

APPLIED



WJEC Level 3 Applied Certificate
and Diploma in
HEALTH & SOCIAL CARE

REGULATED BY OFQUAL

**SAMPLE ASSESSMENT
MATERIALS - EXTERNAL**

Teaching from 2018
For award from 2020

Version 2 September 2018

This Ofqual regulated qualification is not available for candidates in maintained schools and colleges in Wales.



Applied Certificate and Diploma in Health and Social Care

SAMPLE EXTERNAL ASSESSMENT

For first certification in September 2020

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Candidate Name	Centre Number	Candidate Number



HEALTH AND SOCIAL CARE

UNIT 1

CONTEMPORARY ISSUES IN HEALTH AND SOCIAL CARE

[date] AM/PM

1 hour 30 minutes

For Examiner's use only		
Question	Maximum Mark	Mark Awarded
1	25	
2	25	
3	30	
Total	80	

Instructions to candidates

Answer **all** questions.

Write your answers in the spaces provided in this booklet.

Use black ink or black ball-point pen. Do not use pencil or gel pen. Do not use correction fluid.

Information for candidates

The total for the paper is 80 marks.

The number of marks is given in brackets at the end of each question or part-question.

Calculators may be used.

Answer **all** questions

1. Clive is 82 years of age and lives alone in supported living accommodation. Clive's physical health has deteriorated over the last year and he now relies on a mobility scooter to get about. The warden at his supported living accommodation recently arranged for him to have an assessment to address the issues raised by his increasingly limited mobility. Clive enjoys meeting his friends each Wednesday evening for a game of cards in the pub. Recently, however, Clive has been unable to go to the pub as he cannot get his mobility scooter up the steps at the front of the building.

- (a) Define what is meant by the term 'marginalisation'. [2]

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- (b) Using one example from the scenario, explain how Clive may be experiencing marginalisation. [3]

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- (c) Explain possible reasons for the changes in the age profile in UK over recent years. [5]

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- (d) Explain the ways in which Clive's *age* and *disability* could interrelate to result in inequality. [6]

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- (e) Discuss how relevant legislation ensures that individuals like Clive get the support that they need. [9]

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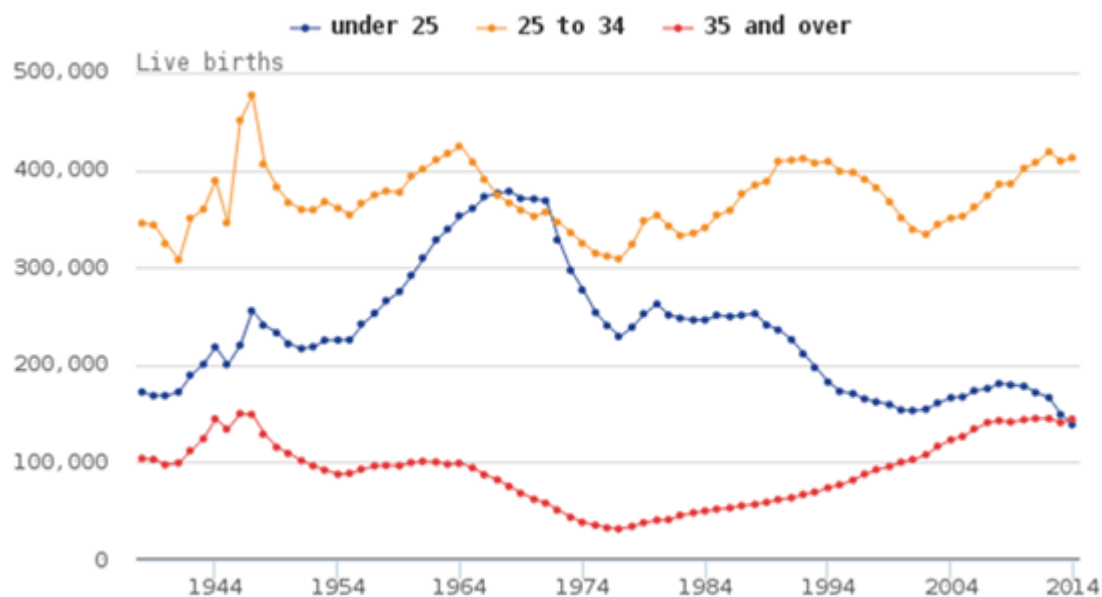
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2. **Live births by age group of mother, 1938 to 2014 England and Wales**



- (a) Describe what is meant by 'demographic data' and give two examples. [4]

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- (b) (i) Describe the patterns of data shown by the graph above. [6]

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- (b) (ii) Discuss possible explanations for the trends identified in the graph. [8]

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- (c) Describe the ways in which mothers may experience inequality, taking into consideration both health and social factors. [7]

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3. Beechland Local Authority is reviewing the funding of schools in the area. Beechland contains a higher than average number of rural primary schools that cost a lot to maintain. Some residents are unhappy about the large class sizes in the area's secondary schools and it has been suggested that closing some of the rural primary schools could help free up some extra funding for the secondary schools.

- (a) Identify two ways in which individuals in Beechland may experience inequality. [2]

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- (b) Describe potential reasons for the large class sizes in Beechland Local Authority schools. [4]

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- (c) Describe, using examples, how demographic data can be used to help assess the potential needs of the population in terms of school places. [6]

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- (d) Explain, using examples, how funding may influence the provision of other services in Beechland Local Authority. [8]

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- (e) Beechland Local Authority includes a larger than average population of children. Many grandparents look after their grandchildren whilst their parents/guardians are at work.

Discuss the role of informal carers in contemporary society.

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MARK SCHEME

Sample Assessment Unit 1

HEALTH AND SOCIAL CARE

Health and Social Care – Unit 1

MARK SCHEME

Question	Answer	Mark	LO
1. (a)	<p>Award 1 mark for brief description of marginalisation, and a maximum of 2 marks for a detailed definition.</p> <p>Likely answers may include:</p> <p>The notion that to be marginalised to be seen to be and/or to feel less important.</p> <p>Marginalisation as social exclusion.</p>	2	1
(b)	<p>Award 1 mark for the identification of an example, and up to a further 2 marks for a full explanation of how the example may result in Clive experiencing marginalisation.</p> <p>Likely answers may include:</p> <p>Examples:</p> <p>Any one from:</p> <ul style="list-style-type: none"> • Clive is old. • Clive has mobility issues/physical disability. <p>Explanation:</p> <p>Age Clive may not have the respect, choice and control he deserves. He would be unlikely to be considered for employment. Many of his friends may have passed away so he may be lonely.</p> <p>Mobility issues/disability He will be left out of activities because he is unable to access them/ mobility scooter limits where he can go. His living accommodation limits his social activities.</p>	3	1
(c)	<p>0 marks: Nothing worthy of credit.</p> <p>1-3 marks: Answers that give a basic outline of the possible reasons for the changes in the age profile in the UK over recent years with little or no explanation. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that explain, showing clear evidence of understanding of the possible reasons for the changes in the age profile in the UK over recent years. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p>	5	2

Question	Answer	Mark	LO
1. (c) (Cont'd)	<p>Reasons for changes in age profile:</p> <ul style="list-style-type: none"> • improved housing/better sanitation • improved early intervention strategies for conditions affecting the elderly, e.g. Parkinson's disease • improved antenatal and postnatal care for babies • immunisation and screening practices have increased and improved, e.g. free flu vaccines for the over-65s • cultural changes – more people in later adulthood living with family members (can improve overall health and well-being) • improvements to surgery procedures, e.g. key hole surgery for heart surgeries, higher survival rates • increased awareness of practices that can harm health, e.g. smoking • more informed about how to improve life, e.g. food supply, nutrition, hygiene 		
(d)	<p>0 marks: Nothing worthy of credit.</p> <p>1-2 marks: Answers that identify the ways in which Clive's age and/or disability could result in inequality with little or no attempt at explanation. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that describe the ways in which Clive's age and disability could result in inequality, with some attempt to explain how the two factors interrelate. Answers convey meaning, with some use of specialist terminology.</p> <p>5-6 marks: Answers that explain how Clive's age and disability interrelate to result in inequality, with clear evidence of understanding. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Because Clive is older he may not be given the treatment or support he requires – priority may be given to younger people.</p> <p>There may not be as many services available for older individuals in his locality.</p> <p>He may not be aware of services available to him or how to find out about services.</p> <p>He may not be able to physically access some of the services available to him.</p> <p>He may lack confidence due to his deterioration in health and not want to attend appointments alone.</p>	6	1

Question	Answer	Mark	LO
1. (e)	<p>0 marks: Nothing worthy of credit.</p> <p>1-4 marks: Answers that identify relevant legislation, with little or no discussion of how it ensures that individuals like Clive get the support they need. Answers convey meaning but lack detail, with little or no use of specialist vocabulary.</p> <p>5-7 marks: Answers that accurately describe relevant legislation, with some discussion of how it ensures that individuals like Clive get the support they need. Answers convey meaning, with some use of specialist vocabulary.</p> <p>8-9 marks: Answers that discuss in detail relevant legislation and show clear understanding of how it ensures that individuals like Clive get the support they need. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include some of the following:</p> <p>Relevant legislation:</p> <ul style="list-style-type: none"> • Equality Act (2010) • Care Act (2014) <p>The Equality Act (2010) considers, amongst other things, discrimination on the basis of age and disability (the two factors applicable to Clive). Discriminating against an individual because of their age or health needs is unlawful.</p> <p>The Equality Act (2010) legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone.</p> <p>Provisions of the Act include:</p> <ul style="list-style-type: none"> • the basic framework of protection against direct and indirect discrimination, harassment and victimisation in services and public functions, work, education, associations and transport • changing the definition of gender reassignment, by removing the requirement for medical supervision • providing protection for people discriminated against because they are perceived to have, or are associated with someone who has, a protected characteristic • clearer protection for breastfeeding mothers • applying a uniform definition of indirect discrimination to all protected characteristics 	9	3

Question	Answer	Mark	LO
<p>1. (e)</p> <p>(Cont'd)</p>	<p>Provisions relating to disability</p> <ul style="list-style-type: none"> • extending protection against indirect discrimination to disability • introducing the concept of 'discrimination arising from disability' to replace protection under previous legislation lost as a result of a legal judgement • harmonising the thresholds for the duty to make reasonable adjustments for disabled people • extending protection against harassment of employees by third parties to all protected characteristics • making it more difficult for disabled people to be unfairly screened out when applying for jobs, by restricting the circumstances in which employers can ask job applicants questions about disability or health <p>Provisions relating to work</p> <ul style="list-style-type: none"> • allowing claims for direct gender pay discrimination where there is no actual comparator • making pay secrecy clauses unenforceable • extending protection in private clubs to sex, religion or belief, pregnancy and maternity, and gender reassignment • introducing new powers for employment tribunals to make recommendations which benefit the wider workforce <p>Age discrimination</p> <p>The Equality Act (2010) includes provisions that ban age discrimination against adults in the provision of services and public functions. The ban came into force on 1 October 2012 and it is now unlawful to discriminate on the basis of age unless:</p> <ul style="list-style-type: none"> • the practice is covered by an exception from the ban • good reason can be shown for the differential treatment ('objective justification') <p>The ban on age discrimination is designed to ensure that the new law prohibits only harmful treatment that results in genuinely unfair discrimination because of age. It does not outlaw the many instances of different treatment that are justifiable or beneficial. Exceptions are:</p> <ul style="list-style-type: none"> • age-based concessions • age-related holidays • age verification • clubs' and associations' concessions • financial services • immigration • residential park homes • sport 		

Question	Answer	Mark	LO
1. (e) (Cont'd)	<p>The Care Act (2014) includes a needs and carer's assessment, which promotes the idea that an individual's well-being should be at the centre of all work the local authority and sheltered housing providers provide, the autonomy and independence of the individual being of value.</p> <p>The Care Act 2014 replaces numerous previous laws, to provide a coherent approach to adult social care. It set out new duties for local authorities and partners, and new rights for service users and carers.</p> <p>Aims of the Act:</p> <ul style="list-style-type: none"> • clearer, fairer care and support • well-being – physical, mental and emotional – of both the person needing care and their carer • prevention and delay of the need for care and support • people in control of their care <p>Well-being The new statutory principle of individual well-being underpins the Act, and is the driving force behind care and support.</p> <p>Prevention Local authorities (and their partners in health, housing, welfare and employment services) must now take steps to prevent, reduce or delay the need for care and support for all local individuals.</p> <p>Integration The Act includes a statutory requirement for local authorities to collaborate, cooperate and integrate with other public authorities, e.g. health and housing. It also requires seamless transitions for young people moving to adult social care services.</p> <p>The Care Act (2014) requires local authorities to help develop a market that delivers a wide range of sustainable, high-quality care and support services that will be available to their communities.</p> <p>When buying and arranging services, local authorities must consider how they might affect an individual's well-being. This makes it clear that local authorities should think about whether their approaches to buying and arranging services support and promote the well-being of individuals receiving those services.</p> <p>Local authorities should also engage with local providers, to help each other understand what services are likely to be needed in the future, and what new types of support should be developed. To do this, authorities should engage with local people about their needs and aspirations.</p> <p>A wider range of high-quality services will give individuals more control and help them to make more effective and personalised choices about their care. They should therefore get better care that works for them.</p>		

Question	Answer	Mark	LO
<p>1. (e) (Cont'd)</p>	<p>The Act creates a single, consistent route to establishing an entitlement to public care and support for all adults with needs for care and support. It also creates the first ever entitlement to support for carers, on a similar basis. The Act is also clear about the steps that must be followed to work out this entitlement, to help individuals understand the process. It follows the individual's 'journey' in the care and support system. It begins with an assessment of their needs and a decision about whether their needs are eligible, including a financial assessment, where necessary. This will determine whether individuals need to pay for their own care and, in the future, will include the new capped costs payment system. After this process of assessment is finished, the decision can then be made about whether the adult is entitled to care and support arranged by the local authority.</p> <p>Some types of care and support are provided free of charge but often the local authority will charge a fee. Depending on a person's finances, a local authority may ask an individual to contribute towards the costs of their care (up to the full amount).</p> <p>The Act sets out a new legal duty for an adult's 'eligible needs' to be met by the local authority, subject to their financial circumstances. Their eligible needs are those that are determined after the assessment.</p> <p>The Act states clearly that an individual will be entitled to have their needs met when:</p> <ul style="list-style-type: none"> • the adult has 'eligible' needs • the adult is 'ordinarily resident' in the local area (which means their established home is there) • any of the following five situations apply to them: <ul style="list-style-type: none"> - the type of care and support they need is provided free of charge - the individual cannot afford to pay the full cost of their care and support - the individual asks the local authority to meet their needs - the individual does not have mental capacity, and has no one else to arrange care for them - when the cap on care costs comes into force, their total care and support costs have exceeded the cap. 		
	Total for Question 1	25	

Question	Answer	Mark	LO
2. (a)	<p>Award up to 2 marks for an accurate description of 'demographic data', and an additional 1 mark for each of two relevant examples.</p> <p>Likely answers may include:</p> <p>Description:</p> <ul style="list-style-type: none"> • demographic data is statistical data about a population • a population is an identified group of people <p>Examples:</p> <p>Any two from:</p> <ul style="list-style-type: none"> • age • sex/gender • income • ethnicity • religion • salary <p>(Accept any other relevant statistical example, e.g. census data.)</p>	4	2
(b) (i)	<p>0 marks: Nothing worthy of credit.</p> <p>1-3 marks: Answers that give factual identification of the data shown in the graph with little or no attempt at description. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that describe some patterns of data shown in the graph. Answers convey meaning, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that give an accurate and detailed description of many of the patterns of data shown in the graph. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • the number of births to mothers aged 35 and over has been steadily increasing since 1977 • births to women under 25 over the same period have declined overall • babies born in 2014 were most likely to have a mother aged 25-34, with over half (59%) of mothers in this age group • in 2014, more babies were born to women aged 35 and over than to women aged under 25 (21% and 20%, respectively) which was the first time this had happened • in 2014, there were three times as many births to mothers aged 25-34 than to mothers aged under 25 • the number of births to women aged 25 to 34 has exceeded the number to women aged under 25 every year since 1938, except in the period between 1967 to 1971 <p>(Accept any other reasonable answer.)</p>	6	2

Question	Answer	Mark	LO
2. (b) (ii)	<p>0 marks: Nothing worthy of credit.</p> <p>1-3 marks: Answers that identify up to three trends, with little or no discussion. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that identify three or more trends, with some discussion of at least one. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show understanding through a detailed discussion of the possible explanations for the trends identified in the chart. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Consideration of the inter relating nature of factors, e.g. more effective sex education/planning in school – women in the workplace – seeking greater financial independence – putting off having babies until later in life.</p> <p>In relation to age of the mother:</p> <ul style="list-style-type: none"> • changes in the role of women (in the workplace and at home) • financial/economic changes meaning people are leaving home/buying a home/starting a family much later in life • improved screening tests for women during pregnancy (particularly significant for new mothers over 35) • improvements in healthcare and factors positively affecting health generally • improvements in reproductive technology, e.g. ICSI, surgical sperm retrieval, vasectomy reversals • wider availability of contraceptives, etc. (linked to fall in under-25s) • increased/more effective parenting planning/sex education in schools <p>Other relevant points:</p> <ul style="list-style-type: none"> • lower infant mortality rate overall – improvements in antenatal health care, medical care, screening/vaccinations overall • secularism • child-free rather than childless – lifestyle choice • introduction of tuition fees/debt may put people off starting a family (explaining low number of births in under-25s) • changes in attitudes towards women generally and older women having children 	8	2,3

Question	Answer	Mark	LO
2. (c)	<p>0 marks: Nothing worthy of credit.</p> <p>1-3 marks: Answers that give a basic description of the ways in which mothers may experience inequality, considering only either health or social factors. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that describe the ways mothers may experience inequality, with consideration of both health and social factors. Answers convey meaning, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that give an accurate and detailed description of the ways in which mothers can experience inequality. Both health and social factors are considered, and answers are specifically focussed on mothers. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Health inequalities (differences in health data between different groups), including:</p> <ul style="list-style-type: none"> • negative mental health outcomes for young mothers • cuts to reproductive health and fertility services; introduction of social factors not in line with NICE guidelines • service provision in the local area – post code lottery <p>Social inequalities, including:</p> <ul style="list-style-type: none"> • young mothers less likely to complete education • teenage mothers more likely to rely on benefits and therefore more at risk of living in poverty • teenage mothers more likely to be single parents and/or at risk of family conflict • mothers less likely than fathers to experience a seamless return to their previous job (at the same level, same pay, responsibilities, etc.) • mothers more likely to return to work part-time or take a lower paid job, leading to income inequalities both now (salary) and in the future (pensionable service) • mothers more likely to be employed below their potential • mothers more likely to be the main carer of children (an hour of women's time compared to 24 minutes of men's (<i>source: Fatherhood Institute</i>)) 	7	1
	Total for Question 2	25	

Question	Answer	Mark	LO
3. (a)	<p>Award 1 mark for each correct way in which individuals in Beechland may experience inequality, up to a maximum of 2 marks.</p> <p>Likely answers may include reference to the following:</p> <ul style="list-style-type: none"> • stereotyping • prejudice • sex and gender • disability • age • ethnicity 	2	1
(b)	<p>Award a maximum of 4 marks for a detailed description of the potential reasons for the large class sizes in Beechland Local Authority.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • demographic changes, i.e. increases in births and a lower death rate, meaning that there are more children of school age • immigration into the local area putting additional pressure on schools • not enough schools to cope with the size of the school age population and the potential reasons for this, e.g. school closures over recent years due to funding issues/funding being cut or withdrawn <p>(Accept any other reasonable answer.)</p>	4	3

Question	Answer	Mark	LO
3. (c)	<p>0 marks: Nothing worthy of credit.</p> <p>1-2 marks: Answers that give a basic description, with no examples, of how demographic data could be used to help assess the potential needs of the population in terms of school places. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that give a description, with at least one appropriate example, of how demographic data could be used to help assess the potential needs of the population in terms of school places. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that show understanding through a detailed description, with at least two appropriate examples, of how demographic data could be used to help assess the potential needs of the population in terms of school places. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Reference to relevant demographic data, including:</p> <ul style="list-style-type: none"> • birth rates in different years • migration patterns for the area • levels of socio-economic deprivation • numbers of single parent families • religious affiliation • pupil premium <p>Likely ways this data could be used:</p> <ul style="list-style-type: none"> • to predict demand for school places and plan service provision accordingly, e.g. adding an additional reception class • high levels of immigrants in an area could suggest a need to plan for children (and parents) for whom English is a second language, e.g. recruitment of bilingual teaching assistants, adapting website language settings • high socio-economic deprivation has been linked to a range of learning challenges, leading to the need to plan for specialist provision • single parent families may have less support and so require before-school and after-school facilities • high religious affiliation may lead to a high demand for church school places 	6	2

Question	Answer	Mark	LO
3. (d)	<p>0 marks: Nothing worthy of credit.</p> <p>1-3 marks: Answers that give examples of how funding may influence the provision of services, with little or no explanation (may just be a list). Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that explain how funding may influence the provision of services. Answers show an awareness of funding streams and explain how central government austerity cuts have led to large cuts to local authority spending power, and make some reference to examples of affected services. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that give a comprehensive explanation of how funding may influence the provision of services. Answers show a clear understanding of funding streams and how these have changed in recent years, making clear reference to the austerity agenda. Answers include examples of services that could be cut and make links to the demographic data on which this would be based. 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"> • Beechland Local Authority having four main sources of funding: central government grants, business rates, council tax, fees and charges • there has been large reduction in government grants since 2010 • under the existing system, the less deprived an area is, the less central government funding it is likely to receive because richer areas can raise more money through council tax and business rates • the money from these sources is brought together into a 'single funding pool' • there could be some 'ring-fenced' or 'hypothecated' funding that does not go into the single funding pool, e.g. central government may give money through a public health grant and so that money is ring-fenced for public health • more funding means more services for Beechland Local Authority • local authorities like Beechland have faced year-on-year cuts to their budgets; decisions have to be made about where to cut funds • understanding the demographics of an area will help inform these decisions, e.g. low numbers of residents in later adulthood could result in cuts to bus services, or low use of community leisure facilities may lead to closing leisure centres or restricting opening hours <p>Reference to other services may include:</p> <ul style="list-style-type: none"> • mental health services, e.g. CAMHS • dementia care • day centres for targeted groups • carers' groups <p>(Accept any other appropriate service.)</p>	8	3

Question	Answer	Mark	LO
3. (e)	<p>0 marks: Nothing worthy of credit.</p> <p>1-4 marks: Answers that only list points relating to the role of informal carers in contemporary society, with little or no discussion. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>5-7 marks: Answers that give some discussion of the role of informal carers in contemporary society. Answers successfully incorporate reference to the wide range of people who can act as carers. Answers convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that discuss in detail the role of informal carers in contemporary society. Answers make reference to the amount of money 'saved' by the economy and consider the risks and benefits of this save in spending. 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"> informal carers being any family member or friend that gives regular and ongoing assistance to another person without payment for the care given as well as grandparents looking after grandchildren, informal carers include children caring for sick parents, husbands/wives looking after their spouses, neighbours looking after an elderly neighbour, etc. carers can live with the person receiving the care, or away from them the number of informal carers has increased in recent years and is projected to continue doing so 1.4 million carers provide over 40 hours of care every week annually, the care provided by informal carers is valued at more than the NHS spending <p>Examples of the role of informal care:</p> <ul style="list-style-type: none"> practical care, including making meals, doing laundry or shopping keeping a person company taking the person they care for out helping the person they care for with financial matters helping the person they care for deal with care services and benefits providing personal care such as bathing and dressing 	10	2
	Total for Question 3	30	
	Total Marks	80	

Question	LO1	LO2	LO3
1. (a)	2		
(b)	3		
(c)		5	
(d)	6		
(e)			9
2. (a)		4	
(b) (i)		6	
(ii)		4	4
(c)	7		
3. (a)	2		
(b)			4
(c)		6	
(d)			8
(e)		10	
Total	20	35	25

Candidate Name	Centre Number	Candidate Number

**HEALTH AND SOCIAL CARE****UNIT 5****HUMAN BEHAVIOUR AND DEVELOPMENT**

[date] AM/PM

1 hour 30 minutes

For Examiner's use only		
Question	Maximum Mark	Mark Awarded
1	25	
2	25	
3	25	
Total	75	

Instructions to candidatesAnswer **all** questions.

Write your answers in the spaces provided in this booklet.

Use black ink or black ball-point pen. Do not use pencil or gel pen. Do not use correction fluid.

Information for candidates

The total for the paper is 75 marks.

The number of marks is given in brackets at the end of each question or part-question.

Calculators may be used.

Answer **all** questions

1. Adam is 72 and has learning difficulties. A recent stroke left him with weakness down one side of his body. He attends a day centre twice a week. The staff find him demanding and impatient. He can become distressed if the carers do not respond immediately to his needs.

- (a) Describe how practitioners at the day centre could support Adam in each of the following areas of development.

- (i) Physical [2]

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- (ii) Intellectual [2]

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- (iii) Emotional [2]

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- (iv) Social [2]

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- (b) Conditioning is a key concept of the behaviourist approach.

- (i) Explain what is meant by 'conditioning'. [4]

[illegible]

- (ii) Describe one strategy associated with conditioning. [4]

[illegible]

- (c) Evaluate the use of two behavioural strategies that could be applied in a day centre to encourage a positive change in the behaviour of individuals like Adam. [9]

[illegible]

2. A day nursery in a small town takes children from a variety of backgrounds. Many of the children are in the nursery for the whole day.

- (a) Discuss how modelling could be used to support the children to learn and play. [5]

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- (b) Safeguarding practices such as confidentiality must be in place to protect individuals in the day nursery.

Describe two ways that confidentiality of children can be protected in a day nursery. [4]

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- (c) Discuss how staff at the nursery could use strategies from the social learning approach to encourage the children to develop co-operative relationships with staff and with each other. [8]

[illegible]

- (d) Bandura's research argues that 'people learn from one another'.
- Assess how the social learning approach accounts for the acquisition of behaviour in young children. [8]

[illegible]

3. Karen is 15 years old and lives with her father who has been unemployed for a long time. Her mother died when she was 2 years old and her family live in a socially deprived area of town. At school her behaviour causes concern because she is disruptive and she also has a reputation as a troublemaker in her neighbourhood.

(a) (i) Identify two socio-economic factors that may be influencing Karen's poor behaviour.

1.
..... [1]

2.
..... [1]

(ii) Describe how each of the factors identified may be influencing Karen's poor behaviour.

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- (b) Describe one strategy from the psychodynamic approach that a health and social care professional might use to support Karen. [5]

[illegible]



MARK SCHEME

Sample Assessment Unit 5

HEALTH AND SOCIAL CARE

Question	Answer	Mark	LO
1. (a)	<p>Award a maximum of 2 marks for a detailed description of how practitioners could support Adam in each of the areas of development.</p> <p>Likely answers may include:</p>		
(i)	<p>Physical benefits</p> <ul style="list-style-type: none"> • exercise from physical activities at the day centre, e.g. armchair aerobics • opportunity/encouragement to use skills that need to be regained/strengthened, e.g. fine/gross motor skills • well-balanced and nutritious meals • help and support with personal care needs, e.g. mobility, toileting, feeding, personal hygiene, etc • access to other services at the day centre, e.g. chiropodists, dentists, vaccination programmes 	2	LO2
(ii)	<p>Intellectual benefits</p> <ul style="list-style-type: none"> • stimulating environment • mentally stimulating activities, e.g. art/craft, quizzes, music, bingo, music/sing-alongs, reminiscing (e.g. childhood/war stories, etc) 	2	LO2
(iii)	<p>Emotional benefits</p> <ul style="list-style-type: none"> • feeling valued, respected and accepted for who you are • having someone to talk to/share problem • support network from people in similar situations 	2	LO2
(iv)	<p>Social benefits</p> <ul style="list-style-type: none"> • introduce Adam to other people • making friendships/new relationships • learning/developing Adam's social skills 	2	LO2

Question	Answer	Mark	LO
1. (b) (i)	<p>Award a maximum of 4 marks for a detailed explanation of the term 'conditioning'.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • classical conditioning (Pavlov) • operant conditioning (Skinner) • conditioning is a form of learning • it occurs where a response to a stimulus becomes more frequent as a result of reinforcement • reinforcement increases the likelihood that a response (behaviour) will be repeated 	4	LO1
(ii)	<p>Award a maximum of 4 marks for a detailed description of one strategy associated with conditioning.</p> <p>Likely answers may include one of the following:</p> <p>Behaviour modification An undesirable behaviour, e.g. impatience is identified and this must be ignored by, for example, a teacher. Desirable behaviour is rewarded, e.g. give attention, smile, verbal praise.</p> <p>Behaviour shaping Similar to above but broken up into more steps until the desirable behaviour is shown.</p> <p>Token economy Desirable behaviour is rewarded with tokens such as a star and these can be exchanged for a reward when a relevant number have been achieved.</p>	4	LO3

Question	Answer	Mark	LO
1. (c)	<p>0 marks: Nothing worthy of credit.</p> <p>1-3 marks: Answers that give a basic account of behavioural strategies, with little or no attempt at evaluation. Answers convey meaning but lack detail. 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, communicate meaning and contain few errors, with some use of specialist vocabulary.</p> <p>8-9 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>Award up to a maximum of 5 marks if only one strategy is addressed.</p> <p>Likely answers may include:</p> <p>Behaviour modification and behaviour shaping</p> <p>Evaluation</p> <p>Strengths</p> <ul style="list-style-type: none"> • easy to understand and simple to use by, for example, carers, teachers, parents • suitable for use with individuals 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 carer, 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 carers, teachers and parents are equally consistent • not easy to put into practice in a care setting with many individuals • 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 • 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 	9	LO2

Question	Answer	Mark	LO
1. (c) (Cont'd)	<p>Token economy</p> <p>Evaluation</p> <p>Strength</p> <ul style="list-style-type: none"> used effectively, e.g. 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, so consistency may be a problem easy for a token economy to become a behavioural management tool rather than a behavioural modification tool beneficial effects sometimes disappear when token economy ceases or when outside in the 'real world' 		
	Total for Question 1	25	

Question	Answer	Mark	LO
2. (a)	<p>0 marks: Nothing worthy of credit.</p> <p>1-3 marks: Answers that give a basic/limited discussion of how modelling could be used. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that discuss in detail how modelling could be used. Answers communicate meaning with some use of specialist vocabulary.</p> <p>Modelling derives from observational learning. Appropriate and desirable behaviour is demonstrated to the children, e.g. saying please and thank you, taking turns. Praise or rewards can be given to the children who play co-operatively, listen to instructions, etc. This reinforces good behaviour.</p> <p>If punishment is used it must be age-appropriate, e.g. time-out where the child is removed from the situation for a short time.</p>	5	LO3
(b)	<p>Award a maximum of 4 marks for a detailed description of how confidentiality of the children can be protected in a day nursery.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • a limited number of staff have access to records, e.g. managers • all documents must be kept under lock and key • access to electronic records must be strictly controlled • children should not be discussed outside the day nursery • discussion of children must only take place with relevant parents or guardians and not the parents of other children • regular training for staff so they know the rules about confidentiality <p>(Accept any other reasonable answer.)</p>	4	LO2
(c)	<p>0 marks: Nothing worthy of credit.</p> <p>1-2 marks: Answers that give a basic identification of social learning strategies, with little or no attempt at discussion. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that discuss the social learning strategies that could be used. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>6-8 marks: Answers that show knowledge and a clear understanding of the use of appropriate social learning strategies. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • social learning strategies are based on the work of Bandura • because social learning theorists believe that much behaviour is learnt, they suggest that people can acquire new social skills in the same way 	8	LO1

Question	Answer	Mark	LO
<p>2. (c)</p> <p>(Cont'd)</p>	<p>Possible strategies may include:</p> <ul style="list-style-type: none"> • appropriate behaviour in the nursery could be 'modelled', either by another person or by using a relevant video or story – more effective if the model were someone with whom the children could identify or someone with status in their eyes (a celebrity, a child or animated character) • the children could also be shown situations in which 'models' were punished for inappropriate behaviour – Bandura showed that children who had seen adults being punished were less likely to be aggressive or naughty themselves • children who behave appropriately in the nursery could be rewarded in front of the others with badges/rosettes/certificates, etc • staff could try to restrict the situations in which the children could behave badly by praising/giving attention to all children behaving well • describing the consequences of poor behaviour by discussion with the children can help in a small way to lessen it, as rewards and punishments are emphasised by the adults • the children act in little plays which illustrate good and bad behaviour and the rewards, e.g. some traditional stories, fables <p>(Give some credit for social skills training – though not entirely appropriate for nursery-age children.)</p>		
(d)	<p>0 marks: Nothing worthy of credit.</p> <p>1-2 marks: Answers that give a basic description of the social learning approach, with little or no attempt to assess. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that discuss some assumptions of the social learning approach and give a basic evaluative comment. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>6-8 marks: Answers that demonstrate detailed knowledge of social learning theories and address their limitations, and assess how far they account for the acquisition of behaviour. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p>	8	LO1

Question	Answer	Mark	LO
2. (d) (Cont'd)	<p>Likely answers may include:</p> <ul style="list-style-type: none"> • Bandura claimed that one of the ways that children learned was by observing and imitating another person – observational learning, e.g. if a child sees an older child 'sneak' two biscuits at break time, he may copy that behaviour so that he too can have more than one biscuit • if a child sees another person, the model, getting a reward, they are more likely to try and copy it; if children see an older child get something by using aggression – or by being polite – they may copy the behaviour • some individuals will be more important to a child than others, e.g. an older child or parent, and these individuals' behaviour is more likely to be copied • also, same-sex models are more likely to be copied than opposite-sex models, e.g. boys copy the masculine role of their father or other boys – sex-role identification • if the model has social status, power, or great skill, they are more likely to be imitated, e.g. pop stars and other celebrities or older children • if children copy a certain behaviour and they are rewarded in some way, they are more likely to repeat the behaviour, whether it is good or bad • Bandura believed that children imitated both good and bad behaviours; for example, in his most famous experiment, the Bobo doll, the children learned to be aggressive towards a doll by watching others be aggressive towards it; they were more aggressive if the 'model' was rewarded but, even if it were not, the behaviour was still copied • social learning techniques are widely used in education • social learning studies only observable behaviour, so its methods and theories can be easily replicated and confirmed; observational learning has been demonstrated in a number of animal experiments • social learning theory has overcome many of the weaknesses of behaviourist theory, but it does not take account of the fact that children's ability/learning is age-related • if social learning theory was true, the children's personalities would be constantly changing, depending on who they were copying at the time • there is some evidence that some characteristics, such as gender behaviour and aggression are determined genetically 		
	Total for Question 2	25	

Question	Answer	Mark	LO
3. (a) (i)	<p>Award a maximum of 2 marks for identifying two relevant socio-economic factors:</p> <p>Likely answers may include:</p> <p>Any two from:</p> <ul style="list-style-type: none"> • unemployment • living in a socially deprived area • low income/poverty 	1,1	LO1
(ii)	<p>Award a maximum of 4 marks for each detailed description of how the factors may be influencing Karen's poor behaviour.</p> <p>Likely answers may include:</p> <p>Long-term unemployment may cause Karen worry about the future, including whether she could get work, depression, anxiety. She may be ashamed of her father.</p> <p>Living in a socially deprived area might mean there are environmental issues such as pollution and high levels of crime which can cause worry and illness. Karen might miss school and, as a result, get behind in her work. She may be ashamed of her circumstances so react against school.</p> <p>Long-term low income can cause poverty and Karen may find it difficult to make relationships with her peers as her home is poorly furnished, her clothes are out of date, etc.</p>	4,4	LO1
(b)	<p>0 marks: Nothing worthy of credit.</p> <p>1-3 marks: Answers that show limited knowledge and understanding through a basic description of one psychodynamic strategy that could be used to support Karen. Answers lack detail, may contain inaccuracies and there is little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that show clear knowledge and understanding through a detailed description of one psychodynamic strategy that could be used to support Karen. Answers are well-structured and clearly expressed. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</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. Karen's problematic behaviour.</p>	5	LO3

Question	Answer	Mark	LO
3. (b) (Cont'd)	<p>Analyst interprets and brings these conflicts into the patient's consciousness to help the patient understand, confront and resolve them. If Karen can be helped to understand why she behaves the way she does, she can be helped to see how her mother's death has affected her. She should then, with support, be able to come to terms with her loss and feel more secure and be able to address her behaviour in a positive way.</p> <p>It may be helpful for Karen to be able to talk to someone 'neutral' about how she is thinking and feeling and what might be behind her behaviour.</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. Karen's mother dying when she was very young) and try to understand and cope with them.</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>Karen's behavioural problems might be related to the trauma of losing her mother at a young age as reflected in her behaviour, both in school and at home.</p> <p>Play therapy would aim to help Karen express these emotions and gain insight into her own behaviour and the underlying causes and so help to relieve her underlying anxiety and reduce problem behaviour.</p>		

Question	Answer	Mark	LO
3. (c)	<p>0 marks: Nothing worthy of credit.</p> <p>1-4 marks: Answers that give a basic account of Bowlby's theory of attachment and Karen's poor behaviour. Answers convey meaning but lack detail, with little or no use of specialist vocabulary.</p> <p>5-8 marks: Answers that show some knowledge and understanding of Bowlby's theory of attachment and Karen's poor behaviour. Answers are structured, convey meaning and contain few errors. Some use of specialist vocabulary.</p> <p>9-10 marks: Answers that explain in detail how Bowlby's theory of attachment would account for Karen's poor behaviour. Answers are well-structured and clearly expressed. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Bowlby</p> <p>Bowlby would put Karen's behaviour down to 'maternal deprivation', i.e. having lost her mother at the age of 2 – a critical period in her development – with 'affectionless psychopathy' a distinct possibility as evidenced by her problematic behaviour.</p> <p>Bowlby argued 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>	10	LO3
	Total for Question 3	25	

Questions	LO1	LO2	LO3	Totals
1. (a)*		8		8
1. (b)	8			8
1. (c)		9		9
2. (a)			5	5
2. (b)*		4		4
2. (c)	8			8
2. (d)*	8			8
3. (a)	10			10
3. (b)			5	5
3. (c)			10	10
Total LO	34	21	20	75
	26 - 34	19 - 26	23 - 30	
	35 - 45%	25 - 35%	30 - 40%	

* These questions are synoptic and require the candidate to draw knowledge and understanding from Units 1, 2 and 3/4.