

# **Pearson BTEC Level 3 Nationals**

Write your name here		
Surname	Forename	
Learner Registration Number	Centre Number	Level
		3
Health and	d Social Ca	are
Unit 2: Working in Health and Extended Certificate, Foundation Diploma in Health and Social Care		a
Sample Assessment materials for firs  Time: 1 hour 30 minutes	t teaching September 2016	Total
You do not need any other materia	als.	marks

#### **Instructions**

- Use **black** ink or ball-point pen.
- Fill in the boxes at the top of this page with your name, centre number and learner registration number.
- This paper is divided into four sections.
- Answer all questions.
- Answer the questions in the spaces provided
  - there may be more space than you need.

### **Information**

- The total mark for this paper is 80.
- The marks for **each** question are shown in grey boxes
  - use this as a guide as to how much time to spend on each question.
- You should take particular care on these questions with your spelling, punctuation and grammar, as well as the clarity of expression.

#### **Advice**

- Read each question carefully before you start to answer it.
- Try to answer every question.
- Check your answers if you have time at the end.

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**PEARSON** 

#### **SECTION A**

## Answer ALL questions. Write your answers in the spaces provided.

#### Scenario 1: Ill health

Brian is morbidly obese. Following an appointment with his GP, he was referred to a consultant surgeon at his local hospital. The surgeon recommended that Brian has surgery to help him lose weight.

When Brian is admitted to hospital, a nurse asks him questions about his health and wellbeing and ensures that the necessary risk assessment is in place. The nurse records this information in his records before admitting him onto the ward.

After his operation, Brian must spend two days in hospital as part of his recovery. During this time, nursing staff provide him with necessary medication and monitor his progress. Brian is also looked after by healthcare assistants.

Following his discharge from hospital, Brian will have to attend an out-patient clinic where medical staff continue to monitor his progress.

1 (a) Identify **two** factors that a risk assessment might highlight when Brian is admitted to hospital.

1	
2	

on hospital wa			4 ma	rks
			4 ma	rks
Explain how the monitored to			in hospital are	
Explain how the monitored to				

8 marks

(d) Discuss ways that health and social care staff could empower Brian to continue to

improve his health when he is discharged from hospital.

Total for Question 1 = 20 marks

#### **SECTION B**

# Scenario 2: Learning disability

Debbie has a moderate learning disability. She receives a personal budget from her local council. She has a care manager who helps her use her budget to buy support so that she can live in her own flat, carry out her day-to-day routine, and plan for the future. The care manager sometimes acts as Debbie's advocate.

Debbie has just got a part-time job at her local supermarket. She also attends her local college on a part-time basis. She needs to travel to work and college on the bus.

Debbie's boyfriend, Dexter, also has a moderate learning disability. He has recently asked her to marry him.

2 (a) Identify **two** ways that a support worker might help Debbie get to her new job.

1	
2	
(b) (i)	Describe how Debbie would use an advocate.
, , , ,	2 marks

as her advo	<b>ne</b> challenge that De ocate.	bbie's care manager	r might face when	acting
				2 marks
	ne college could prevo ave learning disabiliti		owards people suc	h as
				6 marks

Discuss how Debbie and Dexter n		_8	marks
			mants
	Total	for Questior	a = 20  mas

#### **SECTION C**

#### Scenario 3: Physical/sensory disabilities

Conan is 30 and he has a serious hearing impairment. In order to maintain his independence, Conan has a hearing dog. This was provided for him by the charity 'Hearing Dogs for Deaf People'. Conan's hearing dog has been trained to alert him to household sounds and signals, such as when his mobile phone rings or if his smoke alarm is activated.

The effect of Conan's hearing impairment causes him to become depressed from time to time. However, he has continued with his job with no absence from work. At this stage, Conan is not sure what he can do to overcome his depression and feels that he may need more support.

**3** (a) Apart from providing them with a hearing dog, identify **two** other ways that people with hearing impairments might be supported.

2 marks

1	
2	

(b) Describe **two** barriers that people such as Conan might face when attending a GP surgery.

1
2

(c)	Explain how skills used by health and social care professionals enable Conan to
	manage the effects of his hearing impairment.

	8 marks

(d) Discuss how personal information about Conan might be managed by

professionals who assess his hearing needs.

Total for Question 3 = 20 marks

#### **SECTION D**

# Scenario 4: Age-related needs

Regina is 85. She lives in sheltered housing which has been adapted to meet her needs but she finds it difficult to care for herself and her home without support.

When she was 80, Regina needed a hip replacement. She had the operation in her local hospital. While she is frail, her cognitive skills are very good and she participates in a range of activities, including playing internet chess, going to the opera and keeping a diary.

You are one of her team of support workers. You work for a local, private-sector organisation that provides services and support to older people like Regina. You have five years' experience in your role and you hope to be promoted to the role of team leader in the near future.

**4** (a) Identify **two** health needs that a frail, older person like Regina might have.

1	
2	

1					
•					
2					
e) Explain the r different set	easons why h tings.	nealth and soc	ial care service	s are provided	
c) Explain the r different set	easons why h tings.	ealth and soc	ial care service	es are provided	6 marks
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c) Explain the r different set	easons why h	nealth and soc	ial care service	es are provided	
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different set	tings.				6 marks
different set	tings.				6 marks
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different set	tings.				6 marks
	tings.				6 marks
different set	tings.				6 marks

(b) Describe **two** responsibilities that the organisation you work for has towards you.

		8 mark	S

END OF EXAM

Total for Question 4 = 20 marks
TOTAL FOR PAPER = 80 MARKS

# Unit 2: Working in Health and Social Care – sample mark scheme

#### **General marking guidance**

- All learners must receive the same treatment. Examiners must mark the first learner in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Learners must be rewarded for what they have shown they can do, rather than be penalised for omissions.
- Examiners should mark according to the mark scheme, not according to their perception of where the grade boundaries may lie.
- All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme.
   Examiners should also be prepared to award zero marks if the learner's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a learner's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the learner has replaced it with an alternative response.

#### Specific marking guidance for levels-based mark schemes\*

the band that best describes their answer.

Levels-based mark schemes (LBMS) have been designed to assess learner work holistically. They consist of two parts: indicative content, and levels-based descriptors. Indicative content reflects specific content-related points that a learner might make. Levels-based descriptors articulate the skills that a learner is likely to demonstrate in relation to the assessment outcomes being targeted by the question. Different rows within the levels represent the progression of these skills. When using a levels-based mark scheme, the 'best fit' approach should be used.

- Examiners should first make a holistic judgement on which band most closely matches the learner response and place it within that band. Learners will be placed in
- The mark awarded within the band will be decided based on the quality of the answer in response to the assessment focus/objective and will be modified according to how securely all bullet points are displayed at that band.
- Marks will be awarded towards the top or bottom of that band depending on how they have evidenced each of the descriptor bullet points.

### **Section A**

Question number	Answer	Mark
1(a)	<ul> <li>Answers might refer to:</li> <li>manual handling issues/hoists/availability of staff to move patient (1)</li> <li>availability of suitable wheelchairs/trolleys (1)</li> <li>availability of suitable hospital clothing (1)</li> <li>infection control/MRSA (1)</li> <li>blood pressure. (1).</li> </ul>	
	Accept any other valid response.	(2)

Question number	Answer	Mark
1(b)	<ul> <li>Award 2 marks for each description.</li> <li>Healthcare assistants will:</li> <li>ensure that the dignity of the patient is preserved (1) by providing screens around their bed when they are being washed (1)</li> <li>enable patients to mobilise (1) so that they can be moved from the ward to where their operation/surgery is carried out (1).</li> </ul>	
	Accept any other valid response.	(4)

Question number	Indica	tive content	Mark
1(c)	knowled content follows indicati answer Answer • are • hav was • mus • mus • or answer profess • regile follo • revalunt follows indicati answer answer are answer and answer are answer are answer are answer are answer and answer are answer are answer are answer and answer are answer are answer and answer are answer are answer are answer are answer are answer and answer are answer are answer are answer and answer are answer are answer are answer and answer are answer are answer are answer are answer and answer are answer are answer and answer are answer are answer and answer are answer an	s will be credited according to the learner's demonstration of dge and understanding of the material using the indicative and levels descriptors below. The indicative content that is not prescriptive. Answers may cover some/all of the ve content but should be rewarded for other relevants.  Is might refer to the ways nursing staff on wards:  monitored by senior staff/managers  e to demonstrate competencies at a basic standard, e.g.  whing a patient  st keep notes about the patient up to date  st follow instructions regarding medication  st record observations/baseline measures in patient's notes.  Wers might refer to the ways that nursing staff maintain ional standards through:  stering with the Nursing and Midwifery Council NMC clation by NMC  weight codes of professional conduct alidation – where right to practice is reviewed/renewed every see years.	
		award marks for carrying out a risk assessment. any other valid response.	(6)
Level	Mark	Descriptor	(0)
2010.	0	No rewardable material.	
1	1-2	<ul> <li>Demonstrates isolated elements of knowledge and understanding.</li> <li>Generic statements may be presented rather than linkage made.</li> <li>Lines of reasoning are unsupported.</li> </ul>	s being
2	3-4	<ul> <li>Demonstrates mostly accurate knowledge and understand</li> <li>Answer evidences occasional linkages among the elements context of the question.</li> <li>Lines of reasoning occasionally supported through the app of recent evidence.</li> </ul>	s in the
3	5-6	<ul> <li>Demonstrates accurate and thorough knowledge and understanding.</li> <li>Answer evidences comprehensive linkages among the eler in the context of the question.</li> <li>Lines of reasoning supported throughout by sustained app of relevant evidence.</li> </ul>	

Question number	Indicative	content	Mark
1(d)	knowledge content and follows is not indicative of answers.  Answers mi  providin  enabling  involving adapting raising s devising Examples m  Raising non-jud patients	Il be credited according to the learner's demonstration of and understanding of the material using the indicative I levels descriptors below. The indicative content that of prescriptive. Answers may cover some/all of the ontent but should be rewarded for other relevant.  If the ontent but should be rewarded for other relevant of the ontent but should be rewarded for other relevant.  If the ontent but should be rewarded for other relevant of the ontent but should be rewarded for other relevant.  If the ontent but should be rewarded for other relevant of the ontent but should be rewarded for other relevant.  If the ontent but should be rewarded for other relevant of the ontent but should be rewa	
		h to recovery/to address other related medical issues/to	
		other people related to the patient.	
		ks for any other valid responses.	(8)
Level	<b>Mark</b> 0	<b>Descriptor</b> No rewardable material.	
1	1-3	<ul> <li>Demonstrates isolated knowledge and understanding relevant information; there may be major gaps or om</li> <li>Provides little evidence of weighing up of competing arguments/pros and cons in context; discussion likely consist of basic description of information.</li> <li>Meaning may be conveyed but in a non-specialist way response lacks clarity and fails to provide an adequate answer to the question.</li> </ul>	to
2	4-6	<ul> <li>Demonstrates accurate knowledge and understanding relevant information with a few gaps or omissions.</li> <li>Discussion is partially developed, but will be imbalance evidences the weighing up of competing arguments/p cons in context.</li> <li>Demonstrates the use of logical reasoning, clarity, and appropriate specialist technical language.</li> </ul>	ed; ros and
3	7-8	<ul> <li>Demonstrates accurate and thorough knowledge and understanding of relevant information; any gaps or omissions are minor.</li> <li>Displays a well-developed and balanced discussion, demonstrating a thorough grasp of competing arguments/pros and cons in context.</li> <li>Logical reasoning evidenced throughout response, wh</li> </ul>	ich is

Question number	Answer	Mark
2(a)	<ul> <li>Answers might refer to:</li> <li>practice finding the bus stop (1)</li> <li>finding route to work from bus stop (1)</li> <li>setting alarm to remind her when to leave (1)</li> <li>getting money/pass ready for the bus (1).</li> </ul>	
	Accept any other valid response.	(2)

Question number	Answer	Mark
2(b) (i)	Example answer: Debbie would use an advocate in order to express her views and concerns (1). The advocate could help her when she prepares for/attends the interview for her job at the supermarket (1).  Do not accept description of advocate's role without reference to Debbie.	
	Accept any other valid response.	(2)

Question number	Answer	Mark
2(b) (ii)	Answers will link two of the following for 2 marks.  Debbie's care manager:  might feel that Debbie's decisions are not in her best interests  might have views that conflict with Debbie's family  must ensure that Debbie's independence is maintained as far as possible  must ensure that Debbie's decisions are taken seriously.  Accept any other valid response.	(2)

Question number	Indica	tive content	Mark
2(c)	knowled content follows indication answer Answer end discontent follows involved the follows	s will be credited according to the learner's demonstration of dge and understanding of the material using the indicative and levels descriptors below. The indicative content that is not prescriptive. Answers may cover some/all of the ve content but should be rewarded for other relevants. It is might refer to:  sege policies and procedures, which are designed to prevent the indication and respond to it when it occurs ing trained staff in place to support people like Debbie polving Debbie in decisions about her educational needs/future ing resources that meet her needs ing a curriculum that promotes positive images of people with thing (and other) disabilities polving support workers if, for example, she exhibits any llenging behaviour mote anti-discriminatory practice.	
		any other valid response.	(6)
Level	Mark	Descriptor	
4	0	No rewardable material.	
1	1-3	<ul> <li>Demonstrates isolated elements of knowledge and understanding.</li> <li>Generic statements may be presented rather than linkages made.</li> <li>Lines of reasoning are unsupported.</li> </ul>	s being
2	4-6	<ul> <li>Demonstrates mostly accurate knowledge and understand</li> <li>Answer evidences occasional linkages among the elements context of the question.</li> <li>Lines of reasoning occasionally supported through the app of recent evidence.</li> </ul>	s in the
3	5-6	<ul> <li>Demonstrates accurate and thorough knowledge and understanding.</li> <li>Answer evidences comprehensive linkages among the eler in the context of the question.</li> <li>Lines of reasoning supported throughout by sustained app of relevant evidence.</li> </ul>	

Question number	Indicative	content	Mark	
2(d)	Answers will be credited according to the learner's demonstration of knowledge and understanding of the material using the indicative content and levels descriptors below. The indicative content that follows is not prescriptive. Answers may cover some/all of the indicative content but should be rewarded for other relevant answers.			
		ght refer to:		
	<ul> <li>enabling preferer</li> <li>enabling on helping on helping e.g. in the discussion of the decision of the safe</li> <li>decision of the safe</li> </ul>			
	1	them to maintain contact with family members/other		
		who might provide care for them.		
Level	Mark	ks for any other valid responses.  Descriptor	(8)	
Levei	0	No rewardable material.		
1	1-3	<ul> <li>Demonstrates isolated knowledge and understanding relevant information; there may be major gaps or omissions.</li> <li>Provides little evidence of weighing up of competing arguments/pros and cons in context; discussion like consist of basic description of information.</li> <li>Meaning may be conveyed but in a non-specialist was response lacks clarity and fails to provide an adequanswer to the question.</li> </ul>	g ely to vay;	
2	4-6	<ul> <li>Demonstrates accurate knowledge and understandi relevant information with a few gaps or omissions.</li> <li>Discussion is partially developed, but will be imbala evidences the weighing up of competing arguments and cons in context.</li> <li>Demonstrates the use of logical reasoning, clarity, a appropriate specialist technical language.</li> </ul>	nced; s/pros	
3	7-8	<ul> <li>Demonstrates accurate and thorough knowledge and understanding of relevant information; any gaps or omissions are minor.</li> <li>Displays a well-developed and balanced discussion, demonstrating a thorough grasp of competing arguments/pros and cons in context.</li> <li>Logical reasoning evidenced throughout response, vis clear and uses specialist technical language</li> </ul>		

		consistently.	
Question number	Answer		Mark
3(a)	<ul><li>sign land</li><li>voice re</li><li>T-loops</li><li>providing</li><li>people (</li></ul>	ght refer to: guage support (1) cognition software (1) for people who use hearing aids (1) g information about hearing impairments for other (1) s/surtitles (1).	
	apart from	ept answers that refer to other sensory impairments hearing loss. other valid response.	(2)

Question number	Answer	Mark
3(b)	<ul> <li>Award 2 marks for each description.</li> <li>Answers might refer to</li> <li>when booking an appointment there is often no alternative to the telephone (1) which might be a problem if no hearing loop is provided (1)</li> <li>explaining his situation to a receptionist might be stressful (1), because he cannot hear clearly (1)</li> <li>Conan might not hear his appointment being called (1) if there is no visual display monitor (1)</li> </ul>	
	<ul> <li>Conan might not be able to lip-read (1) if the doctor is looking at a computer rather than at him (1).</li> <li>Do not award marks for negative actions.</li> <li>Accept any other valid response.</li> </ul>	(4)

Question number	Indicative	content	Mark	
3(c)	Answers will be credited according to the learner's demonstration of knowledge and understanding of the material using the indicative content and levels descriptors below. The indicative content that follows is not prescriptive. Answers may cover some/all of the indicative content but should be rewarded for other relevant answers.  Answers might refer to the need to:  • be able to sign British Sign Language (BSL)  • be able to assess the living environment of someone who has a hearing impairment and make recommendations for change/improvement  • have knowledge of the technology available  • have knowledge of the allowances available to people with hearing impairments, e.g. Personal Independence Payments (PIP)  • be familiar with relevant government schemes  • utilise their communication skills effectively  • understand the impact of hearing impairment on the individual, which might cause  • communication difficulties  • social isolation  • mental ill health  • recognise how to spot the signs of decreasing ability to hear, which might be  • a need to have statements repeated several times  • having a TV/radio at a high volume  • failure to react to other people.			
_		ks for any other valid responses.	(6)	
Level	Mark	Descriptor		
	0	No rewardable material.		
1	1-3	<ul> <li>question.</li> <li>Points raised are not interlinked and presented as a list.</li> <li>Answer is unbalanced with limited number of aspects of the scenario considered.</li> </ul>		
2	<ul> <li>Accurate knowledge but not always applied to the context of the question.</li> <li>Some points are explained and interlinked.</li> <li>Answer considers a number of aspects of the scenario, but they may not be given appropriate weight.</li> </ul>			
3	5-6	<ul> <li>Accurate knowledge applied consistently to the context the question.</li> <li>Points are interlinked and explanation is coherent.</li> <li>Answer is balanced with weight given to range of aspet the scenario.</li> </ul>		

Question number	Indica	tive content	Mark		
3(d)	Answers will be credited according to the learner's demonstration of knowledge and understanding of the material using the indicative content and levels descriptors below. The indicative content that follows is not prescriptive. Answers may cover some/all of the indicative content but should be rewarded for other relevant answers.  Answers might refer to the need to:  • treat information about patients with confidentiality  • communicate with relevant individuals  • pass on medical information, e.g. from GPs to hospital consultants where further treatment is needed  • obtain Conan's permission when information about him is shared  • share information with, for example Hearing Dogs for Deaf People, if Conan's circumstances change  • respect the legal responsibilities of disclosing information/data protection  • follow policies and procedures  • implement protection measures, e.g. for those who are the focus of the information and the professionals who manage the cases.  Other significant aspects should be considered and rewarded where				
	approp Accept	riate. any other valid response.	(8)		
Level	Mark	Descriptor			
	0	No rewardable material.			
1	1-3	<ul> <li>Demonstrates isolated knowledge and understanding of relevant information; there may be major gaps or omissions.</li> <li>Provides little evidence of weighing up of competing arguments/pros and cons in context; discussion likely to consist of basic description of information.</li> <li>Meaning may be conveyed but in a non-specialist way; response lacks clarity and fails to provide an adequate answer to the</li> </ul>			
2	4-6	<ul> <li>question.</li> <li>Demonstrates accurate knowledge and understanding of relevant information with a few gaps or omissions.</li> <li>Discussion is partially developed, but will be imbalanced; evidences the weighing up of competing arguments/pros and cons in context.</li> <li>Demonstrates the use of logical reasoning, clarity, and appropriate specialist technical language.</li> </ul>			
3	7-8	<ul> <li>Demonstrates accurate and thorough knowledge and understanding of relevant information; any gaps or omissi minor.</li> <li>Displays a well-developed and balanced discussion, demonstrating a thorough grasp of competing arguments/ and cons in context.</li> <li>Logical reasoning evidenced throughout response which is and uses specialist technical language consistently.</li> </ul>	pros		

Question number	Answer	Mark
4(a)	Answers might refer to:     prone to falling (1)     hearing/sight loss (1)     unable to walk far without assistance (1)     depression (1)     personal care (1)     food preparation (1).	
	Do not award marks for dementia. Accept any other valid response.	(2)

Question number	Answer	Mark
4(b)	<ul> <li>Award 2 marks for each description.</li> <li>Organisations should: <ul> <li>ensure that you understand their policies and procedures (1) and how to follow them (1)</li> <li>provide you with necessary training (1) to enable you to meet professional standards (1)</li> <li>ensure that you are safe when carrying out your work (1) by having necessary equipment available (1).</li> </ul> </li> </ul>	
	Accept any other valid response, including specific examples.	(4)

Question number	Indica	tive content	Mark	
4(c)	Answers will be credited according to the learner's demonstration of knowledge and understanding of the material using the indicative content and levels descriptors below. The indicative content that follows is not prescriptive. Responses may cover some/all of the indicative content but should be rewarded for other relevant answers.  Answers might refer to:  • meets widest range of needs  • is appropriate, e.g. hospitals are where operations are carried out, GP surgeries are where initial diagnosis/treatment is provided  • is cost efficient  • provides widest range of expertise  • sectors often work in partnership in order to provide necessary services  • best way of involving services users in planning and managing their care.			
Level	Accept <b>Mark</b>	any other valid response.	(6)	
Levei	0	Descriptor  No rewardable material.		
1	1-3	<ul> <li>Demonstrates isolated elements of knowledge and understanding.</li> <li>Generic statements may be presented rather than linkage made.</li> <li>Lines of reasoning are unsupported.</li> </ul>	s being	
2	4-6	<ul> <li>Demonstrates mostly accurate knowledge and understanding</li> <li>Answer evidences occasional linkages between the elements in the context of the question.</li> <li>Lines of reasoning occasionally supported through the application of recent evidence.</li> </ul>		
3	5-6	<ul> <li>Demonstrates accurate and thorough knowledge and understanding</li> <li>Answer evidences comprehensive linkages between the elein the context of the question.</li> <li>Lines of reasoning supported throughout by sustained app of relevant evidence.</li> </ul>		

Question number	Indicative	content	Mark	
4(d)	Answers will be credited according to the learner's demonstration of knowledge and understanding of the material using the indicative content and levels descriptors below. The indicative content that follows is not prescriptive. Responses may cover some/all of the indicative content but should be rewarded for other relevant answers.  Answers might refer to: Your responsibilities towards your client to include:  providing intimate personal care  preparing meals  being responsible for handling the client's money  how to support her activities  supporting the client to access healthcare  appropriate liaison with family members. Your responsibilities towards the organisation that employs you, to include:  ensuring consistency in services you provide to all clients  following their policies and procedures  maintaining confidentiality for all your clients. Examples might include:  being responsible for handling the client's money: collecting her pension/doing her shopping  supporting the client to access healthcare: collecting prescriptions/ensuring her medication is accessible.			
Level	Mark	Descriptor	(8)	
	0	No rewardable material.		
1	1-3	<ul> <li>Demonstrates isolated knowledge and understanding relevant information; there may be major gaps or om</li> <li>Provides little evidence of weighing up of competing arguments/pros and cons in context; discussion likely consist of basic description of information.</li> <li>Meaning may be conveyed but in a non-specialist way response lacks clarity and fails to provide an adequate answer to the question.</li> </ul>	to	
2	4-6	<ul> <li>Demonstrates accurate knowledge and understanding relevant information with a few gaps or omissions.</li> <li>Discussion is partially developed, but will be imbalanc Evidences the weighing up of competing arguments/p cons in context.</li> <li>Demonstrates the use of logical reasoning, clarity, and appropriate specialist technical language.</li> </ul>	ed. ros and	

3	7–8	•	Demonstrates accurate and thorough knowledge and
			understanding of relevant information; any gaps or
			omissions are minor.
		•	Displays a well-developed and balanced discussion,
			demonstrating a thorough grasp of competing
			arguments/pros and cons in context.
		•	Logical reasoning evidenced throughout response which is
			clear and uses specialist technical language consistently.

# Unit 2: Working in Health and Social Care - mapping grid

Question	Specification reference	Marks
1(a)	A.3 (a)	2
1(b)	A.3 (b)	4
1(c)	A.2, A.5, B.4	6
1(d)	A.3 (c)	8
2(a)	A.2	2
2(b) (i)	A.4	2
2(b) (ii)	A.4	2
2(c)	A.3 (c)	6
2(d)	A.1, A.2,	8
3(a)	B.3	2
3(b)	B.2	4
3(c)	A.3 (b)	6
3(d)	C.1, C.2	8
4(a)	C.1	2
4(b)	B.5	4
4(c)	B.1	6
4(d)	C.1, C.2	8
	Total	80