

GCE A2

**Health and
Social Care**

Summer 2009

Mark Schemes

Issued: October 2009

**NORTHERN IRELAND GENERAL CERTIFICATE OF SECONDARY EDUCATION (GCSE)
AND NORTHERN IRELAND GENERAL CERTIFICATE OF EDUCATION (GCE)**

MARK SCHEMES (2009)

Foreword

Introduction

Mark Schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of 16- and 18-year-old students in schools and colleges. The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes therefore are regarded as a part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

The Council hopes that the mark schemes will be viewed and used in a constructive way as a further support to the teaching and learning processes.

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assessing

Unit 9: Providing Services

[A6H31]

FRIDAY 5 JUNE, AFTERNOON

**MARK
SCHEME**

- 1 (a) Write down **two different** ways each of the following may be funded.
(AO1, AO2)

[1] for each way identified

A nursery class in a primary school (statutory sector)

- paid for by taxation, e.g. national insurance contributions
- money which comes from central government is distributed by the local education board, often on a per capita basis and on basis of social need in the area
- fundraising, e.g. donations from PTA

A community playgroup (voluntary sector)

- paid for by weekly parental contributions
- government grants
- may be funded by voluntary sector, e.g. NSPCC
- may have lottery funding, e.g. for a building refurbishment programme
- fundraising by parents and local community/donations

(4 × [1])

[4]

- (b) Discuss **two** advantages and **two** disadvantages of young children being looked after by informal carers such as friends or grandparents.

(AO1, AO2, AO4)

Advantages

[1] for key phrase/s, [2] for adequate discussion, [3] for fuller discussion

- more cost effective
- flexibility, e.g. no opening and closing times
- close relationships between adult and child may mean child feels loved
- one-to-one attention is given to child if he/she is the only child being cared for
- consistency – the same person is caring for the child over a long period of time
- sense of trust may be already established – less problem with settling in time for child
- cost is usually reasonable or even free to parent
- informal carers often have time to give a detailed account of the child's day to the parent
- familiar surroundings reduce anxiety
- less risk of contracting childhood illnesses
- parents less likely to need time off if child is sick

Disadvantages

[1] for key phrase/s, [2] for adequate discussion, [3] for fuller discussion

- unregulated – no checks on the quality of care provided
- adults are untrained – may not be well equipped to provide high quality care
- children may be bored – perhaps few play materials available
- children may miss out on opportunities to develop social skills with their peers – may only have adults for company
- unreliable – there may be no back up if carer becomes ill or wants to go on holiday
- potential for neglect or abuse, e.g. carer leaving child to fend for self while getting on with daily routine or not POCVA checked
- environment may be unsafe, e.g. open fire

(4 × [3])

[12]

- (c) Analyse the advantages and disadvantages of private nurseries/creches providing care for young children. (AO1, AO2, AO3, AO4)

Mark Band 1 ([0]–[4])

Overall impression: basic understanding.

- Displays limited knowledge of the role of the private sector in providing care for young children with working parents
- Answers which focus on advantages only or disadvantages only will score in this mark band
- Little or no analysis
- Quality of written communication is basic.

Mark Band 2 ([5]–[8])

Overall impression: adequate knowledge and understanding.

- Displays adequate knowledge of the role of the private sector in providing care for young children with working parents
- At the top of this mark band, candidates should discuss at least **two** advantages and **two** disadvantages of the private sector in providing care for young children with working parents
- Some analysis is evident
- Quality of written communication is good.

Mark Band 3 ([9]–[12])

Overall impression: competent knowledge and understanding.

- Displays good to excellent knowledge of the private sector in providing care for young children with working parents
- At the top of this mark band candidates should discuss at least **three** advantages and **three** disadvantages
- At the top end of this mark band the strengths and weaknesses identified will be very competently discussed
- There is clear evidence of analysis
- Effective written communication.

Answers may include the following points:

Advantages of the private sector providing care

- Inspected and regulated to check safety, existence of policies and procedures, suitability of activities, appropriate staff/client ratios, etc. – high quality of care
- Trained early years specialists – structured activities, needs of children understood, etc.
- All staff vetted – POCVA checked – less likelihood of abuse
- Opportunities to interact with other children – develop social skills with peers which are valuable when starting school
- May have play equipment which informal carers and parents may not be able afford, e.g. climbing frames
- Reliability – will have back-up if staff are unwell – will stay open
- Structured days – gives children a sense of routine and stability
- Record keeping can help parents to identify and address developmental problems
- Dietary requirements are carefully considered and nutrition monitored

Disadvantages of private sector providing care

- access problems for some children – costs may be prohibitive or availability may be limited so this high quality care is not open to all
- children can't get one-to-one attention as staff have to divide their attention amongst a number of children
- may have a high turnover of staff – children may be upset by change
- may lack flexibility – restricted opening times
- relationships are formal rather than personal – less loving environment for children – staff may be restricted in terms of showing affection
- may be unable to cope with a sick child, e.g. if child has an infection that could spread to others
- children may be vulnerable to infections due to exposure to so many others
- a strange environment – may be problems with children settling in
- will close down if not profitable – disruptive for children and parents

[12]

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- 2 (a) Use the table below to identify **one** example of each type of need for young children and to explain how the need could be met by early years workers in a nursery school. (AO1, AO2)

[1] for each need identified

[1] for key phrase/s [2] for fuller explanation of how the identified need could be met by early years workers in a nursery school

Physical needs

- Development of gross or fine motor skills – could be met by providing suitable play activities, e.g. outdoor play equipment like slides or indoor toys like building blocks
- Good nutrition – could be met by providing healthy snacks and lunch, e.g. milk to drink, fruit and vegetables
- Safe environment – could be met by having suitable equipment or rules, e.g. tables with rounded edges, first aid equipment and training for staff or procedures for dealing with spillages to avoid slips, adequate security measures
- Exercise – could be met by having outdoor games, e.g. hockey or tennis using equipment especially designed for young children
- Hygiene – could be met by encouraging appropriate toileting behaviour, e.g. proper hand washing, individually named towels
- Warmth – could be met by ensuring children are cared for in an environment which is warm or suitable outdoor clothes is used where appropriate

Intellectual need

- Learning, knowledge and understanding – could be met by following the curriculum for this age group, e.g. basic science like understanding the changing seasons
- Stimulation – could be met by asking children questions that make them think, e.g. about what might happen at the end of a story or by providing challenging play equipment, e.g. puzzles or jigsaws

Emotional needs

- Esteem needs – could be met by staff praising children for achievements either verbally or by using star charts
- Need to express emotions – could be met by encouraging children to talk about feelings
- Sense of belonging – could be met by personalising spaces, e.g. coat hooks or by getting children involved in group activities, e.g. a performance for parents
- Sense of identity – could be met by celebrations of various events/ religions
- Need to feel valued/loved/wanted/safe – could be met by asking children for opinions, addressing them appropriately, reassuring them, challenging bullying behaviour by others

Social needs

- Development of social skills – could be met by encouraging children to behave appropriately at mealtimes, e.g. sitting at table and using cutlery properly or to take turns and share
- Communication skills/interaction with others – could be met by asking children to talk, e.g. to explain their art work
- Need to make friends/develop relationships – can be met by group work, shared activities and games
- Friendships – could be met by encouraging co-operation, e.g. by giving children particular roles in structured play

(4 × [1])

[4]

(4 × [2])

[8]

- (b) Explain **two different** ways each of the following specialist nurses working in primary health care contributes to the care of young children. (AO1, AO2)

Midwife

[1] for key phrase/s, [2] for fuller explanation of any **two**

- monitors progress of unborn child, e.g. checking heartbeat/ante-natal care
- carries out checks on newborn, e.g. for congenital hip defects
- visits the newborn baby at home to check on early progress, e.g. feeding
- can support mother to establish feeding, e.g. help with breastfeeding
- advises mother on general care of the newborn including feeding
- checks development of child in first few weeks, e.g. checks weight
- keeps records of early growth and progress
- passes records to health visitor who takes over monitoring of progress
- establishes a birth plan, e.g. water birth, home birth, pain relief
- delivers the baby

Health visitor

[1] for key phrase/s, [2] for fuller explanation of any **two**

- carries out developmental checks on young children, e.g. to check growth is in line with expected norms
- checks the child's needs are being properly met
- monitors various aspects of development, e.g. speech
- makes referrals where there are concerns, e.g. to speech therapist
- attends case conferences, e.g. with social services
- gives parents advice on how to encourage development, e.g. through play

- advises parents on aspects of nutrition, e.g. weaning
- keeps records, e.g. of developmental tests
- liaises with other professionals, e.g. hospital consultant (paediatrician)
- gives advice on problems experienced by parents, e.g. problems in sleeping patterns, behaviour problems
- monitors mother's mental health and well-being so the child is properly cared for

School nurse

[1] for key phrase/s, [2] for fuller explanation of any **two**

- vaccinates children – e.g. MMR 'catch up'/administers medicines
- carries out checks to identify problems, e.g. hearing and vision tests
- refers children to other professionals when problems identified, e.g. to optician
- may be involved in health education, e.g. healthy eating programme
- keeps records, e.g. of growth and vaccinations received
- identifies and reports abuse so children are protected
- can provide training for staff, e.g. use of epipen by teachers
- looks after sick children in the school
- attends case conferences
- monitors health of children
- responsible for safe storage of medicines
- input to school's health policy

No repetition allowed

(6 × [2])

[12]

- (c) Analyse the impact of demographic factors on the provision of health and early years services for young children. (AO1, AO2, AO3, AO4)

Mark Band 1 ([0]–[4])

Overall impression: basic understanding

- Displays limited knowledge of the impact of demographic factors on the provision of health and early years services for young children.
- No evidence of analysis
- Quality of written communication is basic

Mark Band 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of the impact of demographic factors on the provision of health and early years services for young children
- To get into this mark band candidates should discuss the impact of at least two demographic factors on health and early years services
- To score in the upper half of this mark band candidates should discuss the impact on both health and other early years services
- Quality of written communication is good

Mark Band 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- Displays good to excellent knowledge of the impact of demographic factors on the provision of health and early years services for young children
- To get into this mark band candidates should discuss the impact of at least three demographic factors on health and early years services

- At the top end of this mark band the impact on both health **and** other early years services will be very competently discussed
- To achieve in this band, candidates must consistently apply knowledge to the client group
- Effective written communication

Answers may include the following points:

Falling birth rates

- may mean some services may have to close, e.g. nursery school which cannot recruit enough children to be viable in an area with an ageing population
- may lead to rationalisation of services, e.g. amalgamation of schools and health centres
- may lead to parents having to travel further for specialist services because they are not available locally as demand is not great enough, e.g. to access speech therapy
- may lead to higher quality as services are less “stretched”, e.g. smaller class sizes or because services have to compete to attract clients, e.g. child friendly environment in local GP practice
- may lead to reduced funding, e.g. per capita funding in schools, thus having a negative impact on quality

Also accept answers relating to increasing birth rates

Increasing percentage of parents working full time

- may mean service provision has to be more flexible, e.g. GP services available after 5 pm
- may lead to increase in the pre-school and after-school care provision
- may lead to increased demand to provide extra services, e.g. before school services like breakfast clubs or private sector facilities

Increasing immigration

- will lead to increased need for translation of information, e.g. schools’ promotional material or health promotion leaflets aimed at parents of young children – there are cost implications of this
- may lead to increased need for advocacy or interpreter services, e.g. in a hospital setting so that parents with a sick child can understand what is happening
- may create need for additional staff, e.g. classroom assistants to help children whose first language is not English
- may create need for additional resources, e.g. nursery schools will need more play materials that reflect cultural diversity
- will create additional need for staff to be trained in equal opportunities and cultural diversity, e.g. children’s nurses should understand religious beliefs and practices of families from minority ethnic groups and teachers should be knowledgeable about religious festivals, etc.
- may impact on waiting lists

Increase in family breakdown, e.g. divorce

- may mean teachers will have to provide emotional support for children
- may lead to an increase in behavioural or emotional problems where children are distressed, resulting in increased demand for educational psychology or children’s counselling services or for health visitors to provide emotional support for parents and young children

- additional numbers of single parents who may need additional services, e.g. after school services like homework clubs

Increasing diversity of family types – extended, nuclear, single parent, same sex parent and step families

- means education services need to have materials that reflect varying family backgrounds, e.g. books
- staff training for health workers should encourage them to value varying family types
- education services need to provide and monitor bullying policies in light of above [12]

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3 (a) Explain three ways children may access services. (AO1, AO2)

[1] for key phrase/s, (2) for fuller explanation of any **three**

- self-referral, e.g. a child ringing a helpline number
- professional referral, e.g. a GP sending a child to see a specialist at a local hospital
- third-party referral, e.g. a neighbour reporting concerns about a child to social services
- emergency referral, e.g. a child being taken to an A&E department as a result of an accident
- recall, e.g. a speech therapist asking a child to come back six months after therapy is finished to check progress has been maintained

(3 × [2])

[6]

(b) Children who are neglected or abused face barriers in gaining access to services. Explain one way each of the following types of barriers may be broken down for such children. (AO1, AO2, AO3)

[1] for key phrase/s, [2] for explanation of how each type of barrier may be broken down

Knowledge barriers

- children's lack of knowledge of services may be broken down by providing information in a child-friendly way, e.g. using cartoon characters in literature or posters which attract the attention of young children
- advertising services during children's television programming when large numbers of children will see them
- education in schools – designated teachers, visits from outside agencies, e.g. NSPCC, Childline
- advertising in places children attend, e.g. schools, youth clubs

Psychological barriers

- children's fear of access may be broken down by providing opportunities for children to make disclosures in environments where they feel comfortable
- by providing children with clear information about what will happen and how they will be protected if disclosures of neglect and abuse are made
- by providing reassurance to children that abuse is not their fault

Financial barriers

- the fact that children usually don't have the money to access services independently may be broken down by making sure it costs nothing to gain access, e.g. providing free access by having a "free phone" telephone number
- by ensuring that child protection policies are properly implemented in early years settings and schools so that social services will come to the support of children at risk
- also fundraising for organisations such as the NSPCC helps to bring services to children as they can then advertise in schools

(3 × [2])

[6]

- (c) (i) Explain **two** different benefits of each of the following policies in the children's home where Simon is living. (AO1, AO2)

Health and safety policy

[1] for key phrase/s, [2] for fuller explanation of any **two**

- attempts to ensure the physical environment is safe for both children and staff, e.g. no dangerous cleaning materials used
- tells staff and children what to do in case of emergencies, e.g. if fire breaks out
- requires staff to be properly trained in health and safety, e.g. requiring qualified first-aider to be on duty at all times – helps to ensure swift and appropriate action is taken if someone is injured
- sets out reporting procedures for dealing with health and safety concerns – increases likelihood that problems will be reported and dealt with

Staff training policy

[1] for key phrase/s, [2] for fuller explanation of any **two**

- helps staff to understand their job roles and hence to provide appropriate care for the children
- encourages staff to understand and implement all the other policies and procedures, e.g. equal opportunities, confidentiality – enhances quality of service provided for the children
- gives staff confidence that they know how to do their jobs properly – should in turn help children to be comfortable and feel appropriately cared for in the setting
- can give staff particular skills in dealing with children with problems, e.g. counselling skills to provide emotional support or skills to deal with challenging behaviour – empowers staff to provide a safe environment for vulnerable children
- helps build team and improve quality of service
- keeps staff up to date on developments in the sector

Complaints policy

[1] for key phrase/s, [2] for fuller explanation of any **two**

- existence of policy encourages staff to provide quality care
- informs management of problems so they can be resolved
- gives children a route for redress if they feel they are not being treated fairly – tells them what they can do about it
- empowers children – makes them feel that it is safe to complain without there being any repercussions for them

- gives the staff the opportunity to deal with problems before they become too serious

Accept benefits which relate to staff only

(6 × [2])

[12]

- (ii) Analyse how the key principles of the Children (Northern Ireland) Order (the welfare of the child is paramount, parental responsibility and partnership) will influence the decisions made in Simon's case. (AO1, AO2, AO3, AO4)

Mark Band 1 ([0]–[4])

Overall impression: basic understanding

- Displays limited knowledge of how the key principles of the Children (Northern Ireland) Order will influence the decisions made in Simon's case
- Answers which focus on only one principle will score in this mark band
- No evidence of analysis – perhaps no reference to Simon's case
- Quality of written communication is basic

Mark Band 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how the key principles of the Children (Northern Ireland) Order will influence the decisions made in Simon's case
- To get into this mark band, candidates should discuss at least two of the three principles
- There is some evidence of analysis with reference to Simon's case
- Quality of written communication is good

Mark Band 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- Displays good to excellent knowledge of how the key principles of the Children (Northern Ireland) Order will influence the decisions made in Simon's case
- To get into this mark band candidates should discuss all three principles
- At the top end of this mark band there should be excellent analysis, with how all three principles apply in Simon's case competently discussed
- Effective written communication

Answers may include the following points:

The welfare of the child is paramount

- The child is placed firmly at the heart of the proceedings and the child's welfare is the most important factor when courts make any decisions regarding the upbringing of a child. In this case the welfare of Simon is what is most important, not what is convenient for either his parents or social services
- Courts should only make an order about a child's care if to do so is better than making no order at all – Simon's case may be able to be resolved without a court order

- The paramountcy principle requires that the child’s feelings and wishes are taken into account when decisions relating to the child’s future are being made – this means Simon’s opinion about where he wishes to live will be considered when the decision is being taken – he will be given an opportunity to make his feelings known
- There is a checklist of factors that the Order requires to be taken into account when decisions relating to a child’s future are being made – all these factors will have to be considered in Simon’s case

Parental responsibility

- This is defined as the powers, duties, responsibilities and authority a parent has by law – these apply to both of Simon’s parents
- Wherever possible and consistent with the well-being of the child the Order requires that children should be brought up and cared for within their own families – this means that Simon’s father’s request will be carefully considered
- Under the concept of parental responsibility, parents continue to have responsibility even when their children are no longer living with them either because they are separated or because their children have been taken into care – this means both Simon’s parents are considered to continue to have responsibility for him. Even if Simon stays in care, his parents will be consulted about issues like Simon’s health and education
- Unmarried fathers can obtain parental responsibility by agreement with the mother – it is not clear whether Simon’s parents are or have been married, but this would not determine whether or not Simon’s father can take responsibility for him
- Parental responsibility is only lost when the child is given up for adoption, which is not the case for Simon

Partnership

- Parents with children in need should be helped to bring up their children by themselves – this means that either or both of Simon’s parents can get support to bring him up
- A duty is placed on Health and Social Services Boards and Trusts to identify the extent of need within their area and to provide an appropriate range and level of family support services to safeguard and promote the welfare of children. The provision of services should address the identified needs and should be based, where practicable, on partnership with parents and other carers. This means there will be a range of family support services which Simon and his father could access if Simon does come to him, e.g. Simon may be given extra tuition if he finds it difficult to adjust to a new school. Social services may also encourage other carers, e.g. grandparents to support Simon and his father
- Because the needs of children are varied, the Order requires social services to work in partnership with other agencies in providing services for children in need, e.g. Simon might access an after school homework club run by a voluntary agency like the NSPCC

[12]

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Total

100



Rewarding Learning

ADVANCED
General Certificate of Education
2009

Health and Social Care

Assessment Unit A2 12

assessing

Unit 12: Understanding Human Behaviour

[A6H61]

TUESDAY 9 JUNE, AFTERNOON

**MARK
SCHEME**

- 1 (a) Write down **four** behaviours that would suggest an individual has an eating disorder. (AO1)

[1] each for any **four** of the following:

- eating very little, if at all
- restricting some types of food, such as any containing fat
- being secretive about food, e.g. hiding food
- avoiding eating with others
- cutting food into tiny pieces to look as though they have eaten some
- denying being underweight or having a problem with food
- being obsessed with exercise
- using appetite suppressants such as diet pills
- using laxatives excessively
- self-induced vomiting
- lying about what and when they have eaten
- binge eating
- complaining about being fat when it isn't true

(4 × [1])

[4]

- (b) Explain **two** differences between anorexia nervosa (AN) and bulimia nervosa (BN) (AO1)

[1] for key phrase/s, [2] for fuller explanation of each difference

- People with anorexia are very underweight whereas those with bulimia tend to be of normal weight
- People with anorexia don't acknowledge that their eating patterns are abnormal whereas those with bulimia recognise their behaviour is abnormal
- People with anorexia often think they are fat when they are actually too thin – people with bulimia tend not to do this
- Whilst people with both conditions fast and binge, those with bulimia binge much more regularly and those with anorexia fast more consistently
- Amenorrhea (periods stopping) more likely with AN than BN
- Clients with AN more likely than those with BN to become very ill and even die
- BN is more difficult to cure than AN and therefore is more likely in older people than AN

(2 × [2])

[4]

- (c) Discuss how each of the following socio-economic factors may influence eating disorders. (AO1, AO2, AO3)

[1] for key phrase/s, [2] for explanation, [3] for fuller discussion of each one

Gender

Eating disorders are far more common in females – 9 out of 10 sufferers of AN are female and four times as many females as males suffer from BN – eating disorders in males are rarer but on the increase – cultural expectations regarding female attractiveness put women under pressure to be thin

Media

Eating disorders may be linked to images of attractiveness on television or in teenage magazines – thinness is regarded as attractive – size 0 models – many magazines focus on weight issues and dieting. Some websites even promote and encourage eating disorders

Class

Eating disorders can occur in individuals from any class background but AN is much more prevalent in middle classes – children of professionals are more prone to this eating disorder which may be linked to pressure to achieve in life, e.g. academically. BN occurs more equally across the classes, and some studies have suggested it may even be more prevalent in the lower social classes

Family

First-degree biological relatives (parents, siblings, children) of sufferers have an increased risk of having an eating disorder; family history of mood or personality disorders is associated with increased risk; AN may be designed to prevent dissension in the family, e.g. adolescent diverts attention onto herself to prevent breakdown of parents' marriage; AN stems from family pressure to succeed; some psychologists believe AN is a way of adolescents punishing their parents or establishing their identity within the family

(4 × [3])

[12]

- (d) Analyse how the psychoanalytic perspective contributes to understanding and treating eating disorders (AO1, AO2, AO3, AO4)

Understanding

Mark Band 1 ([0]–[3])

Overall impression: basic understanding.

- Displays limited knowledge of the contribution of the psychoanalytic approach to understanding eating disorders
- There is little or no evidence of analytical writing
- Written communication is basic

Mark Band 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

- Displays adequate knowledge of the contribution of the psychoanalytic approach to understanding eating disorders
- There is some evidence of analytical writing
- Quality of written communication is good

Mark Band 3 ([7]–[9])

Overall impression: competent knowledge and understanding.

- Displays good to excellent knowledge of the contribution of the psychoanalytic approach to understanding eating disorders
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Eating disorders stem from problems in childhood, which are suppressed in subconscious. Freud saw eating disorders as personality problems resulting from fixation in the oral stage
- The individual's behaviour is being determined more by the death wish than the libido
- Eating disorders may be caused by an imbalance in the id, ego and superego
- Controlling eating could be a defence mechanism which allows the individual to avoid dealing with real problems
- Eating disorders are an attempt by adolescents to establish and control their own identities, particularly if they have domineering parents – allows self control and independence (Hilde Bruch)
- AN is regression to childhood to avoid adult sexual role
- AN may be related to early trauma such as sexual abuse – experiences are repressed into the unconscious and express themselves in adolescence as AN – it may be an unconscious attempt by those who have been sexually abused to destroy their bodies, which they are disgusted by
- AN linked to sexual immaturity – women confuse fatness with pregnancy – starve themselves to avoid pregnancy (Hilde Bruch)
- Minuchia's Family Systems Theory suggests AN develops as a result of enmeshed family dynamics – none of the family members has a clear identity because everything is done together – child rebels, gains control by developing an eating disorder [9]

Treating

Mark Band 1 ([0]–[3])

Overall impression: basic understanding.

- Displays limited knowledge of the contribution of the psychoanalytic approach to treating eating disorders
- There is little or no evidence of analytical writing
- Written communication is basic

Mark Band 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

- Displays adequate knowledge of the contribution of the psychoanalytic approach to treating eating disorders
- There is some evidence of analytical writing
- Quality of written communication is good

Mark Band 3 ([7]–[8])

Overall impression: competent knowledge and understanding.

- Displays good to excellent knowledge of the contribution of the psychoanalytic approach to treating eating disorders
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Psychoanalytic/psychodynamic therapy aims to help sufferer cope better with inner emotional conflicts causing the eating disorder
 - Therapy aims to uncover unconscious conflicts and anxieties resulting from past to gain insight to causes of the eating disorder
 - Techniques employed include free association, word association, dream analysis, transference, projective tests
 - Client works through conflicts – process of catharsis
- Accept family therapy linked to psychoanalytic perspective

This list is not exhaustive and candidates may make points other than those identified above – these may be accepted if they are relevant and valid. [8]

37

- 2 (a) Write down **three** symptoms Carol may experience when she sees a dog (AO1, AO2)

[1] each for any **three** of the following:

- shaking
- feeling confused or disorientated
- rapid heart beat
- dry mouth
- intense sweating
- difficulty breathing
- feeling sick, dizziness
- chest pain
- tensing, being unable to move

(3 × [1])

[3]

- (b) Carol's husband would prefer that she is referred to a psychologist for therapy rather than taking drugs to relieve her symptoms. Explain **two** reasons for his preference. (AO1, AO2)

[1] for key phrase/s, [2] for fuller explanation of any **two** of the following reasons:

- He may be worried about the side effects of drugs, e.g. lethargy which won't occur with therapy
- He may be worried about addiction – becoming dependent on drugs
- He may believe drugs won't work – they may treat the symptoms but not the underlying cause of the phobia, whereas some therapies try to address underlying problems

(2 × [2])

[4]

- (c) Discuss how Bandura's Social Learning Theory might explain Carol's phobia. (AO1, AO2, AO3)

Mark Band 1 ([0]–[2])

Overall impression: basic understanding.

- Displays limited understanding of how Bandura's Social Learning Theory might explain Carol's phobia
- Little or no evidence of analytical writing
- Quality of written communication is basic

Mark Band 2 ([3]–[4])

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how Bandura's Social Learning Theory might explain Carol's phobia
- Some evidence of analytical writing
- Quality of written communication is good

Mark Band 3 ([5]–[6])

Overall impression: competent knowledge and understanding.

- Displays very good to excellent understanding of how Bandura's Social Learning Theory might explain Carol's phobia
- Clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Bandura's Social Learning Theory claims that phobic behaviour is learned by **imitating** and **modelling** the behaviour of others and then through **identification** with role models (i.e. through observational learning) suggests Carol's phobia has been learned by observing another individual
- Some models are more likely to be imitated than others. Models who have the most influence will be
 - people who are **warm and loving** to children
 - people who have **power, influence and competence**
 - people who are **similar, e.g. in terms of sex or age**
 Therefore the same sex parent is a powerful role model – Carol's behaviour may have been learned from her mother who has the same phobia
- **Identification** is a progression from simply imitating a role model's fear and involves '**internalising**' the behaviour, i.e. the fear becomes part of the individual and is no longer simply being imitated – Carol may have started by imitating her mother's behaviour around dogs, but now that fear has been internalised and is an integral part of Carol's personality [6]

- (d) Discuss how Carol could be treated using modelling therapy which is based on Bandura's theory. (AO1, AO2, AO3)

[1] for key phrase/s, [2] for explanation, [3] for fuller discussion of the therapy

Modelling therapy involves getting someone with a phobia to observe someone else dealing with the feared object in a more productive way – the first person will learn by modelling the second. Clients like Carol watch another person, an actor, go through a slow and painful approach to a dog. The actor acts terrified at first, but shakes himself out of it, tells himself to relax and breathe normally, and takes one step at a time towards the dog. Ultimately, he gets to the point where he approaches and touches the dog, all the while giving himself calming instructions. After Carol sees this she would be invited to try it [3]

(e) Carol may be referred to a behavioural psychologist.

- (i) Discuss how the behaviourist perspective explains phobias like Carol's. (AO1, AO2, AO3, AO4)

Mark Band 1 ([0]–[3])

Overall impression: basic understanding.

- Displays limited understanding of how the behaviourist perspective explains phobias like Carol's
- Little or no evidence of analytical writing
- Quality of written communication is basic

Mark Band 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how the behaviourist perspective explains phobias like Carol's
- There is some evidence of analytical writing
- Quality of written communication is good

Mark Band 3 ([7]–[8])

Overall impression: competent knowledge and understanding.

- Displays good to excellent understanding of how the behaviourist perspective explains phobias like Carol's
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Any phobia is a learned response to the feared stimulus
- Classical conditioning of physiological reflexes was demonstrated by Pavlov's experiments with dogs – A phobia can be regarded as a learned association between a stimulus (the feared object) and the response (fear) – Watson and Raynor's Little Albert experiment may be used to illustrate this. The focus is on the learned behaviour rather than what the client is thinking or feeling. Fear is not extinguished because the stimulus is avoided
- From the perspective of operant conditioning – avoidance is reinforced by reduced anxiety [8]

- (ii) Discuss how phobias like Carol's may be treated from the behaviourist perspective. (AO1, AO2, AO3, AO4)

Mark Band 1 ([0]–[3])

Overall impression: basic understanding.

- Displays limited understanding of how phobias like Carol's may be treated from the behaviourist perspective
- Little or no evidence of analytical writing
- Quality of written communication basic

Mark Band 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how phobias like Carol's may be treated from the behaviourist perspective

- There is some evidence of analytical writing
- Quality of written communication is good

Mark Band 3 ([7]–[9])

Overall impression: competent knowledge and understanding.

- Displays good to excellent understanding of how phobias like Carol's may be treated from the behaviourist perspective
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Behaviour therapy focuses on changing responses as opposed to trying to understand reasons for them – aim is to replace fear response with a more appropriate response, i.e. a more relaxed response
- Systematic desensitisation – the client draws up a hierarchy of fears – learns to replace the conditioned fear response with relaxation, starting with imagining or visualising the least threatening situation and gradually working up the hierarchy
- Implosion therapy and flooding – clients required to remain with the feared stimulus despite high levels of anxiety – it is physiologically impossible to maintain anxiety state so it subsides and fear is extinguished as a result. With implosion therapy the feared stimulus is imagined whilst with flooding the stimulus is present, e.g. taking an individual with a phobia of dogs to kennels

Also accept behaviour modification where positive reinforcement is used to reward proximity to a dog.

[9]

33

- 3 (a) Analyse how the cognitive perspective in psychology can contribute to understanding and treating depression. (AO1, AO2, AO3, AO4)

Understanding

Mark Band 1 ([0]–[3])

Overall impression: basic understanding.

- Displays limited understanding of how the cognitive perspective might contribute to treating depression
- There is little or no evidence of analytical writing
- Written communication is basic

Mark Band 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how the cognitive perspective might contribute to understanding depression
- There is some evidence of analytical writing
- Quality of written communication is good

Mark Band 3 ([7]–[8])

Overall impression: competent knowledge and understanding.

- Displays good to excellent understanding of how the cognitive perspective might contribute to understanding depression

- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- This suggests that irrational thoughts and beliefs cause depression. Since depression is caused by maladjusted thinking, in order to understand an individual with depression, it is necessary to understand his thought processes
- Aaron Beck (1960s and 70s) referred to the irrational and maladaptive assumptions and thoughts that lead to depression as cognitive errors. Beck claims mental disorders like depression are rooted in the maladaptive ways people think about themselves (e.g. I can't succeed at anything), the world (e.g. it's necessary to be successful to be a good person) and the future (e.g. nothing will change) – a 'cognitive triad' of negative thoughts. These negative schemas dominate thinking and depression is the result
- Ellis (1960s–90s) also argued irrational thoughts are the main cause of depression – lead to a self-defeating internal dialogue of negative self statements, e.g. depression is caused by catastrophising self statements like 'I'll never be a happy person, my life may as well be over'. He identified eleven basic irrational beliefs that are emotionally self-defeating and commonly associated with depression, e.g. 'I must be loved and accepted by absolutely everybody' or 'I must be excellent in every respect and never make mistakes – otherwise I'm worthless'
- Sometimes referred to as the 'ABC model' – disorders begin with an **activating event (A)** (e.g. a failed exam) leading to a **belief (B)**, which may be rational (e.g. I didn't work hard enough) or irrational (e.g. I'm too stupid to pass). The belief leads to **consequences (C)**, which can be **adaptive** (appropriate) for rational beliefs (e.g. I'll do more revision) or **maladaptive** (inappropriate) for irrational beliefs (e.g. getting depressed)

[8]

Treating

Mark Band 1 ([0]–[3])

Overall impression: basic understanding.

- Displays limited understanding of how the cognitive perspective might contribute to treating depression
- There is little or no evidence of analytical writing
- Written communication is basic

Mark Band 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how the cognitive perspective might contribute to treating depression
- There is some evidence of analytical writing
- Quality of written communication is good

Mark Band 3 ([7]–[8])

Overall impression: competent knowledge and understanding.

- Displays good to excellent understanding of how the cognitive perspective might contribute to treating depression
- There is clear evidence of analytical writing
- Effective written communication.

Answers may include the following points:

- Beck's cognitive therapy is referred to as Cognitive Restructuring and aims to change cognitive distortions and negative thoughts by challenging them in therapy over a series of sessions usually by considering the evidence for negative statements. The therapist will ask the client questions, such as:
 - What is the evidence supporting the conclusion currently held by the client, e.g. that his life is not worth living?
 - What is another way of looking at the same situation but reaching another conclusion, e.g. life could be better if some changes are made?
 - What will happen if, indeed, the current conclusion/opinion is correct, e.g. if someone really doesn't have any positive relationships what could happen?

The aim is to move the client away from negative cognitive processes and towards positive cognition.

- Ellis's Rational Emotive Therapy (RET) also aims to challenge irrational beliefs linked to depression, but the therapist is more active and directive than in Beck's therapy. Techniques include challenging clients to prove unrealistic statements like 'no one likes me' and role-playing different situations during therapy, e.g. meeting and talking to new people. Rational Emotive Behaviour Therapy (REBT) also addresses behaviour change with behavioural tasks set by the therapist between sessions, e.g. arrange to go out with a friend this week [8]

- (b) Meichenbaum applied the cognitive perspective to the treatment of stress. Discuss how his therapy works to alleviate stress. (AO1, AO2, AO3)

Mark Band 1 ([0]–[2])

Overall impression: basic understanding.

- Displays limited understanding of how Meichenbaum's therapy works to alleviate stress
- Little or no evidence of analytical writing
- Quality of written communication is basic

Mark Band 2 ([3]–[4])

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how Meichenbaum's therapy works to alleviate stress
- Some evidence of analytical writing
- Quality of written communication is good

Mark Band 3 ([5]–[6])

Overall impression: competent knowledge and understanding.

- Displays very good to excellent understanding of how Meichenbaum's therapy works to alleviate stress.
- Clear evidence of analytical writing
- Effective written communication.

Answers may include some of the following points:

- Meichenbaum believed that stress was due to individuals failing to instruct themselves successfully – they tend to say negative things (self-instructions) to themselves
- Stress Inoculation Training (or Self-Instruction Training) aims to stop clients thinking in catastrophic ways about stressful situations and to bring about behaviour change. It consists of three stages.
 - Stage 1 – cognitive preparation – the therapist and client explore the ways stressful situations are thought about and dealt with
 - Stage 2 – skill acquisition and rehearsal – attempts to replace negative self-statements with coping statements, which are learned and practised
 - Stage 3 – application and follow-through – the therapist guides the client through progressively threatening situations that have been rehearsed in actual stress producing situations [6]

(c) Explain **two** strengths and **two** weaknesses of cognitive therapies. (AO1, AO4)

Strengths

[1] for key phrase/s, [2] for fuller explanation of each strength

- Take account of clients’ thinking behaviour and how they view the world
- Treatment has clear goals – to change maladaptive thinking
- Work well for a range of problems as shown by outcome studies, e.g. have successfully treated general anxiety, depression, eating disorders and stress
- Gives client an understanding of how their thinking is causing problems and of how to change

Weaknesses

[1] for key phrase/s, [2] for fuller explanation of each weakness

- Only useful for clients who are self aware – can reflect on their own thoughts
- Ignores hidden reasons for problems, e.g. unconscious thoughts
- Changing thinking patterns may not be enough to remove more severe problems, e.g. less successful than behavioural techniques for agoraphobia
- Individuals have to be motivated to succeed – determined to address their problems
- Lengthy process – considerable commitment of time, effort and expense (4 × [2]) [8]

Total

AVAILABLE MARKS

30

100



Rewarding Learning

**ADVANCED
General Certificate of Education
2009**

Health and Social Care

Assessment Unit A2 15

assessing

Unit 15: Human Nutrition and Dietetics

[A6H71]

TUESDAY 9 JUNE, AFTERNOON

**MARK
SCHEME**

1 (a) Explain the term Type 1 diabetes (AO1, AO2)

[1] for key phrase/s

[2] for full explanation – limited

Type 1 diabetes is also known as insulin-dependent diabetes. The insulin producing cells of the pancreas are destroyed and the amount of glucose in the blood is too high. Without insulin, the body is neither able to use glucose as a fuel for the cells nor control the level of blood glucose

(1 × [2])

[2]

(b) Write down **two** symptoms of untreated diabetes (AO1, AO2)

Symptoms

- Increased thirst
- Need to pass urine much more often
- Weight loss
- Tiredness
- Blurred vision

(2 × [1])

[2]

(c) The hospital has advised Sophie and her parents on the dietary management of Type 1 diabetes. Discuss the advice that Sophie may be given (AO1, AO2, AO3)**Mark band 1 ([0]–[2])**

Overall impression – limited

- Displays limited knowledge and understanding of Type 1 diabetes and its management
- May list rather than discuss
- Quality of written communication is basic

Mark Band 2 ([3]–[4])

Overall impression – adequate

- Displays adequate knowledge and understanding of Type 1 diabetes and its management
- Some discussion of three points
- Quality of written communication is good

Mark Band 3 ([5]–[6])

Overall impression – excellent

- Displays excellent knowledge and understanding of Type 1 diabetes and its management
- All points/more than three well/fully discussed
- Quality of written communication is excellent

Answers may include:

- Ensure a healthy, balanced diet is followed
- A diet low in fat – choose low fat dairy products and lean meat
- A diet low in salt – use less salt in cooking also, due to increased risk of coronary heart disease and stroke
- A diet low in sugar; avoid snacking on sugary food
- Intake of complex carbohydrates, i.e. whole grain foods (absorbed more slowly) rice, pasta etc.

- Eat regular meals
- Check sugar content of labels
- Achieve and maintain normal body weight
- Eat more fruit and vegetables
- Insulin injections must be considered part of healthy diet [6]

(d) Analyse the importance of fruit and vegetables in Freddie's diet (AO1, AO2, AO3)

Mark Band 1 ([0]–[3])

Overall impression – limited

- Displays limited knowledge and understanding of the importance of fruit and vegetables in the diet
- May list rather than analyse
- Quality of written communication is basic

Mark Band 2 ([4]–[6])

Overall impression – adequate

- Displays adequate knowledge and understanding of the importance of fruit and vegetables in the diet
- Adequate analysis of point relating to question
- Quality of written communication is good

Marks Band 3 ([7]–[9])

Overall impression – excellent

- Displays excellent knowledge and understanding of the importance of fruit and vegetables in the diet
- Good analysis of points relating to question
- Quality of written communication is excellent

Answers may include:

- At two years child can have growth spurts therefore may cause surge in appetite. Fruit and vegetables given as healthy snacks
- Activity levels also increase, i.e. child becomes increasingly mobile – diet needs to allow for this
- Full dentition by age of two – to ensure sugar intake is kept to a minimum. Vegetables between meal snacks can aid this – fresh fruit rather than dried
- Iron levels have to be optimum. Vitamin C found in fruit and vegetables can be a promoter of iron absorption
- Fruit and vegetables contain N.S.P. providing children with necessary fibre for healthy bowels
- Anti-oxidants found in fruit and vegetables have a protective effect on the body
- Fruit and vegetables are low in fat – today's media reports suggest childhood obesity is on the increase
- Fruit and vegetables also contain phytochemicals
- Immune system is continuously developing
- Fruit and vegetables contain Vitamin C, Vitamin A (carotenoids) that assist this
- Two-year-olds, due to greater mobility may have minor injuries. Fruit and vegetables assist in the healing and healthy growth and development of body tissue
- Reduces risk of dental caries
- Reduces risk of obesity – bulky and low fat – aids weight control

- Habit – forming good eating habits for the future.
- Slow release of energy – e.g. bananas feeling full for longer prevents snacking

[9]

- (e) Evaluate how diet can affect Jamie's oral health
(AO2, AO3, AO4)

Mark Band 1 ([0]–[4])

Overall impression – limited

- Displays limited knowledge and understanding of how diet can affect oral health
- May list rather than evaluate and does not look at both positive and negative aspects of the question or limited evaluation
- Quality of written communication is basic

Mark Band 2 ([5]–[8])

Overall impression – adequate

- Displays adequate knowledge and understanding of how diet can affect oral health
- Evaluates positive and negative points but some are better than others
- Quality of written communication is good

Marks Band 3 ([9]–[12])

Overall impression – excellent

- Displays excellent knowledge and understanding of how diet can affect oral health
- Evaluates both positive and negative aspects of question thoroughly
- Quality of written communication is excellent

Answers may include:

Positive aspects:

- Milk and dairy products, especially cheese appear to be able to raise PH values in the mouth and so reduce tooth exposure to acid
- Milk and cheese are also both rich in calcium and phosphates. Eating these foods may encourage remineralisation
- Dairy products rich in protein which has a buffering effect on acid
- Dairy products also increase saliva production which increases PH levels in the mouth which encourages remineralisation
- Sugar-free chewing gum cleans surface of mouth (must be sugar free)
- Drink plenty of water as fluoride is naturally present
- Incorporate fluoride drops into diet
- Diet rich in fish
- Vitamin D – aids in the absorption of calcium

Negative aspects:

- Reduce regular consumption of sugar-containing food and drinks as it is the frequent consumption that can cause caries rather than the amount consumed
- Fruit juice – sugars are no longer held in the cells of the fruit
- Reduce carbohydrate foods such as dried fruit, toffees etc. as these stick to the enamel of teeth
- Deficiencies in vitamin A, C and E and folic acid – detrimental affects on gum health

[12]

31

2 (a) Complete the table below filling in the blank spaces.

- one function well explained
- two written from either Retinol Beta carotene

Nutrient	Function
Vitamin A	Essential for growth and metabolism of body cells. Also required for night vision and healthy skin [2]
<i>Protein</i> [1]	Required for growth and maintenance of body tissue
Zinc	Needed for enzyme function and wound healing. Also needed for normal growth [2]
<i>Fibre N.S.P.</i> [1]	Keeps the gut healthy and prevents constipation

(2 × [1])

(2 × [2])

[6]

(b) Harvestplus, a health food shop is planning to produce and distribute to its customers a leaflet entitled “female and fifty” highlighting guidelines for a healthy diet

Discuss what information should be included in the leaflet
(AO2, AO3, AO4)

Mark Band 1 ([0]–[3])

Overall impression – limited

- Displays limited knowledge and understanding of what is a healthy diet
- May list rather than discuss
- Quality of written communication basic

Mark Band 2 ([4]–[6])

Overall impression – adequate

- Displays adequate knowledge and understanding of what is a healthy diet
- Some discussion of points relevant to question
- Quality of written communication is good

Mark Band 3 ([7]–[9])

Overall impression – excellent

- Displays excellent knowledge and understanding of what is a healthy diet
- Excellent discussion on a range of points relevant to question
- Quality of written communication is excellent

Guidelines for a healthy diet:

- Enjoy your food
- Eat a variety of different foods
- Eat the right amount of food to be a healthy weight – energy Kcal – metabolic rate
- Eat plenty of foods rich in starch and fibre
- Eat plenty of fruit and vegetables
- Don’t eat too many foods that contain a lot of fat
- Don’t have sugary foods or drinks too often

- Drink alcohol sensibly, if at all
- The government's 'Balance of good health' should be considered
Ref BNF
- Ensure adequate amounts of essential nutrients are consumed,
e.g. vitamins, minerals, reduced salt intake. [9]

(c) Harvestplus is proud of its informative food labelling policy

Discuss how the following information on Harvestplus Labels could influence an individual's choice of food

(AO2, AO3, AO4)

- [1] for key phrase/s
- [2] for adequate discussion
- [3] for full discussion

Energy value of food, i.e. kcal

- Individuals on a calorie-controlled diet will choose those foods low in Kcals
- Health conscious individuals will monitor the Kcals in food, e.g. athletes
- Allows for comparisons in brands

(1 × [3]) [3]

Additives

- E numbers can be viewed as harmful, e.g. making young child hyperactive
- Some people are allergic to certain additives
- Identifies fortified foods, e.g. folic acid – cereals

(1 × [3]) [3]

Contains nuts

- If an individual has a nut allergy or a food intolerance, reading the ingredients on a product label is very important
- Nuts are a rich source of protein that is required by the body. This could influence individuals to choose particular foods. Good source of N.S.P. Folic acid, Calcium

(1 × [3]) [3]

- (d) You have been asked to give a talk to a mother and toddler group. The audience will consist mainly of young mothers. The topic is: "Getting the right amount of iron in your child's diet is important for health." Discuss the content of your presentation.

Mark Band 1 ([0]–[4])

Overall impression – limited

- Displays limited knowledge and understanding of the role of iron in the diet
- May list rather than discuss
- Quality of written communication basic

Mark Band 2 ([5]–[8])

Overall impression – adequate

- Displays adequate knowledge and understanding of the role of iron in the diet
- Some discussion of relevant points relating to question
- Quality of written communication is good

Mark Band 3 ([9]–[12])

Overall impression excellent

- Displays excellent knowledge and understanding of the role of iron
- Discusses well a range of points relevant to question
- Quality of written communication excellent

Answers may include:

- Iron is needed to form part of haemoglobin – gives red blood cells their colour
- Carry oxygen in blood to body cells
- Those mothers of babies six months or older need iron rich foods supplied through diet
- Iron rich sources – liver, kidney, red meat, oily fish, poultry, fortified bread, green leafy vegetables, egg yolks, dried fruit
- If we do not get enough iron we may become anaemic, symptoms being weakness and tiredness
- No need for supplements if a balanced diet is followed
- Diets to include fresh foods
- Evidence suggests that if iron supplements are given to young children who have adequate iron stores, growth may be delayed
- Vitamin C – intake important as assists in absorption of iron.
- Reference to Haem iron/ Non Haem iron. [12]

36

3 Highlands Day Centre are having an inspection of their kitchens, carried out by the local Environmental Health Officer. Last month they had two incidents of food poisoning. They are now keen on having their centre passed as hygienic and serviceable again.

(a) (i) Write down two bacteria that may cause food poisoning

- 1. *Campylobacter*
- 2. *Salmonella*

(2 × [1])

[2]

(ii) Bacteria require certain conditions for growth. Explain how the following conditions may have contributed to the food poisoning incidents at Highlands

[1] for key phrase/s

[2] for full explanation

Temperature

Bacteria grow rapidly in danger zone 5–63 °C. To prevent their growth food should be kept below temperature of 5 °C. When cooking the temperature should be above 73 °C. Freezing temperature should be below –18 °C

Time

Cooking time for food should be adequate for food. Defrosting time should be kept to a minimum. Food should not be left over for a long period of time as Bacteria Fission takes place every twenty minutes

(2 × [2])

[4]

- (b) Using the following headings explain **two** ways Highlands Day Centre could ensure good practice in:

[1] for key phrase/s

[2] for full explanation of any **two** for each –

Storage of food

- Check the date mark on stored food and throw away food that is out of date/rotate stock
- Store food according to instructions on the packaging
- Store food in a cool dry clean place away from pests and pets
- Keep food covered
- Store perishable food in a refrigerator that is operating at 5 °C or below
- Store frozen food in a freezer –18 °C
- Avoid cross contamination of food during storage by keeping raw food such as meat away from cooked food such as ham

(2 × [2])

[4]

Food handling

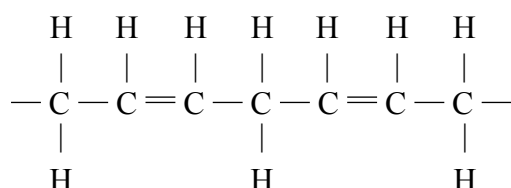
- Cook meat thoroughly to destroy bacteria. Do not eat under-cooked poultry or meat products
- Cool cooked foods as quickly as possible, if they are to be stored for future use
- Always keep food covered and do not leave it standing around the kitchen
- Store perishable foods in a cool place, preferably in a fridge (The coolest part of a domestic fridge should operate below 5 degrees Celsius and be checked from time to time). Keeping a fridge thermometer in the fridge is a good idea
- Store eggs in a fridge if possible
- Never overload the fridge as it can reduce the circulation of cold air
- If storing raw or cooked foods together, keep the cooked food above the raw so the blood or other contaminated fluids cannot drip onto the cooked food and recontaminate it
- Wash all food thoroughly (preferably under running water), especially salads, fruit and vegetables that are to be eaten raw
- The colder, chilled foods are kept between purchase and storage at home, the better. Make sure cooked-chilled meats are reheated thoroughly and according to instructions
- When reheating food, make sure it is heated until piping hot all the way through and do not re-heat more than once
- When using a microwave to reheat food, observe the standing times recommended by the manufacturers to ensure the food attains an even temperature before it is eaten
- Keep foods (especially fresh meat and fish) for as short a time as possible, follow storage instructions and do not keep foods beyond their 'Use by' or 'best before' date
- Personal hygiene

- Different food preparation areas and equipment, e.g. different coloured chopping boards
(2 × [2]) [4]

- (c) (i) Explain the term saturated fat
[1] for the key term
[2] for full explanation

- Saturated fatty acids all of the carbon molecules are linked by single bonds [2]

- (ii) This is a diagram of an unsaturated fatty acid. Explain how you would recognise this as an unsaturated fatty acid.



[1] for key phrase/s

[2] for full explanation

This is an unsaturated fatty acid as two or more of the carbon atoms are linked by a double bond, as the hydrocarbon chain is not saturated with hydrogen [2]

- (iii) Discuss how the kitchen staff at Highlands could reduce the saturated fat intake of the clients

[1] for key phrase/s [2] for explanation

[3] for full discussion

(3 × [1])

- Eat few fatty foods such as chips and fatty meat products such as sausages and pork pies
- Try cooking without adding fat – use a non-stick pan to fry things without adding fat
- Cut down on fried foods – grill, boil or bake foods instead
- Try not to add extra fat during cooking
- Remove all visible fat from cuts of meat and bacon and poultry before cooking
- Cut down on fatty snacks
- Reduce use of eggs and cheese in cooking
- Introduce more fish in meal planning
- Low fat dairy products, e.g. semi-skimmed milk. [3]

- (d) Staff at Highlands are concerned that some of the clients are not eating properly at home

Analyse **four** factors that would affect older peoples' choice of food (AO2, AO3, AO4)

Mark Band 1 ([0]–[4])

Overall impression – limited

- Displays limited knowledge and understanding of factors affecting older people's choice of food
- May list rather than analyse
- Quality of written communication basic

Mark Band 2 ([5]–[8])

Overall impression – adequate

- Displays adequate knowledge and understanding of factors affecting older people's choice of food
- Analyses at least two of the four factors relating to question to achieve in this band
- Quality of written communication good

Mark Band 3 ([9]–[12])

Overall impression – excellent

- Displays excellent knowledge and understanding of factors affecting older people's choice of food
- Analyses four factors fully relating to question
- Quality of written communication is excellent

Candidate may choose any of the factors listed in specification.

Answers may include:

Economic

- Availability of money – many older people live on a fixed income. Nutritious food can be more expensive. Older people may make poor food choice due to price of food
- Older people may have to buy more expensively priced foods due to lack of choice of shopping options, i.e. corner shops vs supermarkets
- Ready meals for one can be expensive

Social

- Social isolation may be a result of growing older i.e. rehousing death of friends and relatives. Studies suggest older people do not buy food as readily if they are on their own. Where food is shared older people make an effort to choose nutritious food and prepare it. Food intake and choice is poorer amongst those living alone and experiencing isolation
- Lack of education about the importance of food choice

Physical/Psychological

- Reduced mobility from rheumatism, arthritis or as a consequence of a stroke or lung disease may be sufficiently severe to make the individual housebound
- Dentition and the state of the mouth play an important part in the food choice and intake of older people. Dentures may be badly fitted therefore can't chew
- Appetite may be reduced due to medication older people may be taking. Various drugs can limit appetite which will affect food choice. The individual may not want to do food shopping

Psychological

- Depression often the result of bereavement is one of the major causes of inadequate food choice and food intake of older people
- Altered mental function such as memory loss may also result in erratic choice of food

Habit

- Older people may have out of date beliefs about food or stick to age old beliefs about where to shop and how/what to buy, e.g. low fat alternatives
- Food preparation will influence what food an older individual chooses to buy

Advertising

- Can influence older people by appealing to their habits and notional beliefs
- Brand patronage. The individual may want as part of a habit stick with only one brand of food rather than choosing a lower salt/fat healthier option

[12]

Total

**AVAILABLE
MARKS**

33

100

