



**General Certificate of Education**

**Advanced Subsidiary**

**Specimen Paper**

**Health and Social Care**

**HSC03      Life as a Challenge**

**Unit 3**

***Mark Scheme***

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

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## Mark Scheme - HSC03 Specimen Paper

### Quality of written communication

The quality of written communication is assessed in all assessment units where candidates are required to produce extended written material. Candidates will be assessed according to their ability to:

- select and use a form and style of writing appropriate to purpose and complex subject matter
- organise relevant information clearly and coherently, using specialist vocabulary when appropriate
- ensure that text is legible, and that spelling, grammar and punctuation are accurate, so that meaning is clear.

- 1(a) 1 mark for each of the **two** practitioners suggested, plus 1 mark for the treatment each practitioner administers, plus 1 mark for outlining the treatments.

Likely answers:

**GP** (1) prescribes antibiotics (1) to control lung infections (1)

**Dietician** (1) provides dietary advice (1) advises on a diet high in protein/calories/vitamins/pancreatic enzymes (1)

Max 6 (6 marks)

- 1(b) Award marks for technical knowledge about statementing or SEN provision IEP (individual education plan) and DDA requirement to publish statements or policies explaining their arrangements for the access and equal treatment of disabled pupils.

Both physical and psychological impact and their implications for the school should be considered. However, cystic fibrosis children can live fairly normal lives so there may be few issues. In that sense, the student's wishes could be met.

Unlikely to have learning disability.

NOT physically disabled so no marks for adaptations for wheelchairs etc.

Daily physiotherapy is time-consuming and combined with risk of lung infection may lead to frequent absences. She may fall behind with work and require extra support. School should have strategies for supporting her as a result of this.

Frequent illness maybe lacking in energy may lead to her feeling unable to participate in more strenuous activities.

Staff would need explanations for extended absence and may be better able to help if they know her situation

She might think in this way because she wants to be treated like any other student and avoid any barriers caused by ignorance, prejudice or discrimination. The fact that her lifespan is likely to be significantly shorter than that of her peers might be an issue which she would rather not discuss, as she does not want their sympathy

### Banding

#### 0 marks

Nothing worthy of credit

#### 1 mark

Answers which show some basic knowledge but which are very brief or fail to tackle the question. At this level answers do not demonstrate an understanding of technical knowledge about statementing, IEPs, DDA etc.

#### 2-3 marks

Answers that contain some relevant information, but which are poorly focussed on the question or lack specific detail. There may be provision suggested which does not relate to CF. A brief mention of statements, IEPs and/or the DDA may be provided but these are not explored. Candidates who deploy appropriate knowledge and understanding and display higher QWC skills should be rewarded at the top end of this mark band. Conversely, those who display some confusion and weakness in

QWC supporting knowledge and understanding should be placed at the bottom end of this mark band.

**4-5 marks** Answers that include practical suggestions and some relevant technical detail on IEPs, statements and/or the DA. There may be some evaluation. The answer may not tackle all areas described in top mark band. Candidates who deploy appropriate knowledge and understanding and display higher QWC skills should be rewarded at the top end of this mark band. Conversely, those who display some confusion and weakness in QWC supporting knowledge and understanding should be placed at the bottom end of this mark band.

**6-8 marks** Answers that make appropriate, realistic and practical ways of accommodating a student with cystic fibrosis, showing a good technical knowledge of both the physical and psychological impact of CF. Reasoned consideration is given to technical knowledge of IEPs, statementing and DDA requirements is found at this level. To reach the top of the mark band, all three of these will have been considered. Candidates will be able to give reasoned arguments as to why she might not wish staff and students to know about her disability and whether these wishes can be met. Candidates who deploy appropriate knowledge and understanding and display higher QWC skills should be rewarded at the top end of this mark band. Conversely, those who display some confusion and weakness in QWC supporting knowledge and understanding should be placed at the bottom end of this mark band.

(9 marks)

- 2(a) Candidates should show knowledge of the possible impact of Alzheimer's on the emotional development for all people mentioned (max 2 marks for each)

Possible answers:

**Mrs Roberts**

Guilt if aware of the impact of her actions (1) feeling a burden (1) fear of symptoms (1) plus examples of these (1)

**Janet**

Guilt at not being able to cope (1) stress as symptoms of Alzheimer's are extremely hard to deal with (1) bereavement/ losing her mother to the illness (1)

**Stephanie**

Stress at seeing her mum struggle (1) resentment that her mother cannot give much attention to her (1) bereavement/loss of grandmother (1) embarrassment if friends visit (1).

(6 marks)

- 2(b) 1 mark for each of the three caring skills identified plus 2 marks for successful application of each caring skill to Alzheimer's disease. No credit for an explanation if not linked to named caring skill.
- Observation** (1) - since the disease is progressive care staff should notice if a resident's condition is worsening (1) e.g. he/she might have started to wander into other residents' rooms at night and be a danger (1)
- Social perception** (1) - since residents may have lost speech, it would be important that care staff read body language (1) to prevent, for example, accidents in toileting (1)
- Effective communication** (1) - residents suffering from aphasia might be using non-words and struggle to communicate. Care staff will need to be patient and find other ways of finding out what they want (1), e.g. pointing to pictures to find out what a resident wishes to eat (1)

**Setting challenges** (1) - due to memory loss/disorientation/confusion residents may struggle with the layout of the unit and forget where to go/not be able to locate items for personal care (1) care staff might label rooms/cupboards/items and work with residents to make fewer mistakes (1)

**Modelling** (1) - due to impaired performance of learned skills, e.g. washing, dressing, eating, residents might benefit from care staff showing appropriate behaviour (1) and encouraging them to copy this (1)

**Encouraging** (1) - care staff might reward adaptive behaviour (1) which might be any of the examples above, e.g. finding correct room/item; coping with washing/dressing/eating (1)

**Showing approval** (1) when sufferers are aware of their own deterioration they may be anxious and depressed so they will benefit from positive responses such as smiling and praise, or if appropriate, a cuddle. (1) Annoyance or anger at any anti-social behaviour will only add to their anxiety and insecurity. (1)

**Physical contact** (1) can be used to comfort a resident who is anxious or upset, as well as to show approval. Usually it takes the form of touching a person on the hand or arm, or by a cuddle (1) poor personal hygiene and anti-social behaviour might make it difficult for care staff to give physical comfort but this is when the comfort/approval is perhaps most needed (1)

**Creating trust** (1) since the main treatment is likely to be personal care (help with eating, washing and dressing) (1) it is vital that the resident can rely on a consistent and respectful approach (1)

**Reducing negative feelings** (1) and behaviours of service-users and others and defusing conflict (1) as there is potential for aggression/conflict. The carer must remain calm at all times even if physically/verbally attacked (1)

Other caring skills:- **Working alongside; distraction; disengagement**

Max 9 (9 marks)

- 3(a) Tiredness (1) may fall behind with schoolwork (1) due to absences resulting from staying home to look after mother (1) stress (1) depression (1) isolation (1) time off school may also affect friendships (1) allow affect on relationship with mother if appropriately described (1).

Max 5 (5 marks)

- 3(b) 1 mark for each of the two ways of support identified plus 2 marks for describing the support.

Likely answers:

**School pastoral system** (1) – providing coaching (1) mentoring (1) someone to talk to (1)

**Educational welfare officer** (1) – working with teachers to raise their awareness of Ben's situation (1) to provide a personalised curriculum/ school day (1)

**School teachers** (1) – providing extra help with work he has missed (1), e-mailing work home when he is absent (1)

**Social services** (1) – providing a carer for Ben's mother (1), providing respite care for Ben's mother (1) ensuring appropriate support is in place for Ben (1)

Max 6 (6 marks)

- 3(c) Education (1) lack of awareness and support (1) so young carer falls behind (1) effect on future opportunities (1) affects social relationships with his peer group (1) and staff at school (who may not know about his young carer status) (1)  
Economic (1) loss of earnings (if mother used to work) (1) require specialist support which might not be being provided by the state (1) problem of accessing benefits (1) if not able to complete forms/get to benefits' office (1) may have a lack of knowledge about how to access benefits (1).

Max 4 (4 marks)

- 4(a) The barriers must be linked specifically to Down's so credit should not be given to environmental barriers - physical access or transport.

**Employment Barriers**, employers rejecting him due to mistaken assumptions about his capabilities through ignorance or lack of knowledge about what is possible. Assuming all Down's people are the same when, in fact, there are great differences.

This could then lead to **economic barriers** for Mark and his family if he were to lose his job.

Assisted living is provided by the state, but in short supply.

If Mark's parents have had to provide for him up until this point, this may have been a significant financial burden on them.

**Societal barriers resulting from ignorance, prejudice and discrimination**

Avoiding social contact, bullying due to embarrassment, fear or not knowing what to say.

Ignorance due to not mixing with people with a disability.

Lack of knowledge about Downs which assumes that, for example, Down's people can't live independently or have relationships.

The expectations of disabled people and their informal carers might also act as a barrier, e.g. Mark's parents might have been over-protective and not wanted him to live independently.

**Barriers to education:** Mark's parents might have found the school unhelpful in providing the support necessary. The school might have been resistant to taking Mark. Mark may have experienced social isolation at school, for the reasons stated above.

**Banding**

**0 marks** Nothing worthy of credit

**1-2 marks:** Answers show some basic relevant knowledge but are very brief, fail to tackle the question, or have irrelevant details/inaccuracies.

**3-5 marks:** The kind of barrier will be identified and described, but not explained as clearly as in the top mark band. There may be some irrelevant detail.

**5 marks:** The kind of barrier will be identified and specific examples provided. Knowledge of Down's Syndrome will be evident and the impact on Mark's parents as well as himself will be included.

(5 marks)

- 4(b) The risks which exist for Mark are:

- bullying
- abuse
- stress
- self-harm
- isolation/social exclusion

These may be met by the **employer** and/or the **warden of sheltered housing** using

Legislation such as:

- Equality Act
- Mental Capacity Act
- Care Standards Act

And policies/procedures including

- Workplace bullying policy
- Sheltered housing bullying policy/independent living policy AW
- Workplace equal opportunities policy

Reference to appropriate life quality factors and caring skills are also relevant.

**Banding****0 marks**

Nothing worthy of credit.

**1-3 marks**

Answers may be vague and lack specific detail on the risks faced by Mark. There may be omissions, e.g. no mention of caring skills and/or life quality factors. There may also be some inaccuracies, e.g. in which pieces of legislation are applicable.

Candidates who deploy appropriate knowledge and understanding and display higher QWC skills should be rewarded at the top end of this mark band. Conversely, those who display some confusion and weakness in QWC supporting knowledge and understanding should be placed at the bottom end of this mark band.

**4-6 marks**

Answers identify appropriate caring skills which the employer and/or warden can use to support Mark's life quality factors. There will be some mention of relevant legislation but this may not be well applied to the scenario provided. Appropriate risks to Mark have been identified.

Candidates who deploy appropriate knowledge and understanding and display higher QWC skills should be rewarded at the top end of this mark band. Conversely, those who display some confusion and weakness in QWC supporting knowledge and understanding should be placed at the bottom end of this mark band.

**7-10 marks**

Candidates show a detailed understanding of appropriate caring skills and Mark's life quality factors. The risks for Mark will be described effectively and the candidate will be able to discuss a range of policies and legislation which exists to support him. Answers will be well-expressed and clearly structured.

Candidates who deploy appropriate knowledge and understanding and display higher QWC skills should be rewarded at the top end of this mark band. Conversely, those who display some confusion and weakness in QWC supporting knowledge and understanding should be placed at the bottom end of this mark band.

(10 marks)

**HSC03 ASSESSMENT OBJECTIVE GRID**

<b>Question</b>	<b>A01</b>	<b>A02</b>	<b>A03</b>	<b>A04</b>	<b>Totals</b>
<b>1 (a)</b>	6				6
<b>1 (b)</b>			9		9
<b>2 (a)</b>		6			6
<b>2 (b)</b>		9			9
<b>3 (a)</b>	5				5
<b>3 (b)</b>	6				6
<b>3 (c)</b>	3		1		4
<b>4 (a)</b>			3	2	5
<b>4 (b)</b>				10	10
<b>Totals</b>	20	15	13	12	60
<b>Percentage</b>	35%	25%	20%	20%	100%