



GCE MARKING SCHEME

HEALTH AND SOCIAL CARE AS/Advanced

JANUARY 2014

INTRODUCTION

The marking schemes which follow were those used by WJEC for the January 2014 examination in GCE HEALTH AND SOCIAL CARE. They were finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conferences were held shortly after the papers were taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conferences was to ensure that the marking schemes were interpreted and applied in the same way by all examiners.

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

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

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UNIT 1

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i)	<p>Award 1 mark for identification of organisation.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • local authority • social services 	1	1			
(ii)	<p>Award 1 mark for correct identification of legislation:</p> <p>NHS and Community Care Act.</p>	1	1			
(b)	<p>1 mark for identification of life quality factor; award a maximum of 2 marks for a detailed explanation (factor and explanation must match). (3 x 2)</p> <p>Any two from:</p> <p>Social support: her family help her out with some daily living tasks so she feels valued/doesn't strain herself/ has someone to rely on.</p> <p>Social contact: her family visit every day/meals on wheels come regularly so she has people to talk to and doesn't become lonely.</p> <p>Psychological security: she will feel safe, knowing that she has people coming to visit.</p> <p>Diet: nutritious food is provided to maintain her health and well-being if she can't prepare it herself.</p> <p>Physical safety: she has a stair lift so that she can get up and down the stairs without falling and hurting herself.</p> <p>Autonomy: living in her own home means she can make her own decisions/choices about her lifestyle/ what she wants to do and when she wants to do it.</p> <p>Privacy: this could be invaded by the family/meals on wheels as they may intrude on her when she wants to be alone but can also be positive as she can decide when she wants visitors and can spend time on her own.</p>	3,3	2 2	1 1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c) (i)	<p>Award 1 mark for each caring skill identified, up to a maximum of 2 marks.</p> <p>Any two from:</p> <ul style="list-style-type: none"> • visual observation/social perception • encouragement • gaining compliance 	2	2			
(ii)	<p>0-2 marks: Answers that give a basic description of the caring skills, with little or no reference to situation. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show understanding and some discussion of the caring skills related to the individual. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that discuss and show clear evidence of understanding of the application of two caring skills related to the individual. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Award a maximum of 3 marks if only one caring skill is addressed.</p> <p>Likely answers may include:</p> <p>Social perception: her family recognising her feelings and needs means that they can help Millie overcome any problems or difficulties she may have and will help her to become happier.</p> <p>Encouraging: by motivating and supporting Millie through difficult times, she will feel valued and capable of doing things, her health and well-being is more likely to improve and she is more likely to meet others so she isn't lonely.</p> <p>Gaining compliance: by explaining to Millie that they will provide transport, the family is more likely to get her to agree to the recommended course of action – going out. This will help Millie as she will feel safe and will have the benefits of meeting others to prevent boredom and loneliness.</p>	6		4		2

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>0-2 marks: Answers that briefly describe life quality factors, with little or no reference to Millie. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-6 marks: Answers that describe, showing understanding of the life quality factors, with some reference to Millie. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-9 marks: Answers that evaluate the life quality factors and their effect on Millie, showing thorough understanding. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Dignity: she will have a high level of dignity because she will have positive self-esteem as she is able to manage on her own. She can dress and undress and manage personal hygiene on her own so she isn't embarrassed. She is likely to be treated with respect by those who visit and will have minimum contact with strangers.</p> <p>Independence: being on her own, she will have a high level of independence as she will have to do most things for herself; however, she will lose some of her independence as she relies on her family to do some daily living tasks for her and she relies on meals on wheels to provide her food – this may lower her sense of self-esteem and, possibly, have a negative effect on her physical well-being if she tries to do too much.</p> <p>Safety: she has a stair lift to help her up and down the stairs but, to be really safe, she may need more aids and adaptations. Her level of safety could be quite low and she may be vulnerable to intruders or falls/accidents.</p>	9	2	2	2	3
	Total for Question 1	25	10	8	2	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	<p>Award 1 mark for identification of example of written communication, and 1 mark for appropriate use (example and use must match).</p> <p>Any one from:</p> <p>Letters/leaflets: to parents, informing them of meetings/children’s progress.</p> <p>Policies: to keep staff up-to-date/informed of procedures within the school.</p> <p>E-mail: to contact parents/other agencies.</p> <p>Records: to evidence children’s progress/attendance/health needs.</p> <p>Text messages: to inform of school closures/emergency situations.</p> <p>Websites: to inform of school procedures/term dates/closures/emergency situations/promote school events.</p> <p>Whiteboard/blackboard: questions/instructions used as part of a lesson.</p> <p>(Allow any other appropriate use.)</p>	2	1	1		
(ii)	<p>Award 1 mark for identification of example of non-verbal communication, and 1 mark for appropriate use (example and use must match).</p> <p>Any one from:</p> <p>Body language/facial expression: to add emphasis to verbal instructions, e.g. smiling when giving praise.</p> <p>Gestures: pointing to where the child needs to go, waving goodbye, nodding the head to say yes.</p> <p>Mime and drama/music/art/craft: to encourage children to express feelings.</p> <p>(Allow any other appropriate use.)</p>	2	1	1		
(iii)	<p>Award 1 mark for identification of example of graphical communication, and 1 mark for appropriate use (example and use must match).</p> <p>Any one from:</p> <p>Posters: to advertise events at the school, to add colour and interest to the classrooms/corridors/promote health and safety.</p> <p>Signs/symbols/diagrams: to give directions and identify instead of words, e.g. fire exit/male and female toilets.</p> <p>(Allow any other appropriate use.)</p>	2	1	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (iv)	<p>Award 1 mark for identification of example of alternative communication, and 1 mark for appropriate use (example and use must match).</p> <p>Any one from:</p> <p>British Sign Lanaguage/Makaton: to communicate with/teach pupils with hearing impairment.</p> <p>Braille: to communicate with pupils/parents with severe sight impairment.</p> <p>Widget: to communicate with special needs students and adults with learning difficulties.</p> <p>(Allow any other appropriate use.)</p>	2	1	1		
(b) (i)	<p>Award a maximum of 3 marks for a detailed explanation.</p> <p>Likely answers will include:</p> <p>Communication may be rushed and unclear due to pace so that the individual may not receive information properly and not understand what is wrong with them or may not feel valued as the carer doesn't have time for them. The individual may not give the carer enough information, thus affecting their care.</p>	3	1		2	
(ii)	<p>Award a maximum of 3 marks for a detailed explanation.</p> <p>Likely answers may include:</p> <p>Communication may be unclear/inaccurate due to rushing to complete other tasks so information is not shared properly and carers may not be aware of what is wrong with individuals or of procedures already carried out, resulting in errors being made.</p>	3	1		2	
(c)	<p>Award up to 2 marks for correct explanation of legibility and accuracy, and up to 3 marks for explanation of their importance in providing effective care.</p> <p>Likely answers may include:</p> <p>Legibility means that written information is clear enough to read and understand. Accuracy is being free from mistakes and factual.</p> <p>These are important in the care of individuals so that the correct care/treatment is given at all times and that notes/records (written, computerised) can be read and understood without raising questions or uncertainty.</p> <p>(Credit answers which give examples, e.g. to ensure correct amounts of medication is administered.)</p>	5	2			3

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-2 marks: Answers that give a basic identification of strategies to overcome barriers created by hearing impairment, with little or no description of how they would be used. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show understanding of how two strategies can be used to overcome barriers created by hearing impairment. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that show clear evidence of understanding to assess how two strategies can be used to overcome barriers created by hearing impairment. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Maximum of 3 marks if only one strategy addressed.</p> <p>Likely answers may include:</p> <p>Advantages and disadvantages of alternative methods of communication, with reference to the degree of hearing impairment, to include:</p> <ul style="list-style-type: none"> • hearing aids • loudspeaker phone/text phone/flashing phone • installing a louder bell for the door or intercom • access to interpreters/use of an advocate <p>Allow appropriate types of communication given as strategies, e.g. written and/or graphical communication, sign language.</p> <p>Advantages and disadvantages should include reference to ease of use/accessibility/cost/use by others.</p>	6	2		2	2
	Total for Question 2	25	10	4	6	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a) (i)	<p>Award 1 mark for each relevant point made, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <p>The term 'psychological security' is used when individuals are not afraid or anxious about any aspect of their life. They do not have worry or stress, such as worrying about treatment they may receive or financial problems which may make them feel insecure.</p>	2	2			
(ii)	<p>Award 1 mark for each correct identification of ways to promote psychological security, up to a maximum of 2 marks.</p> <p>Any two from:</p> <ul style="list-style-type: none"> • allow the parents to stay with her at all times • encourage her to talk to the other children on the ward • make sure she has her favourite toy/comfort blanket with her • nurses being friendly and chatting to her 	2		2		
(b) (i)	<p>Award 1 mark for correct identification of caring skill, and up to 2 marks for explanation of how it helps Carrie.</p> <p>Likely answers may include:</p> <p>Distraction: used to manage temporary pain and anxiety. If Carrie concentrates on having her dressing changed, then the feeling of discomfort increases and she may become distressed but, if her attention is focussed on talking about the toys, the pain decreases, stress is reduced and her mind is taken away from the treatment.</p>	3	1	2		
(ii)	<p>Award 1 mark for correct identification of caring skill, and up to 2 marks for explanation of how it helps Carrie.</p> <p>Likely answers may include:</p> <p>Physical contact: when appropriate, touching a hand or arm may convey a caring attitude, providing comfort and support. Touching Carrie's hand or arm can be very reassuring and provides emotional security.</p> <p>Physical contact provides appropriate psychological security or approval.</p>	3	1	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c) (i)	<p>Award 1 mark for each relevant point made, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>The nurse can maintain confidentiality by keeping Carrie's information private. This includes her written records, computer records and verbal information, which should only be discussed with her parents.</p> <p>The nurse can maintain confidentiality by:</p> <ul style="list-style-type: none"> • sharing information with other practitioners in private • storing all records and sensitive material in locked filing cabinets or password-protected computers • carrying out consultations in a private room • not gossiping about Carrie outside the hospital 	3	1	2		
(ii)	<p>Award 1 mark for each relevant point made, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>The nurse should assess the relationships Carrie has with other people and be aware of any signs of abuse and should act to prevent or stop it happening. She can do this by:</p> <ul style="list-style-type: none"> • being aware of possible problems • noting and recording signs of possible abuse • reporting incidents to the appropriate person/organisation • following her training so she is aware of the procedures to follow 	3	1	2		
(iii)	<p>Award 1 mark for each relevant point made, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>The nurse must do everything possible to protect Carrie from harm. This can include making sure that:</p> <ul style="list-style-type: none"> • the premises are safe • all the equipment they use has been checked and is appropriate for Carrie's treatment • harmful substances are lock away <p>Specific examples:</p> <ul style="list-style-type: none"> • using rails on the side of her bed so she doesn't fall out • using safe lifting techniques • checking identify of visitors • locking away medication • checking security of ward/identification bracelet <p>(Any other reasonable answer.)</p>	3	1	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>0-2 marks: Answers that give a basic identification of complaints procedures. Possibly a list. Little or confused description of how they work. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that identify at least two appropriate systems of redress and describe how they work. Answers may include reference to individuals' right to complain. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that discuss and show clear evidence of understanding of a range of systems the parents may follow to seek redress. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Local complaints procedures</p> <p>If Carrie's parents are not happy with the care of treatment they've received, they have the right to complain, have their complaint investigated, and be given a full and prompt reply. The NHS Constitution explains individuals' rights when it comes to making a complaint.</p> <p>They have the right to:</p> <ul style="list-style-type: none"> • have their complaint dealt with efficiently, and properly investigated • know the outcome of any investigation into the complaint, take their complaint to the independent Parliamentary and Health Service Ombudsman if they're not satisfied with the way the NHS has dealt with their complaint • make a claim for judicial review if they think they've been directly affected by an unlawful act or decision of an NHS body • receive compensation if they've been harmed <p>They can complain either to the service that they're unhappy with, or they can complain to their local primary care trust (PCT) that commissioned the service. They should complain as soon as possible: complaints should normally be made within 12 months of the date of the event that is being complained about, or as soon as the matter first came to their attention.</p> <p>The NHS has a simple complaints process, which has two stages. The parents should ask the hospital or trust for a copy of its complaints procedure, which will explain how to proceed. The first step will normally be to raise the matter (in writing or verbally) with the practitioner, e.g. the nurse or doctor concerned, or with the hospital, which will have a complaints manager. This is called local resolution, and most cases are resolved at this stage.</p>	6	2		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d) (Cont'd)	<p>If they are still unhappy, the matter can be referred to the Parliamentary and Health Service Ombudsman, who is independent of the NHS and government. The Parliamentary and Health Service Ombudsman can investigate complaints about government departments and agencies in the UK and the NHS in England. In Wales, this is done by the Public Services Ombudsman.</p> <p>The Parliamentary and Health Service Ombudsman exists to provide a service to the public by undertaking independent investigations into complaints that government departments, and a range of other public bodies in the UK, have not acted properly or fairly or have provided a poor service.</p> <p>The Ombudsman will normally only take on a complaint after the parents have first tried to resolve the complaint with the organisation involved and have received a response from them. The Ombudsman believes that the organisation should be given a chance to respond and, where appropriate, try to put things right before she becomes involved.</p> <p>Patient Advice and Liaison Service Officers from the Patient Advice and Liaison Services (PALS) are available in all hospitals. They offer confidential advice, support and information on health-related matters to patients, their families and their carers.</p> <p>The Independent Complaints Advocacy Service (ICAS) is a national service that supports people who wish to make a complaint about their NHS care or treatment. The local ICAS office can be contacted through the hospital manager or PALS.</p> <p>The local Citizens Advice Bureau can be a great source of advice and support for complaints about the NHS, social services or local authorities.</p> <p>NHS Direct can advise on NHS complaints.</p> <p>Discussion may refer to ease of use/access/knowledge of individuals regarding their right to seek redress/length of time for the process.</p>					
	Total for Question 3	25	9	12	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award 1 mark for each correct identification of a principle of care, and 1 mark for an example. (2 x 2)</p> <p>Any two from:</p> <p>Promoting effective communication and relationships: the carers rarely spoke to the individuals.</p> <p>Promoting and supporting individuals' right to choice: they were not given a choice of food or activities.</p> <p>Providing individualised care: they were all treated the same – put to bed at the same time/fed at the same time/doing the same activities.</p>	2,2	1 1	1 1		
(b) (i), (ii)	<p>Award 1 mark for each correct identification of positive factors, and 1 mark for reasons. (2 x 2)</p> <p>Any two from:</p> <p>Hygiene: they were bathed every morning so would be clean and free from infection.</p> <p>Diet: they were fed regularly.</p> <p>Social contact: they had company of other individuals in the day room.</p> <p>Pain relief: they were given medication.</p>	2,2	1 1	1 1		
(iii), (iv)	<p>Award 1 mark for each correct identification of negative factors, and 1 mark for reasons. (2 x 2)</p> <p>Any two from:</p> <p>Diet: they weren't given a choice so may not have liked the food and may be hungry.</p> <p>Exercise: they hardly moved during the day.</p> <p>Autonomy: they weren't allowed to make any decisions.</p>	2,2	1 1	1 1		
(c) (i)	<p>Award 1 mark for each identification of relevant person. (2 x 1)</p> <p>Any two from:</p> <ul style="list-style-type: none"> • the patient • a person authorised by the patient to make an application on their behalf • a person with parental authority when the child is under 16 • a person who is appointed by the court to manage the patient's affairs because the patient is legally incapable of doing so • where a patient has died – the patient's personal representatives and any persons who may have a claim arising out of the patient's death 	2	2			

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c) (ii)	<p>Award a maximum of 3 marks for a detailed description.</p> <p>Any one from:</p> <p>A formal request can be made after leaving hospital or consultation, whereby an individual can either receive a copy of their records or make an appointment to view the records at the hospital. The request must be made in writing by completing and returning an application form to the particular hospital/trust. The trust has 40 days in which to complete most applications.</p> <p>An informal request can be made by the patient at the time of consultation or during their time as an in-patient. In this case, the patient can ask the doctor, nurse or other health professional to show them what has been written about them, or to see their X-rays or reports. The professional is allowed to show only their particular part of the record. This is called 'informal access'.</p>	3	3			
(d)	<p>0-2 marks: Answers which give a basic identification of CQC inspection checks and/or rights of individuals. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that describe the role of the CQC in maintaining care standards. Answers convey meaning, with some use of specialist vocabulary.</p> <p>6-8 marks: Answers that discuss and show clear evidence of understanding of the role of the CQC in ensuring care standards are maintained. May include reference to difficulties in monitoring standards. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include reference to:</p> <p>Setting standards, monitoring and powers relating to non-compliance with standards/regulations, such as:</p> <p>The role of a regulatory body such as the CQC is very important. The majority of organisations which provide such a service are required, by law, to be registered with a regulatory body. Registration for social workers and social work students is compulsory.</p>	8			5	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (Cont'd)	<p>Enforcing standards: the CQC's job is to check whether providers comply with the national standards of quality and safety. These include:</p> <ol style="list-style-type: none"> 1. Individuals being respected, involved in their care and support, and told what's happening at every stage. 2. Treatment and support that meets individual needs. 3. Safety. 4. Individuals being cared for by staff with the right skills to do their jobs properly. 5. Quality assurance procedures. <p>They give a platform to voice any complaints or concerns and also work in partnership with other organisations. They enforce the standards set. Depending on the service and the circumstances, they can work with local authorities, other regulatory bodies and agencies, and even the police, to ensure that action is taken.</p> <p>Code of Practice for Social Care Workers sets down the standards of conduct expected of social care workers. It will ensure that workers know what is expected of them and that the public know what standards of conduct they can expect from care workers. In the case of people who are registered, breaking the codes may lead to investigation and action by the Care Council.</p> <p>All social workers are expected to meet the code and any serious failure to do so will be dealt with by employers.</p> <p>Code of Practice for Employers – this applies to all employers across the social care sector, regardless of whether they are public, private or statutory organisations. The code for employers sets out how employers should meet their responsibilities for managing and supporting their staff and ensuring that they do their jobs well.</p> <p>The enforcement of the code for employers will be a matter for the Care and Social Services inspectorate which aims to ensure that the social care workforce is safe to practise, has the right skills and qualifications to work to a high professional standard and is attracting enough of the right people into its ranks to deliver quality care now and in the future.</p> <p>It sets high standards for skills, training and behaviour for those working in the sector.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (Cont'd)	<p>It ensures that there are enough workers to help individuals reach their potential, protect them from harm and offer them a choice of how they are supported.</p> <p>If it finds that a service isn't meeting the standards, it may take action. It can require providers to deliver a plan of action or it can use its enforcement powers, which include:</p> <ul style="list-style-type: none"> • issuing a warning notice requiring improvements within a short period of time • restricting the services that the provider can offer • stopping admissions into the care service • issuing fixed penalty notices • suspending or cancelling the service's registration • prosecution 					
	Total for Question 4	25	11	6	5	3

Question	Mark	AO1	AO2	AO3	AO4
1	25	10	8	2	5
2	25	10	4	6	5
3	25	9	12	2	2
4	25	11	6	5	3
Total	100	40	30	15	15

UNIT 5

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i) (ii) (iii)	<p>Award 1 mark correct identification of type of disability. Award 1 mark for appropriate example. (3 x 2)</p> <p>Physical Any one from: osteoarthritis, stroke, accident, cerebral palsy.</p> <p>Sensory Any one from: blindness, deafness, partial hearing, partial sight.</p> <p>Learning disability Any one from: Down's syndrome, some cases of cerebral palsy, spina bifida in some cases.</p> <p>(Any other reasonable answer.)</p>	2,2,2	1,1,1	1,1,1		
(b) (i)	<p>Award 1 mark for identification of an age-related disability.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • arthritis • dementia • impaired vision • impaired hearing 	1		1		
(ii)	<p>Award 1 mark identification of a birth trauma disability.</p> <p>Cerebral palsy.</p>	1		1		
(iii)	<p>Award 1 mark for identification of a disability caused by infectious disease.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • deafness • acquired learning disability • visual impairment <p>(No marks for meningitis/rubella alone.)</p> <p>Cerebral palsy can be the result of infections during the first few months or years of life.</p>	1		1		
(iv)	<p>Award 1 mark for identification of a disability caused by foetal deficiency of folic acid (B12): spina bifida.</p>	1		1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c)	<p>0-3 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 convey meaning, with some use of specialist vocabulary.</p> <p>4-5 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, and identify 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 • services: <ul style="list-style-type: none"> - respite care - equipment/aids/adaptations - training 	5	2	3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>0-3 marks: Answers that show basic knowledge of respite care. Answers are very brief or fail to address the question. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that describe respite care and explain a limited range of help and support that may be provided for individuals and/or carers/family members. Answers convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show a clear understanding of respite care and discuss a range of help and support that may be provided for individuals, carers and family members. May include reference to advantages and disadvantages. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Respite care is residential care for a brief/temporary period, which can be provided in a variety of care settings, e.g. care homes, link families. Individuals will be provided with care and supervision. It might be on a day-to-day basis or overnight or for a week at a time. The individual will get to mix with other people. Hygiene and nutrition needs will be well met, together with social and psychological needs. However, individuals might be upset because they are in an unfamiliar place. This could create more disorientation and anxiety.</p> <p>Family members and carers will get some rest and time to give attention to themselves and the rest of their lives. They may feel guilty that they are having a break and not trust the care provided.</p> <p>As long as the care is appropriate, it gives the family a break and the chance to try out residential care. Also, it acts as a pressure valve.</p>	10	4	2	2	2
	Total for Question 1	25	9	12	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i), (ii)	<p>Award 1 mark for each test identified, up to a maximum of 2 marks.</p> <p>Any two from:</p> <ul style="list-style-type: none"> • sweat test • genetic test - allow amniocentesis/chorionic villi sampling (CVS) • mouth wash (for carrier gene) DNA test • newborn heel prick test (Guthrie Test) 	2	2			
(b)	<p>Award 1 mark for each sign or symptom identified, up to a maximum of 2 marks.</p> <p>Any two from:</p> <ul style="list-style-type: none"> • cough • shortness of breath • chest infection • malaise • digestive problems • constipation 	2	2			
(c)	<p>0-3 marks: Answers that give limited explanation of the impact of cystic fibrosis. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that give detailed explanation of the effects of the condition and how burden of treatment (time needed and amount of medication) can impact on life. Answers convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • time required to do daily treatments even when well • time needed to attend appointments • tendency to chest infection • appointments at clinics • the need to live in adequate housing without damp and with easy access to refrigeration for storage of medication • tiredness • financial implications 	6	2	2	2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-3 marks: Answers that show a basic understanding of reasonable adjustments. Possibly a list. Answers lack detail. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that show some understanding of the requirements of disability legislation of employers to describe several reasonable adjustments. Answers convey meaning, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show clear evidence of understanding of the requirements of disability legislation and discuss ways in which an employer may need to make adjustments for employees with a range of disabilities. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Giving or arranging training and equipment, e.g. speech browser software installed onto computer for the visually impaired. • Providing a reader or interpreter, e.g. sign language interpreter for meetings. • Providing supervision, e.g. support worker. • Acquiring or modifying equipment, e.g. a specifically designed chair. • Modifying instructions or reference manuals, e.g. oral instruction may be provided. • Altering working hours, e.g. a person who takes medication which has side-effects that are worse in the morning is allowed to start work later in the day. • Allocating some of the disabled person's duties to another person, e.g. a librarian who is unable to return books to high shelving is assisted by a colleague with this aspect of the work. • Transferring the disabled person to fill an existing vacancy, e.g. a sales rep has to give up driving. She is transferred to a vacant post requiring computer skills, for which she is given training. • Assigning the disabled person to a different place of work, e.g. allowing home working during a period of rehabilitation. • Allowing absence during working hours for rehabilitation assessment, treatment, or counselling sessions. • Modifying assessment procedures, e.g. giving people longer to complete selection tests. • Adjusting premises, e.g. the direction in which a door opens is altered for a wheelchair user. 	7	2	2		3

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e)	<p>0-2 marks: Answers that show basic understanding of prejudice and disability and identify how this may result in people with disability conditions facing barriers. Answers may contain inaccuracies. Little or no use of specialist vocabulary.</p> <p>3-6 marks: Answers that show some understanding of prejudice and disability and describe how this may result in people with disability conditions facing barriers. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show thorough understanding of the key definitions of prejudice and discrimination and provide a clear account of the barriers that might be encountered to affect the quality of life of individuals with disabilities. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Prejudice is a negative attitude which sometimes leads to discrimination. Discrimination on the basis of impairment means treating a disabled person differently to and usually worse than, an able bodied person.</p> <p>Example of barriers:</p> <ul style="list-style-type: none"> • attitudes – people lacking knowledge and understanding/ignorance, leading to people not knowing how to treat people with disabilities and focusing attention on the disability rather than the person • in work/education – lack of facilities/opportunities so they are not able to do the same as others, assumptions that they cannot do the same as others or may need more time off (true of some conditions but not all) • social exclusion <ul style="list-style-type: none"> - fear and uncertainty lead others to avoid talking to the person with a disability - lack of social acceptance; less opportunity to acquire behaviour norms of peer group so less likely to be accepted - possible demeaning and bullying behaviour • community facilities access – less opportunities to socialise/take part in activities due to lack of access, people not prepared to help 	8	2	2	2	2
	Total for Question 2	25	10	6	4	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a) (i), (ii), (iii)	<p>Award 1 mark for each sign or symptom, up to a maximum of 3 marks.</p> <p>Any three from:</p> <ul style="list-style-type: none"> • pain • swelling • loss of motion of joint • impaired function of joint • crepitus 	3	3			
(b) (i), (ii), (iii),	<p>Award 1 mark for identification of each appropriate Practitioner.</p> <p>Award 2 marks for explanation of roles. (2 x 3)</p> <p>Physiotherapist</p> <ul style="list-style-type: none"> • to exercise • to prevent contractions of joints • to promote effective movement • to strengthen different body parts • to demonstrate breathing exercises to prevent chest infections <p>Occupational therapist</p> <ul style="list-style-type: none"> • to assess for help and support for activities of daily living • advise on specialist equipment to assist with daily activities, e.g. hoists, • advise on home and workplace environmental alterations, e.g. lowered surfaces, adaptations to surroundings, such as wet room • develop rehabilitation programs to help re-build lost skills and restore lost confidence <p>General practitioner</p> <ul style="list-style-type: none"> • to prescribe medication • to refer to hospital for further tests <p>(Any other reasonable answer.)</p>	6	2		4	
(c)	<p>0-3 marks: Answers that give a limited explanation of the difference between acute and chronic disease, with examples. Answers convey 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 and differentiate between the two, providing suitable examples. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p>	6	2	2	1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c) (Cont'd)	<p>Likely answers may include:</p> <p>Acute: denotes an illness or disease that is rapidly progressive and in need of urgent care and is of short duration. Not always serious. 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'. Chronic disease is a long-lasting condition that can be controlled but not cured. This could include a long-developing condition or syndrome, such as osteoporosis, asthma, bronchitis, arthritis or cystic fibrosis.</p>					
(d)	<p>0-3 marks: Answers that identify services with little reference to how they support Malcolm/how they may be provided as part of the care package. Answers show little or no use of specialist terminology or vocabulary.</p> <p>4-6 marks: Answers that describe a variety of services that could provide appropriate support for Malcolm to remain in his own home. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that discuss in detail a variety of services that would support Malcolm being cared for at home and how the care management process supports this with reference to a wide range of services to meet all his daily living needs. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy. (Award a maximum of 4 marks if only stages of the care management system are addressed.)</p> <p>Likely answers may include reference to the care planning cycle and how appropriate services are contracted to meet his needs.</p> <p>To include:</p> <ul style="list-style-type: none"> • respite and day centres • luncheon clubs • community transport to get out and about • hospital cars to attend appointments • physiotherapy • occupational therapy • aids and adaptations • personal carers • domestic help • meals on wheels • day care services • voluntary groups – befrienders, sitters, social groups 	10	3	3	2	2
	Total for Question 3	25	10	5	7	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award 1 mark for identification of the cause.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • there is an extra copy of chromosome 21 • there is a chromosomal abnormality 	1	1			
(b) (i), (ii)	<p>Award 1 mark for each correct test, up to a maximum of 2 marks.</p> <p>Any two from:</p> <ul style="list-style-type: none"> • amniocentesis • nuchal translucency scan (ultra-sound scan) • blood tests (AFP – alpha-fetoprotein) • chorionic villus sampling 	2	2			
(c) (i), (ii), (iii)	<p>Award 1 mark each for the correct identification of possible health-related conditions, up to a maximum of 3 marks.</p> <p>Any three from:</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>Here, the disabled individual is seen as being ill or having a condition (referred to as the disability) and is in need of some form of treatment. In this model, or view, of disability, the illness or condition is said to be seen first and the individual second.</p>	3		1	1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (e)	<p>0-3 marks: Answers that show some knowledge of a multi-disciplinary approach and give at least one potential benefit. Little or no use of specialist vocabulary. (If only a list, award a maximum of 2 marks.)</p> <p>4-6 marks: Answers that show thorough understanding of the key features of a multi-disciplinary approach and discuss how beneficial this is to meet Mandy's many needs. Answers convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Multi-disciplinary teams 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. Multi-disciplinary teams are often discussed in the same context as joint working, inter-agency work and partnership working.</p> <p>Advantages might include :</p> <ul style="list-style-type: none"> • a multi-disciplinary team provides a comprehensive approach to problems • professionals from diverse disciplines work together to solve problems • team approach can offer a co-ordinated plan of actions for Mandy and her family • differences of opinion between team members and clients can be resolved collectively <p>Disadvantages might include:</p> <ul style="list-style-type: none"> • the information isn't always shared properly with all professionals and, as a result, Mandy's needs aren't always met • as a result of information being passed around, there is a risk of confidentiality being breached (so more care needs to be taken in the storage of information) • time isn't always set aside for meetings, and as some multi-disciplinary teams aren't based together, communication is sometimes a challenge 	6	2		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (f)	<p>0-3 marks: Answers that briefly describe benefits or limitations of children with disabilities attending special schools. Answers lack detail and contain inaccuracies. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that explain the benefits and/or limitations of children with disabilities attending special schools. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that give an accurate assessment of the benefits and limitations of children attending a special school. Assessment should refer to whether or not benefits outweigh limitations. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Benefits</p> <ul style="list-style-type: none"> • may be segregated from able-bodied pupils if put in a special class so would not be stigmatised • not seen as different to others • curriculum will be designed to meet needs • teachers will be specialists in dealing with specific needs • may have more specialist equipment than a mainstream school • smaller classes than a mainstream school • improved self-image, not seen as different <p>Limitations</p> <ul style="list-style-type: none"> • Mandy will be separated from the friends she was with in primary school • mixing with a narrower range of pupils than in a mainstream school • not such a wide range of subject choices • more likely to have to travel further than to a mainstream school • more stigma attached 	10	3	3	2	2
	Total for Question 4	25	11	4	5	5

Question	Mark	AO1	AO2	AO3	AO4
1	25	9	12	2	2
2	25	10	6	4	5
3	25	10	5	7	3
4	25	11	4	5	5
Total	100	40	27	18	15

UNIT 6

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>Up to 2 marks for a detailed definition of infectious disease.</p> <p>Likely answers may include:</p> <p>It is a disease which:</p> <ul style="list-style-type: none"> • is caused by pathogens • can be transmitted between individuals • multiplies/grows within the individual • produces disease symptoms 	2	2			
(b) (i)	<p>1 mark for correct identification of a method of safe behaviour.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • use of a condom • isolation of infectious individuals • breakage of the cycle of infection 	1	1			
(ii)	<p>1 mark for each correct point made, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • reduced direct contact with infectious individuals • decreased opportunity to transfer infection • breakage of the cycle of infection 	2		2		
(c) (i)	<p>1 mark for a correct identification of one appropriate personal hygiene practice.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • alcohol rubs • hand washing 	1	1			
(ii)	<p>1 mark for each correct point made, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • kills infectious organisms • washes away infectious organisms • thereby reducing the number of organisms available to pass on 	2		2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d) (i)	<p>1 mark for each correct answer, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • effective sanitation/sewage control and treatment • drinking water treatment 	2	2			
(ii)	<p>1 mark for each correct reason given, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • everyone must drink • water is a major vehicle for transmission of infectious disease • waterborne diseases are major killers in areas without clean water supply • children are especially vulnerable to waterborne diseases 	2		2		
(e) (i)	<p>1 mark for correct identification of a cleaning technique.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • chemical disinfection techniques, e.g. sanitation of food preparation surfaces • sterilisation, e.g. use of autoclaves • prevention of recontamination, e.g. post-operative care • regular washing with hot water/detergent and water 	1	1			
(ii)	<p>1 mark for each correct point made to explain the technique, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • kills infectious organisms • washes away infectious organisms • reduces the number of organisms on the surface • available to pass on by contact 	2		2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (f)	<p>0-3 marks: Answers that make some limited, relevant points to identify benefits. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show clear understanding of the potential benefits of disease control, to both individual and society, with some limitations of expression or comprehensiveness. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that show clear understanding through discussion of the potential benefits of a holistic approach to disease control, to both individual and society. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Maximum 5 marks if only one area addressed, i.e. individual or society.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • An individual may benefit from a less threatened, longer and healthier life, psychologically allowing for longer-term planning and a sense of health security. • They are also less likely to experience the pain and discomfort associated with infectious disease, or to lose working time. • Families may benefit from the reduction in time devoted to caring for sick individuals. • There is also the reduced chance of losing individuals from the family at a young age. • The increased likelihood of children surviving childhood infections may serve to encourage a reduction in family size, freeing women to pursue other aims. • Society will benefit from the reduced need for public health care provision which will reduce health care and prescription costs, and also reduce lost working time, increasing economic efficiency. 	10		2	4	4
	Total for Question 1	25	7	10	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	<p>1 mark for each correct point made to describe the effect of CAD on the arteries, up to a maximum of 2.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • narrowing of the arteries • due to build-up of fatty deposits • hardenings • artheroma/atherosclerosis 	2	2			
(ii)	<p>1 mark for each correct point made to describe the effect of CAD on the heart and its blood supply, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • reduced blood flow • less oxygen delivered • increased blood pressure • heart needs to work harder (to deliver equivalent flow) 	3	3			
(b)	<p>1 mark for correct identification of symptoms, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • chest pain • angina • heart attack • heavy feeling in chest • heartburn/indigestion • nausea • light-headedness • breathlessness • palpitations 	2	2			
(c) (i)	<p>1 mark for each correct answer, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • percentage increases with age • increases gets faster • 16-24 very small percentage (accept any reasonable estimate) • 75+ >40% in men and just under 30% in women • any other reasonable attempt at quantifying the increase 	3			3	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (ii)	<p>1 mark for each correct answer, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • up to 44, not much difference (or even slightly more women) • after 44, increase greater in men than women • women a greater % between 25 and 34 • by 75+, men a greater % by about 13% <p>Credit more detailed, group-by-group descriptions as long as correct.</p>	3			3	
(d) (i)	<p>0-3 marks: Answers that show some ability to relate risk factors to the age-related variation. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show clear understanding through discussion of how the age-related variation can be linked to the main risk factors for cardiovascular disease. Answers convey meaning, with good use of specialist vocabulary.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Cardiovascular disease is a degenerative process, which involves the build-up of plaque (atheroma). This will tend to build up over time/age. • The build-up of plaque will be aggravated by lifestyle risk factors such as smoking, drinking, obesity and lack of exercise. • The toxic effects of smoking and drinking are also cumulative, and so likely to increasingly manifest themselves with age. • Lack of exercise is also likely to become more of a problem with age, especially if people experience other health difficulties that discourage exercise (e.g. osteoarthritis). 	6		3		3

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d) (ii)	<p>0-3 marks: Answers that show some ability to relate risk factors to the gender-related variation. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show clear understanding through discussion of how the gender-related variation can be linked to the main risk factors for cardio vascular disease. Answers convey meaning, with good use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>The chart suggests that cardiovascular disease is more of a problem in older males.</p> <p>One explanation could be that older males tend to be more obese (middle-age spread) than older females. (This is a common perception but not necessarily true).</p> <p>It may also be because males have historically been more likely to indulge in risky behaviours, especially smoking and drinking, (which seems more plausible), or because, for some metabolic reason, males are more susceptible to the risk factors for cardiovascular problems.</p> <p>These factors could account for the differences seen between older males and older females.</p> <p>However, in younger age groups, the difference is less clear and, in the 25-34 age group, female cardiovascular problems outweigh those in males.</p> <p>This might represent a genuine difference in susceptibility to cardiovascular problems at this age, but could also represent a cultural change, with modern young females being more inclined to indulge in risky behaviour or poor dietary/exercise habits.</p> <p>Whether this cultural shift is a major explanation will become apparent if the age group differences between men and women start equalising as the current youngsters get older.</p>	6		3		3
	Total for Question 2	25	7	6	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>1 mark for each correct point made, up to a maximum of 2 marks.</p> <p>A test applied to:</p> <ul style="list-style-type: none"> • find whether individuals have a specific condition or disease • individuals who are not showing any sign of disease • individuals regarded as being at risk due to their age and/or gender • individuals of a defined section of the population 	2	2			
(b) (i)	<p>1 mark for identification of appropriate screening test.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • ultrasound • amniocentesis • blood tests 	1	1			
(ii)	<p>1 mark for each correct point made, up to a maximum of 2 marks.</p> <p>Answers must relate to given screening test.</p> <p>Likely answers may include:</p> <p>Ultrasound</p> <ul style="list-style-type: none"> • sound wave generator passed over the skin of the region to be scanned • echoes/reflections occur at different strengths depending on the density of the object • a computer translates echoes into an image <p>Amniocentesis</p> <ul style="list-style-type: none"> • a sample of the amniotic fluid is extracted by inserting a needle through the abdomen • sample sent to lab for analysis • the cells from the amniotic fluid are examined for chromosome abnormalities <p>Blood test</p> <ul style="list-style-type: none"> • needle inserted • a small sample of blood extracted into a sealed tube • tube sent to lab for analysis 	2	2			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (iii)	<p>1 mark for each correct identification of information provided, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <p>Ultrasound</p> <ul style="list-style-type: none"> • dating • checking development • twins • anomalies • confirm pregnancy <p>Amniocentesis</p> <ul style="list-style-type: none"> • to check for abnormalities or the potential for abnormalities • or a serious condition in the foetus • it can detect chromosomal conditions such as Down's syndrome, Edwards' syndrome and Patau's syndrome <p>Blood test</p> <ul style="list-style-type: none"> • immunity to rubella • HIV • blood group 	2	2			
(iv)	<p>1 mark for identification of an appropriate screening test.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • development checks • eye tests • hearing tests • height/weight measurements • dental inspections • blood tests 	1	1			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (v)	<p>1 mark for each correct point made, up to a maximum of 2 marks.</p> <p>Answers should relate to specified test.</p> <p>Likely answers may include:</p> <p>Development</p> <ul style="list-style-type: none"> • weight measured on calibrated scales • height measured, bare feet, upright measuring scale, head calliper <p>Hearing</p> <ul style="list-style-type: none"> • sweep test • sound played • at different frequencies • at different volumes • ability of child to hear sound/response noted <p>Vision</p> <ul style="list-style-type: none"> • standard eye test/visual acuity test • read letters from a chart • set distance • letters of different sizes <p>Dental inspections</p> <ul style="list-style-type: none"> • the dentist will examine an individual's mouth • for evidence of plaque/early signs of tooth decay • the health of the gums • how well an individual is looking after their teeth <p>Blood tests</p> <ul style="list-style-type: none"> • (sterile) needle and vacuum tube • small sample of blood taken • clean the skin around the puncture site 	2	2			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (vi)	<p>1 mark for each correct answer, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <p>Development</p> <ul style="list-style-type: none"> • the measurement will be compared to the centiles for the age and sex of the child • if the measurements are abnormally high or low, the child will be referred to their local GP • further tests • treatment/other intervention <p>Hearing</p> <ul style="list-style-type: none"> • if a hearing impairment is found, the child will be referred to their local GP • treatment, e.g. grommets • hearing aids • surgical intervention <p>Vision</p> <ul style="list-style-type: none"> • if a visual impairment is found, the child will be referred to their local GP • treatment, e.g. eye ointment/antibiotics • visual aids – spectacles <p>Dental inspections</p> <ul style="list-style-type: none"> • teeth need scraping and polishing due to plaque building up • other treatment to prevent the start or spread of tooth decay • e.g fillings, special toothpaste crowns, root canal <p>Blood tests</p> <ul style="list-style-type: none"> • presence of anaemia • need for dietary advice/supplements • hormone imbalance, e.g. thyroid – function 	2	2			
(vii)	<p>1 mark for identification of an appropriate screening test.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • cervical smear/smear tests • mammography • bone density 	1	1			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (viii)	<p>1 mark for a correct point made.</p> <p>Answers should relate to specified test.</p> <p>Likely answers may include:</p> <p>Smear tests</p> <ul style="list-style-type: none"> • small biopsy/scrape/swab taken from cervix • examined under a microscope <p>Mammography</p> <ul style="list-style-type: none"> • breast squashed between plates • X-ray taken <p>Bone density</p> <ul style="list-style-type: none"> • using a dual energy X-ray absorptiometry (DEXA) scan • bone density scan • the density of bones is measured 	1	1			
(ix)	<p>1 mark for a correct answer.</p> <p>Likely answers may include:</p> <p>Smear tests</p> <ul style="list-style-type: none"> • identification of abnormal cells <p>Mammography</p> <ul style="list-style-type: none"> • identification of growths in breast tissue <p>Bone density</p> <ul style="list-style-type: none"> • comparison of measured density to normal range • identification of loss of bone density 	1	1			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p>1-3 marks: Answers that present some relevant discussion to identify benefits of screening generically. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show some knowledge through discussion of some of the potential benefits of screening at different life stages. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that show an extensive and well expressed understanding through discussion of the potential benefits of screening at each life stage identified. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>For antenatal checks</p> <ul style="list-style-type: none"> • parental information • allows preparation for unforeseen events • e.g multiple births, child with some form of impairment • consideration of termination in case of severe impairment • medical preparation for events which might cause perinatal complications <p>For childhood checks</p> <ul style="list-style-type: none"> • allows provision of supporting equipment where there is some sensory impairment which might otherwise hinder educational development • indicates potential for medical intervention or lifestyle adjustment where some aspect of development/health is outside agreed norms <p>For adult checks</p> <ul style="list-style-type: none"> • early diagnosis of abnormality/cancer • allowing early intervention • increasing the likelihood of successful outcome • reduced severity of likely interventions • allowing psychological adjustment before potential traumatic interventions • diagnosis of infectious or degenerative disease • allowing appropriate treatment • named treatment • allowing appropriate adjustments to lifestyle • named adjustments – diet, exercise • to minimise the impact of the condition 	10		4	4	2
	Total for Question 3	25	15	4	4	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i)	<p>Award 2 marks for full identification of the causal organism.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • influenza virus • human immunodeficiency virus (HIV) <p>Award 1 mark only if only virus is given.</p>	2	2			
(ii)	<p>Award up to 3 marks for a detailed description.</p> <p>Likely answers may include reference to:</p> <p>Influenza</p> <ul style="list-style-type: none"> • aerosol • coughs and sneezes • direct contact <p>OR:</p> <p>HIV</p> <ul style="list-style-type: none"> • blood-to-blood contact • unprotected sex • contact/transfusion with contaminated blood 	3	3			
(b) (i)	<p>0-3 marks: Answers that show some knowledge of lifestyle decisions and their effect on reducing the risk of infectious disease. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>4-5 marks: Answers that show thorough knowledge and understanding through discussion of how lifestyle decisions can improve an individual's chances of avoiding infectious disease. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Up to 5 marks for a comprehensive answer.</p> <p>Likely answers may include:</p> <p>Avoidance of infectious diseases can be influenced by lifestyle decisions. This is especially true of STIs, which can be minimised by using barrier protection and reducing the number and frequency of different partners. Good hygiene practice will also reduce the risk by washing away any pathogens accumulated by contact, as will avoiding undue exposure to pathogens.</p> <p>Less obvious, but creditworthy, may be discussion of the role of balanced diet and good general fitness in improved immune response, giving better resistance to infectious disease.</p>	5		1	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b) (ii)	<p>0-3 marks: Answers that show some knowledge of lifestyle decisions and their effect on reducing the risk of non-infectious disease. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>4-5 marks: Answers that show thorough knowledge and understanding through discussion of how lifestyle decisions can improve an individual's chances of avoiding non-infectious disease. Answers are well structured and clearly expressed. Specialist vocabulary is used with ease and accuracy.</p> <p>Up to 5 marks for a comprehensive answer.</p> <p>Likely answers may include:</p> <p>Lifestyle decisions have a clear role in preventing non-infectious diseases such as CAD, cancer, arthritis and high blood pressure by allowing control of 'optional' risk factors such as excess weight, smoking, alcohol consumption, lack of exercise.</p> <p>Less obvious, but creditworthy, may be discussion of avoidance of deficiency disorders by selecting a balanced diet.</p>	5		1	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-3 marks: Answers that give a basic description of relevant strategies. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that describe the main ways in which local and national strategies can support sensible lifestyle choices, with some named examples. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that show an extensive understanding and assess the ways in which local and national strategies can support sensible lifestyle choices, with a wide range of named examples. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>National strategies, such as anti-smoking initiatives, drink awareness campaigns, 5-a-day promotions, STD-related campaigns, and local strategies such as well woman and man clinics, family planning centres, GUM clinics and c-card schemes, have a clear role in awareness raising and education, clarifying the risks associated with lifestyle choices and offering alternative management strategies. Also, clear support for sensible choices, in making readily available consultation and diagnostics in a socially sensitive context (confidentiality, non-local clinics), and provision of prophylactic measures or rehabilitation in a similar way.</p> <p>A good answer will show consideration of how named strategies support sensible lifestyle choices by stages – awareness raising, education in what can be done to improve, then support for the sustained application of sensible changes, especially where these are difficult to achieve (e.g. sustained weight loss or overcoming an addiction).</p>	10	2	3	2	3
	Total for Question 4	25	7	5	6	7

Question	Mark	AO1	AO2	AO3	AO4	QWC
1	25	7	10	4	4	✓
2	25	7	6	6	6	✓
3	25	15	4	4	2	✓
4	25	7	5	6	7	✓
Total	100	36	25	20	19	

UNIT 7
COURSEWORK ASSIGNMENT

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

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

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

UNIT 8

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i), (ii)	<p>1 mark for each correct answer, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • sense of self • self-concept • self-esteem • parental/peer approval and interaction 	1,1	2			
(b)	<p>0-3 marks: Answers that show some knowledge and understanding of peer relationships or emotional development. Answers lack detail and contain inaccuracies, with little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that show knowledge and understanding of the effect of peer relationships on emotional development. Answers contain few errors, with use of specialist vocabulary.</p> <p>(Maximum of 3 marks if answer does not relate to peers.)</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • impact of peer relationships (positive or negative) on sense of self • relationship formation, e.g. choice of friends/social circle • good relationships lead to a sense of belonging • emotional support from friendships • developing relationships leads to increased independence • peer approval, e.g. may lead to acceptance or rejection by others • friendships influence self-esteem/self-confidence of individuals • peer pressure, e.g. to engage in risk-taking behaviours such as smoking, drinking, anti-social behaviour • peer difficulties, e.g. may lead to bullying and negative self-concept 	5	3	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c)	<p>0-3 marks: Answers that give a basic account of one psychodynamic theorist's explanation of behaviour. Answers lack detail, with little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show some knowledge and understanding of how one psychodynamic theorist explains behaviour. Answers are structured, convey meaning and contain few errors. Some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show detailed knowledge and understanding of how one psychodynamic theorist explains behaviour. Answers are well structured and clearly expressed. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Freud</p> <p>Believed that early childhood was very important for development and that any traumatic experiences could cause abnormal behaviour in adulthood.</p> <p>Personality</p> <p>Three related parts, i.e:</p> <ul style="list-style-type: none"> • the id (it) • the ego (I) and • the superego (above I) <p>Personality is shaped by the clashes and compromises between the three parts. If one part becomes more dominant than another, then personality may be abnormal. At birth, personality is all id – operates according to the pleasure principle – selfish, demanding, seeks immediate gratification. The ego develops by about 3 years as we interact more with the outside world – operates according to the reality principle – strives to meet the needs of the id whilst taking into consideration the reality of a situation.</p> <p>The super-ego develops around age 4-5, during the phallic stage. Controls id impulses in response to the moral and ethical restraints imposed by care givers.</p> <p>A dominant id – impulsive, demanding, self-gratification.</p> <p>A dominant superego – rule bound, very tightly controlled behaviour, judgemental.</p> <p>A dominant ego – well balanced mental health.</p> <p>Freud would say that Anthony's ego and/or super-ego development was affected by the loss of his mother, e.g. a lack of control over his own impulses.</p>	8	2	3	2	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (c) (Cont'd)</p>	<p>Psychosexual development</p> <p>Stages:</p> <p>Oral: 0-1year (orally passive/aggressive) Anal: 2-3 years (anal retentive/expulsive) Phallic: 3-6 years (Oedipus/Electra complexes) Latency: 7-11 years (not yet biologically mature) Genital: 11+ years (unsatisfactory relationships)</p> <p>Unconscious feelings direct the way we behave. Painful or traumatic experiences during childhood may result in <i>fixation</i> at that stage, e.g. death of the mother during the anal stage would have caused fixation which can affect later behaviour, e.g:</p> <p>Anal-retentive: obsessed with organisation or excessive neatness.</p> <p>Anal-expulsive: reckless, careless, defiant, disorganised behaviour.</p> <p>Defence mechanisms</p> <p>Trauma in childhood can lead to behaviour which places the ego under stress. Defence mechanisms are mental strategies used to protect the ego at such times, e.g:</p> <p>Repression: painful/traumatic events are pushed into the unconscious and may be expressed in dreams or irrational behaviour.</p> <p>Regression: behaving inappropriately for one's age, e.g. adults who have tantrums, or suck their thumb when distressed.</p> <p>Displacement: transferring painful feelings onto someone/something else, e.g. a failing marriage, becoming immersed in a hobby like collecting buttons/china.</p> <p>Reaction formation: reduces anxiety by showing the opposite feeling, impulse or behaviour, e.g. treating someone you dislike/hate in an extremely friendly/loving manner in order to hide your true feelings.</p> <p>Other defence mechanisms: denial, projection, rationalisation, sublimation.</p> <p>Short-term coping mechanisms. Long-term use can lead to mental health problems.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (c) (Cont'd)</p>	<p>Erickson</p> <p>Development is influenced by the social environment.</p> <p>The child passes through eight psychosocial stages from infancy to maturity.</p> <p>Each stage represents a different social conflict for the child as they interact with different and increasing numbers of people, e.g. in the first phase – trust v mistrust (0-1 year) – the conflict is between trust and mistrust as a result of the main interactions with primary carers.</p> <p>Other stages are:</p> <ul style="list-style-type: none"> • self-control (autonomy) v shame and doubt (2-3 years) • initiative v guilt (3-5 years) • industry (competence) v inferiority (6-12 years) • identity v role confusion (13-18 years) • intimacy v isolation (young adulthood) • generativity v stagnation (middle adulthood) • ego integrity v despair (old age) <p>Success or failure at resolving these crises influences personality, e.g. if carers are unresponsive/unloving then the child may find it difficult to trust people later in life. Unresolved conflicts lead to unmet needs which can result in difficulty establishing normal relationships, and lead to inappropriate behaviour with other people.</p> <p>According to this theory, Anthony's behaviour is the result of him losing his mother whilst he was going through the second stage (self-control v shame and doubt).</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (c) (Cont'd)</p>	<p>Bowlby</p> <p>Bowlby believed that mental health and behavioural problems could be attributed to early childhood experiences.</p> <p>Infants have an instinctive need to form an attachment to one main attachment figure, usually the mother, or a mother substitute, i.e. monotropy. This relationship is qualitatively different to any other and essential for survival. It provides an internal working model which shapes social and emotional development and future relationships.</p> <p>There is a critical period of 2½-3 years. If the attachment does not form by then, or is broken, there can be serious, negative consequences (maternal deprivation hypothesis); it can lead to reduced intelligence, depression, aggression, low self-esteem, delinquency, even affectionless psychopathy, the inability to form permanent relationships and be poor parents themselves. Children with mothers who lack sensitivity or are unresponsive may also be affected in later life.</p> <p>Studies have shown that children who suffered from maternal deprivation can recover later in life. Some children who suffer deprivation show no ill effects later in life. Babies can attach to several people including fathers, siblings, etc. and not just their mother.</p> <p>Bowlby would put Anthony's behaviour down to 'maternal deprivation', i.e. having lost his mother at the age of 2 – a critical period in his development – with 'affectionless psychopathy' a distinct possibility as evidenced by his problematic behaviour.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (c) (Cont'd)</p>	<p>Rutter</p> <p>Interested in Bowlby's theory that maternal deprivation was associated with adolescent maladjustment and delinquency, Rutter conducted a large study (Isle of Wight study, 1976) over 2,000 adolescents aged 9-12 and their families.</p> <p>Rutter criticised Freud for failing to distinguish between deprivation and privation.</p> <p>Rutter argued that the quality of the attachment is important rather than deprivation during a critical period. However, it was found that maternal privation rather than deprivation was more likely to result in delinquency and 'affectionless psychopathy'.</p> <p>Rutter felt that the cause of the separation was more important than the separation itself – poor relationships prevent the formation of attachments and the child is more likely to show delinquent behaviour in later life.</p> <p>Problems such as anti-social behaviour are more likely to be due to family discord, i.e. the stress surrounding the separation was associated with delinquency. Family discord (arguing, lack of attention, stress) is therefore a key factor that makes the child more vulnerable to delinquency.</p> <p>However, personality needs to be considered – traits may be in the genes and so personality is not determined by early experience.</p> <p>Rutter might suggest that Anthony's behaviour, in class and at home/in his neighbourhood, was more likely to be due to family discord: having lost his wife, Anthony's father would have had to raise his sons alone and this may have been difficult for him. The associated stresses and strains of such a situation could have created problems, e.g. leading to poor relationships.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>0-4 marks: Answers that show basic knowledge and understanding of psychodynamic strategies that could be used to help Anthony. Answers lack detail, contain inaccuracies and there is little or no use of specialist vocabulary.</p> <p>5-7 marks: Answers that show some knowledge and understanding of psychodynamic strategies that could be used to help Anthony. Some evaluation is attempted. Answers are structured and convey meaning. Some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show detailed knowledge and understanding of psychodynamic strategies that could be used to help Anthony. Clear evaluation. Answers are well structured and clearly expressed. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Play therapy</p> <p>Typically used for children/adolescents aged 3-16 years of age.</p> <p>Underlying traumas can make a child anxious. Defence mechanisms, e.g. repression, may be used. If the issue remains unresolved, it can lead to a neurosis, or cause the personality to become fixated at one of the stages of psychosexual development. Later behaviour can be affected as a result.</p> <p>Psychoanalysts believe children express their concealed emotions through play in the same way as adults do through dreams. The child/adolescent uses play to communicate at their own pace and level without feeling pressured. This is useful for children/adolescents for whom verbal communication may be difficult.</p> <p>In adolescence, play therapy tends to use art, clay modelling, music, etc rather than toys.</p> <p>Play therapy aims to help the child/adolescent understand their feelings and upsetting events by using objects to symbolise the real world. The play therapist uses a large selection of play materials, including art and craft materials, dolls, puppets, dressing-up clothes, books, sand, water, clay, musical instruments, etc which are used by the child to 'play through' painful events (e.g. Anthony's mother dying when he was very young) and try to understand and cope with them.</p>	10			5	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (d) (Cont'd)</p>	<p>Negative feelings can be displaced onto dolls or imaginary people. Some emotions may be too painful to be dealt with in a few sessions and may require more extensive treatment.</p> <p>Play therapy is adapted for the age of the child/young person.</p> <p>Anthony's behavioural problems might be related to the trauma of losing his mother at a young age as reflected in his behaviour, both in school and at home.</p> <p>Play therapy would aim to help Anthony express these emotions and gain insight into his own behaviour and the underlying causes and so help to relieve his underlying anxiety and reduce problem behaviour.</p> <p>Evaluation</p> <ul style="list-style-type: none"> • better than no treatment but not necessarily better than other treatments such as CBT • appears to be useful for a wide range of children's difficulties. • works well in case of mild disturbance • child-friendly and non-intimidating – child feels safe • helps identify underlying issues • may help speed up the rate at which a child gets better • difficult to measure or define the 'success' of a cure • may be that a 'cure' is simply due to someone spending time/giving attention to a child at a time of need • not suitable for everyone • costly • time-consuming • less effective than other therapies such as CBT • will only work with those young enough/willing to play with toys 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (d) (Cont'd)</p>	<p>Psychoanalysis</p> <p>A talking therapy that can be used with adolescents as well as adults in both individual and group settings.</p> <p>It can be a long process, involving regular sessions over months or even years, although the trend now is for briefer interventions.</p> <p>Analyst uses a range of techniques, e.g. free association, projective testing such as the Rorschach inkblot test, analysis of dreams, nightmares and fantasies of patient to examine unconscious conflicts underlying the problems/symptoms, e.g. Anthony's problematic behaviour.</p> <p>Analyst interprets and brings these conflicts into patient's consciousness to help the patient understand, confront and resolve them. If Anthony can be helped to understand why he behaves the way he does, he can be helped to see how his mother's death has affected him. He should then, with support, be able to come to terms with his loss and feel more secure and be able to address his behaviour in a positive way.</p> <p>It may be helpful for Anthony to be able to talk to someone 'neutral' about how he is thinking and feeling and what might be behind his behaviour.</p> <p>Evaluation</p> <ul style="list-style-type: none"> • offers an in-depth perspective • better than no treatment but not necessarily better than other treatments such as CBT • useful for a wide range of difficulties • works well in cases of mild disturbance • helps bring insight to problems by uncovering underlying issues • not suitable for everyone • costly • time-consuming • not possible to test and corroborate ideas about repressed anxiety causing problems in children • difficult to measure or define the 'success' of a cure 					
	Total for Question 1	25	7	5	7	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	<p>Up to 2 marks for a detailed description.</p> <p>Likely answers may include:</p> <p>Genetics</p> <ul style="list-style-type: none"> • genes – 50/50 passed on from parents to the child • information in the genes, i.e. the genetic code, determines development and health of the child, e.g. incidence of cystic fibrosis • 23 pairs of chromosomes – 23 from the mother’s egg and 23 from the father’s sperm • one or both parents may pass on faulty gene(s) but may not have the condition themselves <p>(Award maximum marks for answers that demonstrate a thorough understanding of the inheritance pattern for cystic fibrosis.)</p>	2	2			
(b) (i), (ii)	<p>Up to 4 marks for a detailed description of two socio-economic factors. (2 x 4)</p> <p>Likely answers may include:</p> <p>Family: provision of a stimulating environment.</p> <p>Education: good educational opportunities, e.g. university education.</p> <p>Diet: a healthy, well balanced and nutritious diet for healthy brain development.</p> <p>Income: money available influences expenditure, e.g. diet, leisure activities, study books/computer etc.</p> <p>(Credit answers that refer to access to health services, housing and culture if related to intellectual development.)</p>	4,4	4	3		1

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c)	<p>0-2 marks: Answers that show basic knowledge of environmental factors, possibly a list. Answers lack detail and contain inaccuracies, with little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that show some knowledge and understanding through some discussion of the effect of at least two environmental factors on health. Answers contain few errors, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show detailed knowledge and understanding through clear discussion of the effect of a range of environmental factors on physical health. Answers are well structured and clearly expressed. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Environment</p> <p>Location</p> <p>Living in a city, Elizabeth will have good access to facilities, amenities and services, e.g. GP/health centre, hospitals and pharmacies. Positive impact on her management of CF.</p> <p>She may have long distances to walk, both to access facilities, amenities and services, and around a large university campus, which could affect her physical health positively (exercise) or negatively (too much exertion).</p> <p>Pollution</p> <p>Air: living in a city, there may be air pollution from traffic, industry, etc. Could lead to health problems associated with her CF, e.g. respiratory difficulties, chest infection.</p> <p>Noise: urban areas are noisier than rural areas. Can lead to stress and difficulty sleeping – both of which can impact on her physical health.</p> <p>Crime levels</p> <p>Worries and concerns related to crime in the area Elizabeth lives in may cause anxiety and poor sleep which may impact on her physical health.</p> <p>Employment</p> <p>Elizabeth’s condition may lead to lack of energy or time (e.g. due to physiotherapy sessions) to be able to have a part-time job alongside her studies.</p> <p>Her health might be better for not working (less stress).</p> <p>Lack of money from not working could impact on her physical health, e.g. worries, lack of sleep, insufficient money to buy good food – necessary for a healthy, well balanced diet and the additional dietary requirements of having CF.</p>	7	2	2	2	1

Question	Answer	Mark	AO 1	AO 2	AO 3	AO 4
2. (d)	<p>0-3 marks: Answers that show basic knowledge and understanding of the strengths and weaknesses of drug therapy. Answers lack detail and contain inaccuracies, with little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show some knowledge and understanding through some discussion of the strengths and weaknesses of drug therapy. Answers contain few errors, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers show clear knowledge and understanding of the strengths and weaknesses of drug therapy. Answers are detailed, well structured, and convey meaning. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Strengths</p> <ul style="list-style-type: none"> relatively fast-working – show a relatively quick improvement easy to obtain – doctor’s prescription/chemist relatively inexpensive (in the short-term) compared to other therapies such as CBT, counselling, psychoanalysis – prescriptions may be free on the NHS, e.g. in Wales more acceptable to many patients – less demanding than other treatments such as counselling, which require time, commitment and have slower results helps the majority (up to approximately 65%) of patients who take prescribed medication and is often superior to no treatment can help in the short-term to allow people to cope with difficult life events, e.g. bereavement <p>Weaknesses</p> <ul style="list-style-type: none"> treat symptoms, not the underlying issue may not help in every case side effects, e.g. drowsiness, nausea, dry mouth, etc can cause dependency/addiction rely on patient taking them as prescribed, e.g. dose, frequency, not forgetting, not giving up without consulting doctor once treatment stops, symptoms may return, so ‘back to square one’ if patient stops taking them, especially after long-term use, there may be withdrawal symptoms prescriptions have to be paid for in some parts of the UK, e.g. England 	8			4	4
	Total for Question 2	25	8	5	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Up to 2 marks for a detailed description.</p> <p>Likely answers may include:</p> <p>The development of the brain, including all mental (cognitive) processes, i.e:</p> <ul style="list-style-type: none"> • perception • attention • thinking • memory • problem solving • decision making • language 	2	2			
(b)	<p>Up to 2 marks for a detailed description.</p> <p>Likely answers may include:</p> <p>Diet: good nutrition and good health are closely linked.</p> <p>A healthy, well balanced and nutritious diet is essential for healthy growth and brain development, e.g. malnutrition may lead to a lowered IQ.</p> <p>Diet may also affect a child's behaviour which can, in turn, affect their educational progress at school.</p>	2	2			
(c) (i), (ii)	<p>Up to 2 marks for each of two detailed explanations. (2 x 2)</p> <p>Likely answers may include:</p> <p>Lucas' parents could stimulate his cognitive development to encourage new skills, e.g. language development, spacial awareness, learning colour, shapes, numbers, size, etc, through activities such as:</p> <ul style="list-style-type: none"> • providing an interesting environment, e.g. toys, games, books, music, etc • use (not too much) of radio, TV and DVDs • talking to him during the course of the day, e.g. during bathing, feeding, play time • singing to/with him • playing games with him, e.g. 'peek-a-boo', 'this little piggy', etc • introducing him to other people • providing opportunities for social interactions, e.g. trips outside the home, such as to church, mother and toddler group, playgroup, nursery, health practitioners, etc 	2,2	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>0-2 marks: Answers that show limited knowledge and understanding of play activities, with no attempt at discussion. Answers contain errors and are poorly structured, with no little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that show some knowledge and understanding how cognitive development is supported by play, with an attempt at discussion. Answers contain few errors, are structured and convey meaning, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show detailed knowledge and understanding, through discussion of the importance of play to support cognitive development. Answers are well structured and clearly expressed. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Importance of play for cognitive development</p> <ul style="list-style-type: none"> • play is any activity that is spontaneously done for its own sake – it may appear to have no real purpose; however, children learn through play • play is a basic right for every child (UNCHR) • play has been described as ‘childrens’ work’ • different types of play, e.g. solitary play, independent play, onlooker play, parallel play, associative play, co-operative play, competitive play, imaginary play, etc • helps children make sense of the world around them • helps develop social understanding, i.e. how to relate to people • allows children to express thoughts and understanding • helps with development of language skills – they hear and practice language skills • cognitive skills, i.e. memory, attention, thinking, planning, problem solving, decision making – all develop with use • skills development, e.g. discovery, motor skills, verbal skills, judgement and reasoning skills, etc, all of which help children as they grow up 	7	2	3	1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e)	<p>0-3 marks: Answers that give a basic explanation of the cognitive approach. Answers lack detail and contain inaccuracies, with little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that discuss some assumptions of the cognitive approach and attempt an assessment. Answers are structured, convey meaning and contain few errors, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that give a clear, detailed assessment of the cognitive approach. Answers are well structured, clearly expressed and largely error-free. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Piaget</p> <p>The cognitive approach emphasises the importance of a child's natural motivation as the key factor in development; the desire of children to satisfy their curiosity, master challenging tasks and understand the world around them.</p> <p>Piaget was one of the first to point out that children think in different ways to adults. He suggested that all children go through stages of development:</p> <ul style="list-style-type: none"> • sensori-motor stage: 0-2 years • pre-operational stage: 2-7 years • concrete operational stage: 7-11 years • formal operational stage: 11+ years <p>He believed that a child in any particular stage was not able to understand or master tasks from the next, higher, stage until they were psychologically mature enough to do so. For example, a baby in the sensori-motor stage is egocentric and is not able to take anyone else's needs into account, and a child in the pre-operational stage is unable to really understand logical rules.</p> <p>Piaget developed a number of tests (e.g. egocentrism, three mountains, conservation) to determine the stage of cognitive development.</p>	10			5	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>3. (e) (Cont'd)</p>	<p>Assessment</p> <p>Piaget's ideas have been the basis for child-centred learning and the UK National Curriculum but, recently, they have received much criticism.</p> <p>Many people think that Piaget's stages were too rigid. Many children achieve concrete operations earlier than he suggested.</p> <p>Researchers, such as Vygotsky, have shown that children can do certain tasks if they have been taught them.</p> <p>Some also pointed out that many of Piaget's tests on children were too complicated for them to understand what was wanted of them.</p> <p>Some researchers suggest that development does not occur in stages but is a continual gradual process.</p> <p>Piaget suggested that children learn best when finding out for themselves but Vygotsky has shown that children do best in co-operative learning situations.</p> <p>Whatever the criticisms, his ideas have stimulated much further research which has increased our knowledge of children's cognitive development, and influenced teaching methods.</p> <p>Vygotsky</p> <p>Social interaction plays a fundamental role in the development of cognition.</p> <p>Vygotsky believed that language and thought develop independently in young children up to 2 years but, as a child grows older, between 2 and 7 years, language and thought become interdependent.</p> <p>Up to the age of 2 years, children perform actions which are given meaning by the carer, e.g. grasping action interpreted as pointing, and uses the properties of objects to name them, e.g. 'quack quack' for a duck.</p> <p>From 2-7 years, children's speech is a communication behaviour that produces change in others and in themselves, e.g. 'see cows' is a request and a statement of what child is going to do; children use spoken egocentric language to describe actions before they act.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e) (Cont'd)	<p>Egocentric speech becomes transformed into the inner complex thinking of adults that is very different from social speech.</p> <p>Social speech develops as a means of communicating with other people.</p> <p>Zone of proximal development:</p> <ul style="list-style-type: none"> the gap between what a child can do now and what they can do with support from a 'significant other', e.g. parent, carer, older sibling, teacher a child's full cognitive development, his potential, can only be achieved through social interaction and problem-solving with a more knowledgeable person such as an adult, e.g. parent helping young child to complete first jigsaw; he therefore places much emphasis on culture affecting cognitive development <p>Vygotsky also emphasised the importance of interaction with peers as effective way of developing skills and strategies, and encouraged the use of collaborative learning in schools.</p> <p>Assessment</p> <p>Vygotsky based his theories on evidence obtained from a number of experiments, but his reports lack sufficient detail to allow them to be evaluated, and few have been repeated by other researchers.</p> <p>Vygotsky's theories have had a major influence in education, emphasising the successful use of problem-solving and collaborative methods in the classroom.</p> <p>He emphasised the importance of challenging and 'stretching' a candidate.</p> <p>He emphasised the importance of relating school learning to 'real-life environments'.</p>					
	Total for Question 3	25	8	5	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Up to 3 marks for a detailed description.</p> <p>Likely answers may include:</p> <p>Sabina would have difficulty forming friendships – children will not want to associate with someone who behaves badly.</p> <p>Maintaining friendships – children will not want to stay friends with Sabina if she keeps on having tantrums, e.g. if she can't have her own way.</p> <p>Sabina may gain an unfavourable reputation that impacts on how she is perceived by others.</p> <p>Parents may prevent or stop their children from playing with Sabina.</p> <p>Sabina may lack social skills.</p> <p>She may feel lonely and become isolated.</p>	3	2	1		
(b)	<p>0-3 marks: Answers that show limited knowledge and understanding of the term 'self-fulfilling prophecy' and lack detail. Answers contain inaccuracies, with little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that show knowledge and understanding through discussion of the term 'self-fulfilling prophecy'. Answers are structured, convey meaning and contain few errors, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>A 'self-fulfilling prophecy' is a prediction that causes itself to come true due to the fact that the prediction was made. This is because beliefs influence actions, e.g. if someone thinks Sabina is naughty or a troublemaker, then they are likely to treat her in that way and, if they treat her that way, Sabina is likely to misbehave or become naughty/a troublemaker: the prophecy will have been fulfilled.</p>	5	2	2		1

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-3 marks: Answers that show limited knowledge and understanding through a basic description of one theory from the behaviourist approach. Answers lack detail and contain inaccuracies, with little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that show some knowledge and understanding through an explanation of a behaviourist theory, with a basic reference to Sabina's treatment. Answers contain few errors, are structured and convey meaning, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show thorough knowledge and understanding through a detailed explanation of how the chosen theorist would account for Sabina's treatment. Answers are well structured and clearly expressed. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Skinner: operant conditioning</p> <p>Skinner believed that all behaviour is learned from environmental consequences, i.e. operant conditioning. Certain behaviours become more likely if they are rewarded and less likely if they are punished.</p> <p>Skinner's theory would explain Sabina's tantrums as the result of learning through consequences, i.e. her tantrums would have been rewarded in the past, perhaps by her receiving attention or treats, so reinforcing the behaviour and strengthening the likelihood of her repeating it.</p> <p>Pavlov: classical conditioning</p> <p>Pavlov's form of behaviourism builds on behaviour that already exists in humans/animals, e.g. he conditioned a hungry dog that would salivate at the sight of food to salivate at the sound of a bell.</p> <p>According to Pavlov's theory, Sabina's tantrums are the result of her learning by association – she may have tantrums because she has learned that it is the way to avoid/escape situations that she finds unpleasant, e.g. boredom from sitting and listening.</p>	7	3	2	1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d)	<p>0-3 marks: Answers that give a basic account of behavioural strategies. Answers lack detail and make no attempt at evaluation. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that explain two behavioural strategies that could be used, with some attempt at evaluation. Answers are structured, convey meaning and contain few errors. Some use of specialist vocabulary.</p> <p>8-10 marks: Answers that evaluate and show knowledge and clear understanding of the use of two appropriate behavioural strategies. Answers are well structured and clearly expressed. Specialist vocabulary used with ease and accuracy.</p> <p>Up to a maximum of 5 marks if only one strategy is addressed.</p> <p>Likely answers may include:</p> <p>Behaviour modification</p> <p>Based on operant conditioning.</p> <p>Aims to change negative/undesirable behaviour. Extinguishing 'problem' behaviour in favour of 'desired' behaviour.</p> <p>There are two aspects to this:</p> <ul style="list-style-type: none"> • identifying what is/has been reinforcing the problem behaviour • reinforcing the desired behaviour <p>Sabina may be unable to sit still and listen or have tantrums because she has received attention in the past when she has behaved that way. Attention would have acted as a reward and reinforced the negative behaviour, increasing the likelihood of her repeating it.</p> <p>The undesirable behaviour should be ignored as much as possible, assuming it is safe to do so.</p> <p>Desirable behaviour, e.g. when Sabina sits quietly and listens well, should be reinforced, e.g. with attention, giving praise, a smile, verbal encouragement, or any other appropriate positive reinforcement.</p>	10			5	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (d) (Cont'd)</p>	<p>Behaviour shaping</p> <p>Changing the child's behaviour by successive approximations until it fully resembles the kind of behaviour that is wanted, e.g. if a child is wandering around the classroom when they should be sitting, or not listening to the teacher when they should be, then they should be rewarded if or when they briefly and spontaneously stop to sit and/or listen.</p> <p>Withhold the praise for increasingly longer periods of appropriate/desired behaviour.</p> <p>Evaluation</p> <p>Strengths</p> <ul style="list-style-type: none"> • easy to understand and simple to use by teachers and parents • suitable for use with candidates of all ages • individuals feel success when they obtain a reward – positive impact on self- esteem • standards of behaviour are clear to everyone involved (individual, staff, parent) • successful in treating much problem behaviour, especially when the teacher or parent realises how they have been reinforcing 'bad' behaviour in the past • plenty of research to support its use – found to work consistently well <p>Weaknesses</p> <ul style="list-style-type: none"> • time-consuming and difficult to always be consistent; however, vital that teachers and parents are equally consistent • not easy to put into practice in a classroom with many children • only treats the 'problem' and does not find or treat the cause of the problem – if behaviour is the result of biological forces, then it may not respond to behaviour modification • results may be short-lived and individuals may not continue with desired behaviour when rewards stop • individuals may learn to control their own behaviour • some have argued that its use is unethical – a method of control • does not address underlying problems, e.g. parental influences, problems in the home, or in school <p>(Do not accept modelling.)</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (d) (Cont'd)</p>	<p>Token economy</p> <p>Behaviourist strategies are based on Skinner's operant conditioning, using positive and negative reinforcement.</p> <p>A reinforcer is something that will increase the likelihood that a certain behaviour will be repeated.</p> <p>Positive reinforcers are rewards – 'good' things, such as food, smiles, praise.</p> <p>Negative reinforcers are unpleasant – such as the removal of an unpleasant stimulus when the target behaviour is achieved, e.g. no television until bedroom is tidied.</p> <p>Children can be rewarded by being given tokens for target behaviour or work.</p> <p>Tokens can also be removed for undesirable behaviour.</p> <p>The token can be a chip or star (a secondary reinforcer) which is saved up and exchanged for something pleasant such as sweets, television watching, a trip out or similar activity (primary reinforcer).</p> <p>Tokens should have no value and it should not be possible to reproduce them, i.e. counterfeits.</p> <p>Children should be given clear instructions about what is required, i.e. clearly stated expectations for behaviour.</p> <p>A behaviour chart/tally chart can be used to record the number of tokens earned.</p> <p>Firmness and consistency is the key to success. Staff and parents must be equally consistent.</p> <p>Evaluation</p> <p>Strength</p> <ul style="list-style-type: none"> • used effectively in psychiatric units and prisons <p>Weaknesses</p> <ul style="list-style-type: none"> • individual has to be sufficiently motivated by the token economy – primary reinforcer must be something they will want to work towards • can be costly, depending on the primary reinforcer • not always easy to keep track of so consistency may be a problem • easy for a token economy to become a behavioural management tool rather than behavioural modification tool • beneficial effects sometimes disappear when token economy ceases or when outside in the 'real world' 					
	Total for Question 4	25	7	5	6	7

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



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