – can be used to reduce LDL (bad) cholesterol, and so discourage build-up of atheroma • blood pressure reducing drugs such as beta blockers, angiotensin receptor antagonists or ACE inhibitors – reduce how hard the heart is working reducing the need for oxygen to the heart muscles; as there is less force in the blood flow they also reduce the chances loosening clots from thickened walls and hence the likelihood of blockage • vasodilators such as nitrates – can be used to relax the artery walls, making the passage wider and hence reduce the blood pressure and the stress on the heart (these are fast-acting and often used as an emergency intervention to relieve angina or suspected heart attack) • surgical procedures that are effective include angioplasty (opening up a narrowed artery) or bypass – providing an alternative route for the blood around a blockage <p>(Allow transplant.)</p>	1,2	1	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (e) (i)	Allow 1 mark for the correct answer, up to a maximum of 1 mark. Family history/genetic factors (reference to inheritance).	1	1			
(ii)	1 mark for each correct answer, up to a maximum of 5 marks. Likely answers may include: <ul style="list-style-type: none"> • smoking • high blood pressure • high blood cholesterol level/diet high in saturated fat • not taking regular exercise • thrombosis • diabetes • being overweight/high BMI • stress 	5	5			
(iii)	0-2 marks: Answers which include basic discussion of improvements to lifestyle, or add some explanation to a small number of factors. Answers convey meaning but lack detail. Little or no use of specialist vocabulary. 3-5 marks: Answers which include some discussion, together with a good range of suggested improvements to lifestyle. Answers convey meaning, with some use of specialist vocabulary. 6-7 marks: Answers which include detailed discussion, showing clear understanding of the effects of the suggested improvements to lifestyle. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy. Likely answers may include: <ul style="list-style-type: none"> • managing stress – reduced blood pressure leading to less likelihood of artery wall damage • sensible diet high in fruit and vegetables, and calorie controlled/reduction in alcohol intake – decreased weight/obesity/lower cholesterol, discouraging plaque formation • sensible exercise regime – increased fitness/capacity of heart muscle • giving up or reducing smoking – decreased stickiness of platelets giving rise to less clumps and blockages 	7			2	5
Total for Question 1		25	12	6	2	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	Award a maximum of 1 mark for each correct answer, up to a maximum of 3 marks.	3	3			
(i)	Surface proteins or spikes					
(ii)	Nucleic acid					
(iii)	Capsid or capsule proteins					
(b) (i)	1 mark for each correct answer, up to a maximum of 3 marks. Likely answers may include: Influenza: <ul style="list-style-type: none"> • high temperature/fever • general aches and pains/headache • loss of appetite • nausea • cough • sore throat • runny nose • sneezing (Do not allow tiredness/fatigue.) AIDS: <ul style="list-style-type: none"> • fever • sore throat • tiredness/fatigue • joint pain • muscle pain • swollen glands (nodes) • a blotchy rash on the chest 	3	3			
(ii)	Award a maximum of 3 marks for a detailed explanation. Likely answers may include: Influenza: <ul style="list-style-type: none"> • the flu virus is spread in small droplets of moisture • it is transmitted to other individuals by the infectious individual coughing or sneezing the moisture droplets into the air surrounding them. • these droplets are breathed in by/infect a new individual • contact with hands, tissues or handkerchiefs that are contaminated with the virus can also spread the virus HIV: <ul style="list-style-type: none"> • the HIV virus is spread through the exchange of bodily fluids • such as blood, semen and vaginal fluids • the most common way that HIV is spread is through sexual intercourse, oral and anal sex • the virus can also be spread through sharing needles, and from a pregnant woman to her unborn baby • before we fully understood the threat, HIV was also passed to some people by transfusion with infected blood 	3		3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (i)	1 mark for a correct answer; a maximum of 1 mark. Likely answers may include: <ul style="list-style-type: none"> • hand washing • alcohol rubs (Any other reasonable answer.)	1	1			
(ii)	1 mark for each correct answer, up to a maximum of 2 marks. Likely answers may include: Hand washing: <ul style="list-style-type: none"> • removes/reduces microbes/pathogens from the hands • thereby reducing the risk of contact transmission Alcohol rubs: <ul style="list-style-type: none"> • “kill” microbes/pathogens on the hands • thereby reducing the risk of contact transmission 	2		2		
(iii)	1 mark for each correct answer; a maximum of 1 mark. Likely answers may include: <ul style="list-style-type: none"> • condoms • isolation • use of clean needles, handkerchiefs/tissues • personal protective equipment (PPE), e.g. gloves, aprons, masks (Any other reasonable answer.)	1	1			
(iv)	1 mark for each correct answer, up to a maximum of 2 marks. Likely answers may include: Condoms: <ul style="list-style-type: none"> • prevent direct contact/act as a barrier between the person wearing them and the potentially infectious individual • thereby reducing the risk of transmission Isolation: <ul style="list-style-type: none"> • this removes infected individuals from the general population • thereby reducing the number of people in contact with these individuals • thereby reducing the risk of the infection spreading Use of clean needles, handkerchiefs/tissues: <ul style="list-style-type: none"> • reduce the possibility of cross-contamination • reduce the risk of infection spreading PPE: <ul style="list-style-type: none"> • use of tissues/PPE, etc – reduce contact with the infection to reduce the risk of contamination 	2		1		1

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d) (i)	<p>1 mark for each correct answer, up to a maximum of 4 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • screening • settlement • filtration • chlorination • storage <p>(Any four in correct order.)</p>	4	4			
(ii)	<p>0-2 marks: Answers which give limited explanation of relevant points. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers which give some explanation of the reasons for the effectiveness of water treatment. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers which give detailed explanation of the reasons for the effectiveness of water treatment. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • cost-effective • water is a vehicle of transmission for many disease causing organisms • most naturally available drinking water is vulnerable to contamination by these organisms • as everyone in the population must drink, everyone is exposed to this risk • water-borne organisms are one of the greatest potential causes of ill health • treatment of drinking water removes the risk from these organisms, for the whole population • drinking water treatment is one of the most effective ways of reducing ill health. • breaks the chain of infection 	6		2	2	2
	Total for Question 2	25	12	8	2	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a) (i)	Up to a maximum of 2 marks for a detailed explanation of the purpose of breast screening. The early detection of breast cancer before symptoms appear.	2	2			
(ii)	1 mark for each correct age boundary. (Allow + or – 5 years on each boundary). 50 – 70 years of age.	2	2			
(iii)	Up to a maximum of 2 marks for a detailed explanation of why a woman may be offered breast screening at an earlier age. Likely answers may include: If a woman has a higher likelihood of developing breast cancer due to family or medical history, earlier screening is appropriate.	2		2		
(iv)	0-2 marks: Answers which include limited discussion. Answers convey meaning but lack detail. Little or no use of specialist vocabulary. 3-5 marks: Answers which include some discussion. Answers convey meaning, with some use of specialist vocabulary. 6-7 marks: Answers which include detailed discussion. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy. Likely answers may include: <ul style="list-style-type: none"> • awareness of the risks • understanding of the need to self-check and how to do this • encouragement to be proactive in seeking advice and treatment • emphasis on the need for early action • need for lack of fear of “crying wolf” or similar inhibition • high success rate of early intervention • the otherwise potentially lethal consequences of inaction • raises awareness for men 	7	2	1	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (i)	Award a maximum of 2 marks for a detailed explanation of the purpose of a smear test. Likely answers may include: <ul style="list-style-type: none"> • cervical screening is a prevention method • for early detection • of abnormal (cancer) cells • in the cervix (neck of the womb) 	2	2			
(ii)	1 mark for each correct answer, up to a maximum of 2 marks. (Allow + or – 5 years on each boundary.) Likely answers may include: <ul style="list-style-type: none"> • 25 – 64 years • Upper age boundary 64 years 	2	2			
(iii)	0-3 marks: Answers which show basic understanding of the possible reasons for non-attendance and include limited discussion of potential strategies for addressing the problem. Answers convey meaning but lack detail. Little or no use of specialist vocabulary. 4-6 marks: Answers which show some understanding of the possible reasons for non-attendance and include some discussion of potential strategies for addressing the problem. Answers convey meaning, with some use of specialist vocabulary. 7-8 marks: Answers which show clear understanding of the possible reasons for non-attendance and include detailed discussion of potential strategies for addressing the problem. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy. Likely answers may include: Reasons: <ul style="list-style-type: none"> • embarrassment and fear factors • busy lives/schedules • denial How it could be addressed: <ul style="list-style-type: none"> • through promotional programmes • the most progress will be made by putting practical measure in place that will allow busy women to attend • out of working hours clinics • provision of childcare • mandatory time off for attendance • mobile clinics • using communications technology • specific appointments (Any other reasonable answer.)	8		2	2	4
	Total for Question 3	25	10	5	4	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	Award a maximum of 2 marks for a detailed definition of the WHO model of health. Likely answers may include: <ul style="list-style-type: none"> a state of complete physical, mental and social well-being not merely the absence of disease or infirmity 	2	2			
(b) (i)	Award a maximum of 2 marks for a detailed explanation. Likely answers may include: reductionism: <ul style="list-style-type: none"> explanation of illness is reduced to its simplest possible form, e.g. looking at faulty cells of the body as being the cause of a particular illness this does not take into account possible psychological or social causes of illness 	2	1	1		
(ii)	Award a maximum of 2 marks for a detailed explanation. Likely answers may include: single factor causes: <ul style="list-style-type: none"> the biomedical model looks at the cause of the illness rather than looking at contributory factors, e.g. asthma is caused by constriction of the bronchioles no account is taken of the factors that may have caused this to happen, such as environmental influence 	2	1	1		
(iii)	1 mark for each correct answer, up to a maximum of 2 marks. Likely answers may include: mind-body distinction: <ul style="list-style-type: none"> the mind and body are looked upon as two distinct systems in the body and little notice is taken of the effect one may have upon the other e.g. bereavement may change behaviour, which can lead to poor health Any other reasonable answer.	2	1	1		
(iv)	1 mark for each correct answer; up to a maximum of 2 marks. Likely answers may include: illness, not health: <ul style="list-style-type: none"> it deals with illness and development of illness rather than the promotion of good health 'If it ain't broke, don't fix it' attitude 	2	1	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c) (i)	Award 1 mark for the correct answer: <ul style="list-style-type: none"> infections 	1			1	
(ii)	Award 1 mark for the correct answer. <ul style="list-style-type: none"> stress, depression, anxiety, mental health and fatigue 	1			1	
(iii)	1 mark for identification of correct category; 2 marks for an accurate explanation. Likely answers may include: <ul style="list-style-type: none"> stress, depression, anxiety, mental health and fatigue is also a high percentage of short-term illness addition of long- and short-term gives the largest overall total 	3			3	
(d)	<p>0-3 marks: Answers which include limited discussion, in relation to at least one model of health, or referring to table. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers which include some discussion, referring to the table in relation to at least one model of health. Answers convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers which include detailed discussion, referring to the table in relation to both models of health. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> conclusion that, from the data, infections and other easily treated disorders cause mainly short-term absence less easily treatable disorders such as musculo-skeletal problems and mental disorders tend to cause long-term absence musculo-skeletal problems and mental disorders and are the major contributors to absence, especially long-term conclusion that the biomedical model – treatment of easily diagnosed illness – is being well applied but does not address all the problems therefore that local government would do well to consider the aspects of their employment that are risk factors for mental and musculo-skeletal health, which will require a more holistic approach, based on the WHO model of health 	10		2	2	6
Total for Question 4		25	6	6	7	6

Assessment Objectives

Question	AO1	AO2	AO3	AO4	TOTAL	QWC
1	12	6	2	5	25	✓
2	12	8	2	3	25	✓
3	10	5	4	6	25	✓
4	6	6	7	6	25	✓
TOTAL	40	25	15	20	100	-

UNIT 7
Coursework Assignment

SECTION	CRITERIA FOR MARK ALLOCATION	MARKS
AIMS AND INVESTIGATION 40 MARKS	<p>Candidates will be expected to:</p> <ul style="list-style-type: none"> • State the aims of their coursework assignment • Use a variety of resources to investigate the chosen assignment • Identify and interpret issues relevant to the assignment • Use investigation to assemble relevant information 	
	<p>Poorly formulated aims, little evidence of background knowledge and a restricted investigation of the issues relevant to the assignment</p> <p>Evidence will reflect lack of understanding. No use of specialist vocabulary. The work will contain inaccuracies</p>	0-10
	<p>Aims are restrictive, limited resources used to investigate. Little evidence of investigation of issues relevant to the assignment.</p> <p>Evidence will convey meaning but will lack detail. Little use of specialist vocabulary. The work may contain inaccuracies.</p>	11-20
	<p>The aims are clearly expressed and a range of resources used to investigate the assignment. Evidence presented demonstrates an understanding of issues relevant to the study.</p> <p>Evidence at this level will be clearly structured to communicate meaning. Technical vocabulary will be used accurately. The work will contain relatively few errors.</p>	21-30
	<p>The aims are comprehensive, realistic and well expressed. The candidate has demonstrated knowledge and has been selective in their choice of resources used to investigate. Evidence presented shows sound understanding of issues raised by the study.</p> <p>Evidence at this level is well structured and clearly expressed. Specialist terms will be used with ease and accuracy. Work will be largely error free.</p>	31-40

SECTION	CRITERIA FOR MARK ALLOCATION	MARKS
<p style="text-align: center;">ANALYSIS OF RESEARCH</p> <p style="text-align: center;">35 MARKS</p>	<p>Candidates will be expected to:</p> <ul style="list-style-type: none"> • Apply knowledge and understanding to the chosen assignment • Use both primary and secondary research to support their findings • Analyse and discuss findings in relation to the chosen assignment 	
	<p>Limited knowledge and understanding of the requirements of the assignment. Minimal attempt to analyse and interpret findings.</p> <p>Evidence will reflect lack of understanding. No use of specialist vocabulary. The work will contain inaccuracies.</p>	0-8
	<p>Demonstrates knowledge with limited understanding of the assignment. A limited range of research is used to support the findings. Restricted analysis and interpretation of the findings.</p> <p>Evidence will convey meaning but will lack detail. Little use of the specialist vocabulary. The work may contain inaccuracies.</p>	9-16
	<p>Demonstrates sound knowledge and understanding of the assignment. Appropriate primary and secondary research is used to support findings. Clear analysis and interpretation of the findings.</p> <p>Evidence at this level will be structured clearly to communicate meaning. Technical vocabulary will be used accurately. The work will contain relatively few errors.</p>	17-26
	<p>Demonstrates detailed knowledge and a thorough understanding of the assignment. A range of both primary and secondary research is used confidently in support of the findings. Sound and comprehensive analysis and interpretation of the findings.</p> <p>Evidence at this level is well structured and clearly expressed. Specialist terms will be used with ease and accuracy. Work will be largely error free.</p>	27-35

SECTION	CRITERIA FOR MARK ALLOCATION	MARKS
<p>EVALUATION</p> <p>25 MARKS</p>	<p>Candidates will be expected to evaluate:</p> <ul style="list-style-type: none"> • Methods used to obtain information and evidence • Outcomes of the assignment 	
	<p>Brief description of the strengths and weaknesses of the assignment, with one or two comments on methodology. Outcome does not address the issues of the assignment and may be limited to one area.</p> <p>Evidence will reflect lack of understanding. No use of specialist vocabulary. The work will contain inaccuracies.</p>	0-6
	<p>Describes the strengths and weaknesses of the assignment with superficial comments on methodology. Outcome addresses the assignment but knowledge is limited and presentation is basic.</p> <p>Evidence will convey meaning but will lack detail. Little use of specialist vocabulary. The work may contain inaccuracies.</p>	7-12
	<p>Realistic evaluation of the assignment with justification for the methodologies. Outcome demonstrates knowledge and understanding of the study and addresses the issues identified. It is well presented and may contain several well thought out and differing ideas.</p> <p>Evidence at this level will be structured clearly to communicate meaning. Technical vocabulary will be used accurately. The work will contain relatively few errors.</p>	13-18
<p>Thorough and comprehensive evaluation with sound justification of the methodologies used. Use of reasoned judgements to draw valid conclusions from all evidence present which are clear and detailed in order to produce a high standard evaluation.</p> <p>Evidence at this level is well structured and clearly expressed. Specialist terms will be used with ease and accuracy. Work will be largely error free.</p>	19-25	

UNIT 8

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	Award 1 mark for each correct answer. Likely answers may include: hyperactivity, swearing, aggressiveness, fighting, name calling, stealing, bullying, shouting, anxiety, crying, refusal to share, loneliness, racism (Any other reasonable answer.) (Do not allow repetition.)	3	3			
(b)	Award 1 mark for correct identification of factor and a further 2 marks for a detailed explanation. Likely answers may include: <ul style="list-style-type: none"> • psychological – the children may be missing their home/parents and may be sad/angry/lacking in self-esteem, etc • children are in nursery for a long day and miss out on parental interaction/approval, etc • socio-economic – some may have had a poor diet and housing affecting their health • or restricted educational/cultural experiences affecting their learning/social skills • children may be from totally different backgrounds making them less likely to play happily together • inheritance – some children may have learning difficulties/physical disabilities (Credit mention of individual factors as well as categories.) (Do not allow diet.)	3,3	2	4		
(c)	0-2 marks: Basic identification of social learning strategies. Answers convey meaning but lack detail. Little or no use of specialist vocabulary. 3-5 marks: Answers that discuss the social learning strategies that could be used. Answers communicate meaning with some use of specialist vocabulary. 6-8 marks: Answers that show knowledge and a clear understanding of the use of appropriate social learning strategies. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy. Likely answers may include: <ul style="list-style-type: none"> • social learning strategies are based on the work of Bandura • because social learning theorists believe that much behaviour is learnt, they suggest that people can acquire new social skills in the same way 	8	3	3	1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c) (cont'd)	<p>Possible strategies may include:</p> <ul style="list-style-type: none"> • appropriate behaviour in the nursery could be 'modelled', either by another person or using a relevant video or story – more effective if the model were someone with whom the children could identify or someone with status in their eyes (a celebrity, a child or animated character) • the children could also be shown situations in which 'models' were punished for inappropriate behaviour – Bandura showed that children who had seen adults being punished were less likely to be aggressive or naughty themselves • children who behave appropriately in the nursery could be rewarded in front of the others with badges/rosettes/certificates, etc • staff could try to restrict the situations in which the children could behave badly by praising/ giving attention to all children behaving well • describing the consequences of poor behaviour by discussion with the children can help in a small way to lessen it, as rewards and punishments are emphasised by the adults • the children act in little plays which illustrate good and bad behaviour and the rewards, e.g. some traditional stories, fables <p>(Give some credit for social skills training – though not entirely appropriate for nursery age children.)</p>					
(d)	<p>0-2 marks: Answers give a basic explanation of the social learning approach with little or no attempt to assess. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that discuss some assumptions of the social learning approach and give a basic evaluative comment. Answers communicate meaning with some use of specialist vocabulary.</p> <p>6-8 marks: Answers should demonstrate detailed knowledge of social learning theories and address their limitations, and assess how far they account for the acquisition of behaviour. Answer is well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p>	8			4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d) (cont'd)	<p>Likely answers may include:</p> <ul style="list-style-type: none"> • Bandura claimed that one of the ways that children learned was by observing and imitating another person – observational learning, e.g. if a child sees an older child ‘sneak’ two biscuits at break time, he may copy that behaviour so that he too can have more than one biscuit • if a child sees another person, the model, getting a reward, they are more likely to try and copy it; if children see an older child get something by using aggression – or by being polite – they may copy the behaviour • some people will be more important to a child than others, e.g. an older child or parent, and these people's behaviour is more likely to be copied • also, same-sex models are more likely to be copied than opposite-sex models, e.g. boys copy the masculine role of their father or other boys – sex-role identification • if the model has social status, power, or great skill, they are more likely to be imitated, e.g. pop stars and other celebrities or older children • if children copy a certain behaviour and they are rewarded in some way, they are more likely to repeat the behaviour, whether it is good or bad • Bandura believed that children imitated both good and bad behaviours; for example, in his most famous experiment, the Bobo doll, the children learned to be aggressive towards a doll by watching others be aggressive towards it; they were more aggressive if the 'model' was rewarded but, even if it were not, the behaviour was still copied • social learning techniques are widely used in education • social learning studies only observable behaviour, so its methods and theories can be easily replicated and confirmed; observational learning has been demonstrated in a number of animal experiments. • social learning theory has overcome many of the weaknesses of behaviourist theory, but it does not take account of fact that children's ability/learning is age-related • if social learning theory was true, the children's personalities would be constantly changing, depending on who they were copying at the time • there is some evidence that some characteristics, such as gender behaviour and aggression are determined genetically <p>(Do not give credit for invalid assessment.)</p>					
	Total for Question 1	25	8	7	5	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	<p>Award a maximum of 4 marks for a detailed description of what might have caused Janet's fear of spiders.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • she may have been frightened by a large spider appearing suddenly when she was already upset and vulnerable, leading to feelings of anxiety every time she sees a spider • her parents or grandparents may have had a phobia about spiders and she has 'learnt' it from them – cultural • other children may have reacted to the appearance of a spider and she has picked up on the fear from them • it may be a displacement of anxiety – she is frightened of losing her grandparents and this fear is displaced onto spiders – or she is grieving for her parents and is showing distress by a having something concrete to fear 	4	4			
(b)	<p>Award a maximum of 2 marks for a detailed description of each factor.</p> <p>(Must relate to the scenario and Janet.)</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • socio-economic – her family/culture may be very different from those of the other children in the playgroup • she may find them intimidating/'rough'/loud • psychological – her parents have died, she may be worried that her grandparents will 'leave' her as well • her sense of self has been affected by the loss of her 'world', i.e. her parents and home • she may still be grieving for the loss of her parents • she may feel she is responsible for the death of her parents • she has not got enough confidence to play with the other children without a 'safe base' to return to 	2,2	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c)	<p>0-2 marks: Answers that show some basic understanding of behaviourist strategies. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that show some understanding and make some attempt to discuss how behaviour modification could be used as a strategy to treat Janet. Answers communicate meaning with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show clear evidence of understanding and discuss in some detail how behaviour modification could be used as a strategy to treat Janet. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Give some credit if only token economy mentioned.</p> <p>Likely answers may include:</p> <p>The behaviourist approach to changing any behaviour, including phobias, is called behaviour modification; there are different strategies that could be used, but they must be used consistently.</p> <ul style="list-style-type: none"> • based on classical conditioning and known as systematic desensitisation • aims to gradually extinguish fear response and substitute a more normal response to phobia by association • phobic is gradually re-introduced to the spider, in a series of steps (desensitisation hierarchy), starting with the patient being taught how to be totally relaxed (adult) or being put into a pleasant situation (child – eating chocolate) • the first step is the least fearful, e.g. looking at picture of spider; when phobic is completely relaxed/happy in that situation they can move on to a more 'feared' scenario, and through the hierarchy until finally the fear is much reduced or gone altogether • based on operant conditioning, but not used much • selectively shaping child's behaviour by reinforcement – approval, reward, etc – until she can tolerate thought of and presence of spider, e.g. giving reward when child has looked at picture of spider for one minute, then giving reward after child has held picture of spider, etc 	7	3		4	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-3 marks: Answers that give a basic explanation of behaviourist theory; there is little attempt to assess. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that discuss some detail of behaviourist theory and attempt an assessment. Answers communicate meaning with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that demonstrate detailed knowledge of behaviourist theory and the work of one theorist and make a reasonable assessment. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • behaviourists believe that most behaviour is learned from the environment after birth (nurture) • there are general 'laws' (e.g. the law of effect) that govern the acquisition of behaviours such as language, morals and phobias • behaviour is learned through the association, reinforcement or punishment of behavioural responses; reinforcement, a reward, strengthens the link between a stimulus (something in the environment) and a behavioural response in the individual • the more often a response is rewarded, the more likely it is to be repeated – positive reinforcement – negative reinforcement is avoiding something unpleasant • Pavlov's behaviourism is called classical conditioning and builds on association of behaviour that already exists in the animal or human and a new response; for example, Pavlov conditioned a hungry dog who would salivate at the sight of food to salivate at the sound of a bell • Skinner's behaviourism is called operant conditioning – all behaviour is learned from environmental consequences; a behaviour becomes more likely as a result of a reward, or less likely as a result of a punishment; he conducted most of his experiments on animals • behaviourism has been criticised for: <ul style="list-style-type: none"> - mainly using animals rather than humans - demonstrating artificial rather than natural learning in a context - ignoring innate patterns of behaviour - ignoring observational learning, insight and motivation as demonstrated by Bandura 	10			4	6
	Total for Question 2	25	9	2	8	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award 1 mark for each correct way that a residential care home can offer support to individuals.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • providing a normal pattern of daily life – many older people living on their own find difficult • help with medication and with managing any illness • 24-hour-a-day staff to monitor residents' welfare • making sure that residents have three meals a day and a balanced diet • making sure they have the facilities and the help to keep themselves clean and decent • other residents for social interaction so they are not lonely • facilities such as TV, heat, activities they may not be able to pay for when living on their own 	3	3			
(b)	<p>Award a maximum of 2 marks for a detailed description of each factor that may be contributing to Andrew's behaviour.</p> <p>(Must relate to the scenario.)</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • he is a widower and may be grieving for his wife and is finding it difficult to live on his own • he has diabetes and may be finding it difficult to cope with or come to terms with his condition • he could not look after himself and has had to move into a residential home – loss of self-esteem; loss of independence • the other people in the home may have different culture/social class, etc • he may be in a home far away from his previous neighbourhood and friends • his depression and self-neglect are exacerbated by his drinking (behaviour) <p>(Give some credit for behaviour rather than factor.)</p>	2,2	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p>0-2 marks: Basic identification of psychoanalysis. Answers convey meaning but lack detail.</p> <p>3-5 marks: Answers that show some knowledge and understanding of psychoanalysis. Answers communicate meaning with some use of specialist vocabulary.</p> <p>6-8 marks: Answers that show clear evidence of knowledge and understanding of psychoanalysis. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • psychoanalysis: a 'talking therapy' from the psychodynamic approach • this is a long process which can involve weekly sessions over several years and may be quite demanding for the patient as unresolved issues are uncovered • Freud believed that the unconscious mind is profoundly influenced by childhood experiences • analyst may use free association, dreams and nightmares, and fantasies of patient to examine the unconscious conflicts causing the problems and symptoms; in Andrew's case, to make the connection between something in the past which makes him unable to cope with his present situation • the analyst interprets the unconscious conflicts and brings them into patient's consciousness so that he/she can understand, confront and resolve them – if Andrew can discover what life experience has led to his depression and drinking, he may be able to cope with the changes in his life • it may also be helpful for Andrew just to be able to talk about how he is thinking and feeling with someone who is not working in the home 	8	2	6		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>0-3 marks: Answers that give a basic explanation of the psychoanalytic approach; there is little attempt to assess. Answers convey meaning but lack detail.</p> <p>4-7 marks: Answers that discuss some assumptions of psychoanalytic approach and attempt an assessment. Answers communicate meaning with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that demonstrate detailed knowledge and understanding of the assumptions of the psychoanalytic approach, and which make a reasonable assessment of its limitations. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers will include:</p> <p>Freud</p> <ul style="list-style-type: none"> • believed that early childhood was very important and that traumatic experiences then could cause abnormal or incongruous behaviour in adulthood • an adult's personality consists of three related elements – the id, the ego and the superego – and there are clashes and compromises between these three elements as a child goes through the three main stages of psychosexual development: 0-1 year – oral phase 2-3 years – anal phase 3-6 years – phallic phase • painful or traumatic experiences in any of the stages may result in fixation at that stage; e.g. Andrew drinks too much and is depressed – oral phase, or poor personal hygiene – anal phase • trauma can also result in the creation of various defence mechanisms; e.g. for Andrew, repression causing his depression <p>Many of Freud's ideas are regarded as unscientific and are not able to be tested or verified. There is no 'evidence'. Freud's theories arose from the study of a small number of people in Vienna who had some personality problems, not from observation of 'normal' people.</p> <p>But his 'talking cure' as a way of treating psychological distress has had considerable success and has influenced and been copied by other psychological approaches.</p>	10			4	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d) (cont'd)	<p>Erikson</p> <ul style="list-style-type: none"> • related Freud's concepts of stages to the lifelong social environment of the individual • an individual passes through eight psychosocial stages from infancy to maturity; each stage represents a different social conflict for the person, because he is interacting with different and increasing numbers of people, e.g. in the first phase – oral (birth to 1 year), the conflict is trust versus mistrust, and his main interactions are with carers • the final personality will be dependent on how successful the individual is in resolving the conflicts or crises at each stage • example: if the individual at 41+ looks back at his life with regret or disgust at his lack of achievement (or he has not successfully negotiated the previous 26-40 year stage), he may become despairing or depressed • therefore, if particular conflicts are not resolved at any stage, the unmet need will be carried forward, negatively affecting the behaviour and personality of the individual <p>As with Freud, it lacks scientific backing, is generalised and based on his clinical observations.</p> <ul style="list-style-type: none"> • class or culture bound • debate about whether the age ranges are right or the sequence of stages • applies more to boys than girls • underestimates the aspects of personality that may be genetic and do not change with age 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d) (cont'd)	<p>Bowlby</p> <ul style="list-style-type: none"> • believed that babies have an instinctive need to form an attachment with their mother or a mother substitute • if this is not allowed to form or is broken, emotional development will be disrupted • children, whose attachments were disrupted, (maternal deprivation), do not develop healthy personalities • children who did not have sensitive or responsive mothers may also be affected in later life • they may show all or some of the following: become delinquents, lack normal feelings of empathy or shame, be cold and uncaring, have low self-esteem, low intellectual attainment, suffer from depression, be unable to form permanent relationships, become poor parents themselves • Bowlby believed that the harder one's life was, the more likely one is to suffer from depression • Bowlby's research was suspect – retrospective, incomplete and selective • studies have shown that children who suffer from maternal deprivation can recover later in life, or that some children are naturally more resilient • some children who suffer deprivation show no ill-effects later in life • babies can attach to several people, not just their mother • Rutter argued that problems such as antisocial behaviour are more due to family discord • many personality traits of children/adults may come from their genes 					
	Total for Question 3	25	7	8	4	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award a maximum of 3 marks for a detailed explanation of what is meant by 'residential setting'.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • clients live in a group context, usually determined by age and/or need • can be short- or long-term care • run by professional, trained and untrained staff • offers stable, secure environment whilst respecting individual needs • offers a range of specialised support, depending on age and need • may offer nursing care or just day-to-day living care. 	3	2	1		
(b) (i), (ii)	<p>Award a maximum of 3 marks for a detailed description of each factor.</p> <p>(Must relate to the scenario.)</p> <p>Likely answers may include:</p> <p>Psychological:</p> <ul style="list-style-type: none"> • the older teenagers are maturing and striving for autonomy and independence from the adults in the home • the teenagers are becoming anxious about leaving the home and their friends to move to other situations • they have low self-esteem because of their increasing ability to realise they have disabilities <p>Socio-economic:</p> <ul style="list-style-type: none"> • the home may be in an area where crime generally is increasing, impacting on the teenagers through their interaction with the community <p>Inheritance:</p> <ul style="list-style-type: none"> • the children have learning difficulties which can be accentuated as they grow older 	3,3	4	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-2 marks: Basic identification of some humanistic strategies. Answers convey meaning but lack detail.</p> <p>3-5 marks: Answers that show some understanding of the use of humanistic strategies. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>6-8 marks: Answers that show clear evidence of understanding the humanistic strategies that might be used. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Rogers</p> <ul style="list-style-type: none"> • person-centred/client-centred therapy • therapist concentrates on the person, not the problem – the teenagers' feelings about themselves, their disabilities and the change in their lives • therapist provides teenagers with unconditional positive regard by being empathetic and letting them talk through their feelings without being judgemental • aim is to help teenagers achieve positive self-regard, a sense of self-worth and a feeling of some degree of control over their lives • therapist mirrors back their feelings with aim of helping them to explore and understand them and decide for themselves why they feel the way they do and what they can do about it in a positive way <p>Maslow's approach</p> <ul style="list-style-type: none"> • teenagers are unsettled because higher needs are not being met, e.g. self-esteem needs; teenagers are developing their identity with great concern about appearance, sexual attractiveness, peer acceptance, etc • so, staff need to give them greater freedom and control over aspects of their lives, provide them with opportunities to make choices • be non-judgemental about opinions, dress, ideas, hairstyles that are part of adolescent culture • give greater privacy, etc • social needs may not be met in the home; teenagers need to mix with peers, both able-bodied and disabled, and be accepted; go out and do activities in mainstream society; new experience 	8				
		8			4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<ul style="list-style-type: none"> • emotional needs may not be met in the home; nurturing, warmth, caring, fun, etc • staff may need to create more nurturing and caring relationships <p>Encounter groups – Rogers</p> <ul style="list-style-type: none"> • a form of group therapy based on the premise that individuals have an innate ability to self-heal, and that this can be facilitated in a group session where participants are encouraged to reveal and discuss innermost feelings • participants sit in circle on chairs/cushions • there is a trained leader whose function is to mirror/repeat the thoughts, comments and feelings of participants • good for working through interpersonal issues such as shyness, anger, feelings of helplessness, what to say to people • teenagers could be encouraged to safely and honestly discuss their fears, feelings and behaviour, with the hope that they will be able to adapt to the physical and emotional changes in their lives 	8				

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d)	<p>0-2 marks: Answers that give a basic explanation of the humanistic approach; there is a little attempt to assess. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that discuss some assumptions of the humanistic approach and attempt an assessment. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>6-8 marks Answers that give clear details of the humanistic approach, with relevant examples, and which make a reasonable assessment of its limitations. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Rogers</p> <ul style="list-style-type: none"> • saw childhood influences/experiences as very important • believed that human behaviour is influenced by the tendency to 'self-actualise' or fulfil our potential to the fullest extent; to do, and become, the very best we can • placed great emphasis on the way people felt about themselves; their self-concept, and most importantly, their self-esteem • in order to be the best we can, we need a high level of self-esteem • developing a high level of self-esteem depends on whether we have received unconditional positive regard as a child – acceptance for what we are, and unconditional love; a fully functioning and mentally healthy person is one who has developed good self-esteem • some people only experience conditional positive regard in their upbringing; they get love and affection only if they 'behave'; these people have low self-esteem because there is a gap (incongruence) between their image of themselves and how they think they ought to be; they lack confidence, are defensive and unhappy and may develop neuroses in later life • children who receive only negative regard, such as criticism and blame, develop low self-esteem, leading to psychological 'ill-health' and problems in the future 	8			4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (cont'd)	<p>Maslow</p> <ul style="list-style-type: none"> • believed that people were motivated by five (or seven) needs arranged in a hierarchy, and that a more basic or low-level need must be satisfied before a higher need becomes important • social needs will only become important when safety needs are met, and so on • all the needs have an effect on child's social and emotional development • the basic needs are: <ul style="list-style-type: none"> - physiological needs – survival, food, water, etc - safety needs – protection against danger, etc - if these are satisfied, the child can develop independence • the higher needs are: <ul style="list-style-type: none"> - social needs – acceptance by peers, friendship, etc - self-respect and esteem – need for self-confidence, competence, status, respect - a child can feel it belongs and is approved of, and so builds self-esteem - intellectual needs – acquiring knowledge and understanding - aesthetic needs – need to experience beauty, order and balance <p>and these will have an effect on a child's social and emotional development by increasing self-esteem and empathy for others</p> • self-actualisation – need for self-development, for realising one's potential; Maslow pointed out that an individual may change levels daily; for example, one day he/she may be motivated by social needs primarily, but as he/she gets hungry, physiological needs will become most important • different people in the same situation may be motivated by entirely different needs; some people may not reach the higher levels at all 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (cont'd)	<p>Rogers</p> <ul style="list-style-type: none"> • humanistic claims for social and emotional development difficult to study scientifically • difficult to scientifically measure concepts such as self-actualisation • humanistic approach does not take into account the biological influences on an individual, e.g. maturation • it is very dependent on recollection/memory • it is based in western culture; other cultures may not place the same emphasis on individuality, e.g. Asian cultures • however: <ul style="list-style-type: none"> - there is a lot of modern evidence to support Rogers' theory on the role of parental influence in the development of a child's self-esteem - there is also evidence to show that positive comments from teachers are associated with improved self-concept and greater achievement • it values personal ideas and qualities and its emphasis on personal experiences and self-fulfilment may be more helpful than general laws 					
	Total for Question 4	25	6	3	8	8

Assessment Objectives

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



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