

Cambridge **NATIONALS** LEVEL 1/2

HEALTH AND SOCIAL CARE



Exemplar candidate work

Unit R025 – Understanding life stages

Version 1



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INTRODUCTION

This is a guide for teachers so that you can see how we mark work for Cambridge Nationals.

The guide contains exemplar candidate work for this unit and covers selected learning outcomes (LOs), and grading criteria.

The accompanying commentary explains why each piece of work was awarded that grade. Additional guidance has been added to suggest improvements that could be made in order to achieve a higher grade.

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Model Assignments

Model assignments are available for the following units from the link below.

R022 Communicating and working with individuals in health, social care and early years settings
R023 Understanding body systems and disorders
R024 Pathways for providing care in health, social care and early years settings
R025 Understanding life stages
R026 Planning for employment in health, social care and children and young people's workforce
R027 Creative activities to support individuals in a health, social care or early years settings
R028 Understanding the development and protection of young children in an early years setting
R029 Understanding the nutrients needed for good health
R030 Research – a project approach
R031 Using basic first aid procedures

<http://www.ocr.org.uk/qualifications/cambridge-nationals-health-and-social-care-level-1-2-j801-j811-j821/>

Plagiarism

Work must be free from plagiarism. Plagiarism is the submission of someone else's work as your own and/or failure to acknowledge a source correctly. Plagiarism makes up a large percentage of cases of suspected malpractice reported to us by moderators. You must make sure you don't accept plagiarised work as evidence.

In line with the policy and procedures of JCQ on suspected malpractice, the penalties applied for plagiarism would usually result in the claim not being allowed.

Plagiarism often occurs innocently when learners don't know that they must reference or acknowledge their sources, or aren't sure how to do so. It's important to make sure your learners understand:

- the meaning of plagiarism and what penalties may be applied
- that they can refer to research, quotations or evidence produced by somebody else but they must list and reference their sources
- quoting someone else's work, even when it's properly sourced and referenced, isn't an indication of understanding. The learner has to 'do' something with that information to show they understand. For example, if a learner has to analyse data from an experiment, quoting data doesn't show that they understand what it means. The learner has to interpret the data and, by relating it to their assignment, say what they think it means.

LO3 – MB1 Unit Recording Sheet (URS)

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Health and Social Care

OCR J811/J821 Unit R025 Level 1/Level 2

Cambridge Nationals Certificate/Diploma in Health and Social Care

Unit Recording Sheet

Please read the instructions printed at the end of this form. One of these sheets, suitably completed, should be attached to the assessed work of each candidate.

Unit Title	Understanding life stages			Unit Code	R025	Session	June	Year	2017
Centre Name				Centre Number					
Candidate Name				Candidate Number					
Criteria				Teacher Comments			Mark	Page No.	
LO1: Understand the stages of development from young people to adulthood ¹									
MB1: 1 - 6 marks				MB2: 7 - 11 marks			MB3: 12 - 15 marks		

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Criteria			Teacher Comments	Mark	Page No.
LO2: Understand the ageing process in older adulthood ²					
MB1: 1 - 6 marks	MB2: 7 - 11 marks	MB3: 12 - 15 marks			
LO3: Know which medical conditions may affect progress through the life stages ³					
MB1: 1 - 6 marks	MB2: 7 - 11 marks	MB3: 12 - 15 marks			
Provides a basic overview of a limited range of conditions which affect the transition through the life stages. Provides a basic description of the chosen conditions with a basic discussion of how they might effect the health and social well-being of the individual and their family.	Provides a clear overview of a range of conditions which affect the transition through the life stages. Provides a detailed description of the chosen conditions with a detailed discussion of how they might effect the health and social well-being of the individual and their family.	Provides a detailed and coherent overview of the effect of a wide range of conditions which affect the transition through the life stages. Provides a thorough description of the chosen conditions with a thorough discussion of how they might effect the health and social well-being of the individual and their family.	Candidate has provided a basic range of conditions which affect the transition through the life stages. Birth defect very simplistic and lack detail on the condition and how it affects the individual. Non birth defects are in greater detail and highlights how these can affect an individual.	4	39-45
[1 2 3 4 5 6]	[7 8 9 10 11]	[12 13 14 15]			

URS17

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R025

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Criteria				Teacher Comments	Mark	Page No.
LO4: Be able to create support plans ⁴						
MB1: 1 - 6 marks	MB2: 7 - 11 marks	MB3: 12 - 15 marks				
Produces a basic support plan for a person with specific medical requirements. The plan is communicated to the care user in a manner that displays limited understanding of the audience needs. The support plan will show limited relevance to the specific medical conditions of the user. Draws upon limited skills/knowledge/understanding from other units in the specification. [1 2 3 4 5 6]	Produces a support plan for a person with specific medical requirements. The plan is communicated to the care user in a manner that reflects the audience needs. The support plan will address the specific medical conditions of the user in and show some understanding of their life stage. Draws upon some relevant skills/knowledge/understanding from other units in the specification. [7 8 9 10 11]	Produces a detailed support plan for a person with specific medical requirements. The plan is communicated to the care user clearly and appropriately and reflects the audience needs. The support plan will effectively and clearly address the specific medical conditions of the user and reflect their life stage. Clearly draws upon relevant skills/knowledge/understanding from other units in the specification. [12 13 14 15]				
			Candidate produces a support plan for a service user with specific medical needs. Targets set are appropriate but limited in range. The support plan was effectively communicated to the service user. (See witness statement) Clearly draws on prior knowledge of learnt aspects from Ro22 in the synoptic link.	6	46-49	
			Total/	19		
If this is a re-sit, please tick				Please tick to indicate this work has been standardised internally		✓

Please note: This form may be updated on an annual basis. The current version of this form will be available on the OCR website (www.ocr.org.uk).

Guidance on Completion of this Form

- 1 One sheet should be used for each candidate.
- 2 Please ensure that the appropriate boxes at the top of the form are completed.
- 3 Please enter *specific* page numbers where evidence can be found in the portfolio, and where possible, indicate to which part of the text in the mark band the evidence relates.
- 4 Circle the mark awarded for each strand of the marking criteria in the appropriate box and also enter the circled mark in the final column.
- 5 Add the marks for the strands together to give a total out of 60. Enter this total in the relevant box.

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Candidate work

Lo3

Birth defects:

A birth defect is some sort of abnormality in the body, which is diagnosed at birth, it could be their weight, their size, and the way they look, they could be growing a lot faster than they are supposed to or they could be growing a lot slower than their supposed to be.

Some birth defects can be small and be fixed with an operation, but some can be major and lead to physical difficulties such as difficulties with walking, talking, moving etc.

Physically it can effect children's physical movement or it can physically change their appearance. Socially, it can affect people's movement and restrict them from going out and socializing or because of the birth defect they may not feel confident to go and socialize.

A birth defect can affect someone emotionally because it may upset them because of the reactions they may have and may become very depressed.

Financially it can have an impact on someone because they might need to buy medicine or therapy to help pay for treatment.

Colour blindness:

Colour blindness is a birth defect but it's also called colour deficiency. It means people cannot see colours properly or have difficulty telling colours apart, so getting colours confused but some people with this birth defect, can't see no colour at all.

Colour blindness affects about 1 in 12 men and 1 in 200 women in the world. Colour blindness can be genetically passed down.

Emotionally someone who suffers from colour blindness might feel down or upset because they don't feel as safe or as aware of certain things. They may feel distressed that they might not be able to join in on any activities or do certain things they will be frustrated.

Down syndrome:

Down syndrome is a condition that is set from birth, it results in learning disabilities. Our bodies are made up of lots of genes: the genes are grouped together and are called chromosomes.

750 babies are born each year with Down syndrome in the UK.

People who have Down syndrome have 47 chromosomes which means they have an extra copy of chromosomes, but extra chromosomes is what causes Down syndrome.

There is nothing a parent can do during or after the pregnancy to stop someone from having Down syndrome. New technology can now detect Down syndrome from early as baby scans.

People with Down syndrome have to accept the differences between them, and this is a social effect because it can knock their confidence for going out and socializing with people. Emotionally someone with Down syndrome can become frustrated easily and that could cause arguments or frustration for someone else, it can impact on friends or family.

Parents may have to deal with challenging behaviour that might be displayed this can have an emotional strain on family members.

Financially there may be lots of costs for medical reasons and treatment they may have to have, or the travel they have to take to go to special hospitals for treatments.

Restricted growth (dwarfism):

Restricted growth (dwarfism) may be caused by many different medical conditions, and is more noticeable in some conditions than others. The main cause of proportionate short stature (pss) is being born to small parents.

A less common cause is the body not producing enough growth hormone, which is estimated to affect one in every 3,500 to 4,000 children. This may be present at birth, because of problems with the pituitary gland.

Problems linked with genes are most likely diagnosed at birth.

Symptoms and signs of restricted growth: a large skull with a slightly larger or more forward forehead or shortened limbs more likely there upper arms and thighs, short hands and feet or spinal abnormalities.

It may restrict them doing certain activities that are based upon heights.

Physically being a dwarf it can make someone have health issues and having an impact on their growth. Financially, paying for all the medicine or the prescriptions will be expensive.

Emotionally being small can make someone frustrated, because they might not be able to reach certain things or they may just feel really low.

Bibliography

<http://kidshealth.org/en/parents/birth-defects.html>

<http://www.parents.com/baby/health/birth-defects/birth-defects-symptoms-treatments/>

<http://www.healthline.com/health/birth-defects>

<http://americanpregnancy.org/birth-defects/>

Non-birth defects/medical conditions:

A non-birth defect or medical conditions are diseases or conditions that may not be present at birth, but develop at a later stage in a person's life.

Some medical conditions are much more common than other types: some are not as easily treated as others and will need to be carefully monitored by professionals but some who be easily treated with medication.

Medical conditions can sometimes be caused by genetic reasons that are passed on from parents but are not present at birth and will only appear in later life.

A non-birth defect can also be due to environment and the way someone has chosen to live there life.

Poor lifestyle choices can lead to the development of medical conditions.

Some examples of birth defects: anorexia, glaucoma and amnesia.

Depending on which medical condition/ a non-birth defect someone has it can affect them in different ways.

Financially, there might be a lot more cost involved from the treatment they might have to have or the medical equipment needed. They may need medication to support the effects of the medical condition.

Physically, someone who suffers with a non-birth defect can be self-conscious if it effects their appearance or it could be a physical affect and it might and it could prevent them from a lot of movement. It can also impact on how physically healthy a person is.

Emotionally, having a medical condition or a non-birth defect can be hard to deal with and difficult to accept both for the individual that is suffering with the medical condition and also the parents or anyone who lives around them. It can cause people to worry about their health and the condition developing.

Socially, if the birth defect that someone has restricts there movement then people may miss out on doing certain activities or socializing with others because it may be simply too difficult for them to communicate with someone or to get round to doing things with people. People with a medical condition may feel too self-conscious to communicate or go out with people, they may have became too anxious and will not like too.

Anorexia:

Anorexia is not something someone is born with but develops over time.

Anorexia is a medical health condition. People with anorexia usually do this by restricting the amount of food they eat, making themselves vomit and exercising excessively. Anorexia is most common in girls and women, although it has become more common in boys and men in recent years. People who suffer from anorexia will go to certain lengths and lie to their friends, family about what they are eating or what they have eaten.

The eating disorder is where someone is worried about their body weight and is terrified of becoming fat or putting even the tiniest bit of weight on and has a goal in life which is to stay thin, be thin or become thinner.

People who suffer will see themselves as being fat or overweight, but realistically they are underweight and not a normal healthy weight for their age/size.

Anorexia usually appears around the age 15/16. People with anorexia will try and eat as little as possible or nothing at all, they will miss meals, count the calories they are taking in, make themselves sick, take laxatives and also exercising a lot. In some extreme cases for women it can stop their periods and restrict them on having children.

People will start to feel tired all the time, start to have hair loss and dry skin.

Physically, anorexia effects the body in a negative way, it can cause damage to someone's body, organs and cause there body to shut down which can lead to death, affecting children also adults and adolescences.

Finically, people with anorexia often do not seek help, perhaps because they're afraid or do not recognise they have a problem. Many have hidden their condition for a long time and felt too anxious to speak out loud or confide in someone. It's important not to criticise or pressure someone who has not spoken about it to anyone because it will take time for them to feel comfortable to speak to. People may be taken into hospital or need therapy to help them recover both physically and mentally from the condition.

Emotionally, anorexia can cause an anxiety disorder as long as having an eating disorder, someone who suffers from anorexia can feel embarrassed and ashamed and self-conscious so it will affect the way there feeling. This can lead to depression, this condition is a mental health condition.

Socially, anorexia can cause someone to isolate themselves and distant themselves from their friends and family.

People will hide the condition from their family and friends it is important for people to gain support for this condition before it leads to fatal results.

Amnesia:

Amnesia is a non-birth defect and it is where someone will gain memory loss and will start to not remember certain events they need to attend or information they would normally would be able to remember, lots of people forget things but having amnesia it becomes excessive and it becomes a major issue. Amnesia can be someone forgetting something happened a few minutes ago, yesterday or a few years ago.

The memory loss may have started suddenly or may have been getting worse over the last year or so. Memory loss can be distressing, for the person affected as well as for their family. Relatives may fear the worst and assume it's caused by dementia, but this often isn't always the case.

Not a lot of people know the cause of amnesia but there's a range of causes, sleeping problems, head injuries, having a stroke, anxiety, distress and also depression.

Amnesia is not something someone is born with but it develops over time due to a variety of reasons.

People who suffer from amnesia will not be able to remember basic things, this isn't just forgetting to go to work its maybe forgetting someone you know or even simple events.

People with amnesia also find it hard to imagine the future, because of the scenarios they are in. physically the part of the brain that is responsible for memory is affected.

Physically amnesia can affect someone because the lack of memory someone has can leave them feeling very physically vulnerable.

Financially, because of the memory loss, therapy may be needed or treatment.

Emotionally, someone who suffers from amnesia can be very distressed and maybe people who are surrounding them or living with them, because of the way they will communicate. It can be frightening and very frustrating to both them and the family.

Socially, it will affect someone because they will not be able to remember certain people and will struggle to remain in contact with someone.

This can be quite upsetting to other people around them. It is important for the person to gain support. They may need to seek professional help to be able to support them in the home.

Glaucoma:

Glaucoma is an eye condition that is due to pressure behind the eyes. It can lead to blindness if it is not treated. Glaucoma often affects both eyes, usually to varying degrees. One eye may develop glaucoma quicker than the other.

Also glaucoma is not something people are commonly born with.

The eye ball contains fluid called aqueous humour which is constantly produced by the eye. The causes of glaucoma is the tubes behind the eye have become blocked and fluid in the eye cannot be drained properly and if it does drain properly the pressure builds up, that pressure can damage the optic nerve, the optic nerve is what connects the eye to the brain.

If you have a family history with anyone suffering from glaucoma then when you take a trip to the optician they will check the pressure of your eye so they can spot it early and hopefully treat it.

This condition can be through genetics. There are different types:

- Chronic open-angle glaucoma-this is the most common type of glaucoma and develops very slowly.
- Primary angle-closure glaucoma-this is rare and can occur slowly or may develop rapidly with a sudden, painful build-up of pressure in the eye.
- Secondary glaucoma- this mainly occurs as a result of an eye injury or another eye condition, such as uveitis.
- Developmental glaucoma- a rare but sometimes serious type of glaucoma which occurs in very young children, caused by an abnormality of the eye.

Glaucoma can be treated with lasers, eye drops, surgery or treatment. But the earlier they diagnose is important because any damage to the eyes cannot be reversed.

In England and Wales it's guessed that more than 500,000 people have glaucoma but many more people may not know they have the condition.

The earlier the condition is diagnosed the more successful the treatment will be in helping the person with their eye sight.

Bibliography

http://scholar.google.co.uk/scholar?q=non+genetic+birth+defects&hl=en&as_sdt=0&as_vis=1&oi=scholart&sa=X&ved=0ahUKEwignLWfmqbSAhUJI8AKHT6CAnkQgQMIIjAA

<http://www.stanfordchildrens.org/en/topic/default?id=overview-of-birth-defects-90-P02113>

Case Studies

Birth defects	Non-birth medical conditions
<p>Zofia</p> <p>Zofia, 4, was born with a cleft foot. She lives with her parents Frederick and Grazya and her brother Dominick, 2. Zofia starts primary school next month and hears her parents talking about their concerns that she will not be able to take part fully in the physical activities like other children. This upsets Zofia.</p>	<p>Alison</p> <p>Alison, 15, has asthma. She is a talented swimmer and has her own personal trainer who is coaching her for entry into the county team. Alison is worried that her asthma may affect her ability to perform at a higher level.</p>
<p>Judith</p> <p>Judith, 38, has muscular dystrophy and her condition has begun to deteriorate. She is a single mother with two children Emily, 10, and Louise, 16, who is studying for her GCSE's. Judith's salary is the only source of income for the family. She is worried about how she will continue with her job and support her two girls.</p>	<p>Helen</p> <p>Helen, 40, has recently been diagnosed with breast cancer. Helen is married to Steven and they have three children aged 6, 11 and 15 years of age. The family is not coping well with the news of Helen's cancer.</p>
<p>Katrina</p> <p>Katrina, 12, was born with cerebral palsy. The family have support from grandparents who live nearby. Katrina attends her local school where she is happy and well supported. Katrina's father has been offered promotion but the family would have to move 200 miles away. The parents are concerned such a move could harm Katrina's education and that they would not be able to manage without the regular help from grandparents.</p>	<p>Patel</p> <p>Patel, 72, has recently had a heart bypass. He is the primary carer for his wife who is in the early stages of dementia. Patel is worried about how he will be able to continue to look after his wife while following the lifestyle changes he has been advised to adopt by his doctor.</p>
<p>Ahmed</p> <p>Ahmed, 17, is visually impaired. He has started his first job and wants to move out of the family home and live in a flat. However, his parents are against the move as they do not think he is able to look after himself. This disagreement is putting pressure on all the family.</p>	<p>Priya</p> <p>Priya, 24, has had a lot of time off work due to her mental ill health. She is worried about the possible effects on her job and family if this continues. Priya is divorced and has two children, Nikita, 2 and Sameer, 4. She provides the only source of income for the family.</p>

LO3 – MB3 Unit Recording Sheet (URS)

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Health and Social Care

OCR J811/J821 Unit R025 Level 1/Level 2

Cambridge Nationals Certificate/Diploma in Health and Social Care

Unit Recording Sheet

Oxford Cambridge and RSA

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Criteria			Teacher Comments	Mark	Page No.
LO2: Understand the ageing process in older adulthood ²					
MB1: 1 - 6 marks	MB2: 7 - 11 marks	MB3: 12 - 15 marks			
LO3: Know which medical conditions may affect progress through the life stages ³					
MB1: 1 - 6 marks	MB2: 7 - 11 marks	MB3: 12 - 15 marks			
Provides a basic overview of a limited range of conditions which affect the transition through the life stages. Provides a basic description of the chosen conditions with a basic discussion of how they might effect the health and social well-being of the individual and their family.	Provides a clear overview of a range of conditions which affect the transition through the life stages. Provides a detailed description of the chosen conditions with a detailed discussion of how they might effect the health and social well-being of the individual and their family.	Provides a detailed and coherent overview of the effect of a wide range of conditions which affect the transition through the life stages. Provides a thorough description of the chosen conditions with a thorough discussion of how they might effect the health and social well-being of the individual and their family.		12	20-34
[1 2 3 4 5 6]	[7 8 9 10 11]	[12 13 14 15]			

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Candidate work

Task 3: How medical conditions may affect progress through life stages

LO3: Know which medical conditions may affect progress through the life stages

Birth defects

While still in the womb, some babies have problems with how their organs and body parts form, how they work, or how their bodies turn food into energy. When babies are born with these health problems, they're called birth defects. There are more than 4,000 different kinds of birth defects, ranging from minor ones that need no treatment to serious ones that cause disabilities or require medical or surgical treatment. About one in every 33 babies is born with a birth defect. Not all birth defects can be prevented, but a woman can take steps to increase her own chance of having a baby with the best health possible.

Down syndrome



Down syndrome is a condition in which a person has an extra chromosome. Chromosomes are small "packages" of genes in the body. They determine how a baby's body forms during pregnancy and how the baby's body functions as it grows in the womb and after birth. Typically, a baby is born with 46 chromosomes. Babies with Down syndrome have an extra copy of one of these chromosomes, chromosome 21. A medical term for having an extra copy of a chromosome is 'trisomy.' This extra copy changes how the baby's body and brain develop, which can cause both mental and physical challenges for the baby.

Types of Down syndrome

Trisomy 21: About 95% of people with Down syndrome have Trisomy 21. With this type of Down syndrome, each cell in the body has 3 separate copies of chromosome 21 instead of the usual 2 copies.

Translocation Down syndrome: This type accounts for a small percentage of people with Down syndrome (about 3%). This occurs when an extra part or a whole extra chromosome 21 is present, but it is attached or "translocated" to a different chromosome rather than being a separate chromosome 21.

Mosaic Down syndrome: This type affects about 2% of the people with Down syndrome. Mosaic means mixture or combination. For children with mosaic Down syndrome, some of their cells have 3 copies of chromosome 21, but other cells have the typical two copies of chromosome 21. Children with mosaic Down syndrome may have the same features as other children with Down syndrome. However, they may have fewer features of the condition due to the presence of some (or many) cells with a typical number of chromosomes.

Development

The physical development of children with Down's syndrome tends to be slower than that of other children of a similar age. They may also be slower to develop socially and mentally. For example, it might take them longer to learn to speak, or to read. All people with Down's syndrome will have some degree of learning disability, although some people are more severely affected than others.

Life Expectancy

Life spans have increased dramatically for people with Down syndrome. In 1910, a baby born with Down syndrome often didn't live to age 10. Today, someone with Down syndrome can expect to live to age 60 and beyond, depending on the severity of health problems. This means that people with Down syndrome can live through infancy, childhood, adolescence and partially through adulthood.

Spina Bifida

Image/drawing of embryo
with spina bifida

Spina bifida is a condition that affects the spine and is usually apparent at birth. It is a type of neural tube defect.

Spina bifida can happen anywhere along the spine if the neural tube does not close all the way. The backbone that protects the spinal cord does not form and close as it should. This often results in damage to the spinal cord and nerves.

Spina bifida might cause physical and intellectual disabilities that range from mild to severe. The severity depends on the size and location of the opening in the spine and whether part of the spinal cord and nerves are affected.

Types of Spina Bifida

Myelomeningocele: When people talk about spina bifida, most often they are referring to myelomeningocele. Myelomeningocele is the most serious type of spina bifida. With this condition, a sack of fluid comes through an opening in the baby's back. Part of the spinal cord and nerves are in this sac and are damaged. This type of spina bifida causes moderate to severe disabilities, such as problems affecting how the person goes to the bathroom, loss of feeling in the person's legs or feet, and not being able to move the legs.

Meningocele: Another type of spina bifida is meningocele. With meningocele a sack of fluid comes through an opening in the baby's back. But, the spinal cord is not in this sac. There is usually little or no nerve damage. This type of spina bifida can cause minor disabilities.

Spina Bifida Occulta: Spina bifida occulta is the mildest type of spina bifida. It is sometimes called "hidden" spina bifida. With it, there is a small gap in the spine, but no opening or sac on the back. The spinal cord and the nerves usually are normal. Many times, spina bifida occulta is not discovered until late childhood or adulthood. This type of spina bifida usually does not cause any disabilities.

Life Expectancy

With help, children with Spina Bifida can lead full lives. Most do well in school, and many play in sports. Because of today's medicine, about 90 percent of babies born with Spina Bifida now live to be adults, about 80 percent have normal intelligence and about 75 percent play sports and do other fun activities.

Craniosynostosis

Image of baby with
craniosynostosis

The spaces between a typical baby's skull bones are filled with flexible material and called sutures. These sutures allow the skull to grow as the baby's brain grows. Around two years of age, a child's skull bones begin to join together because the sutures become bone. When this occurs, the suture is said to "close." In a baby with craniosynostosis, one or more of the sutures closes too early. This can limit or slow the growth of the baby's brain.

When a suture closes and the skull bones join together too soon, the baby's head will stop growing in only that part of the skull. In the other parts of the skull where the sutures have not joined together, the baby's head will continue to grow. When that happens, the skull will have an abnormal shape, although the brain inside the skull has grown to its usual size. Sometimes, though, more than one suture closes too early. In these instances, the brain might not have enough room to grow to its usual size. This can lead to a build-up of pressure inside the skull.

Types of Craniosynostosis

The types of craniosynostosis depend on what sutures join together early.

Sagittal synostosis– The sagittal suture runs along the top of the head, from the baby's soft spot near the front of the head to the back of the head. When this suture closes too early, the baby's head will grow long and narrow. It is the most common type of craniosynostosis.

Coronal synostosis – The right and left coronal sutures run from each ear to the sagittal suture at the top of the head. When one of these sutures closes too early, the baby may have a flattened forehead on the side of the skull that closed early (anterior plagiocephaly). The baby's eye socket on that side might also be raised up and his or her nose could be pulled toward that side. This is the second most common type of craniosynostosis.

Bicoronal synostosis – This type of craniosynostosis occurs when the coronal sutures on both sides of the baby's head close too early. In this case, the baby's head will grow broad and short.

Lambdoid synostosis – The lambdoid suture runs along the backside of the head. If this suture closes too early, the baby's head may be flattened on the back side. This is one of the rarest types of craniosynostosis.

Metopic synostosis – The metopic suture runs from the baby's nose to the sagittal suture at the top of the head. If this suture closes too early, the top of the baby's head shape may look triangular, meaning narrow in the front and broad in the back. This is one of the rarest types of craniosynostosis.

Life Expectancy

People with Craniosynostosis have a normal life expectancy which means they can live through infancy, childhood, adolescence, adulthood and older adulthood.

Cleft Lip or Palate

Drawings showing
different examples of
cleft lips and palates.

During the first 6 to 10 weeks of pregnancy, the bones and tissues of a baby's upper jaw, nose, and mouth normally come together to form the roof of the mouth and the upper lip. A cleft happens when parts of the lip and mouth do not completely fuse together.

A cleft lip may just look like a small opening on the edge of the lip, or it could extend into the nose. It may also extend into the gums. A cleft palate can vary in size. It could affect just the soft palate, which is near the back of the throat, or it also could make a hole in the hard palate toward the front of the mouth.

A cleft can be on one side of the mouth or on both sides of the mouth.

Most clefts fit into one of three categories:

- cleft lip by itself — most common in boys
- cleft palate by itself — most common in girls
- cleft lip and cleft palate together — more common in boys

Usually, cleft lip is found when a baby is born, although some are seen on a prenatal ultrasound. A cleft palate is more difficult to see until the inside of a child's mouth is examined carefully after birth.

Life Expectancy

For people with Cleft Lip or Palate the life expectancy is normal, therefore they live through infancy, childhood, adolescence, adulthood and older adulthood.

Non-Birth Medical Conditions

A medical condition is a broad term that includes all diseases and disorders. While the term medical condition generally includes mental illnesses, in some contexts the term is used specifically to denote any illness, injury, or disease except for mental illnesses. The Diagnostic and Statistical Manual of Mental Disorders, the widely used psychiatric manual that defines all mental disorders, uses the term general medical condition to refer to all diseases, illnesses, and injuries except for mental disorders. This usage is also commonly seen in the psychiatric literature. Some health insurance policies also define a medical condition as any illness, injury, or disease except for psychiatric illnesses.

As it is more value-neutral than terms like disease, the term medical condition is sometimes preferred by people with health issues that they do not consider deleterious. On the other hand, by emphasizing the medical nature of the condition, this term is sometimes rejected, such as by proponents of the autism rights movement.

The term medical condition is also a synonym for medical state, in which case it describes an individual patient's current state from a medical standpoint. This usage appears in statements that describe a patient as being in critical condition, for example.

Alzheimer's disease

Alzheimer's disease is the most common type of dementia, affecting almost 500,000 people in the UK. The term "dementia" describes a loss of mental ability associated with gradual death of brain cells. The exact cause of Alzheimer's disease is unknown, although a number of things are thought to increase your risk of developing the condition, including, increasing age, a family history of the condition, previous severe head injuries, lifestyle factors and conditions associated with cardiovascular disease.

Signs and symptoms of Alzheimer's disease

Alzheimer's disease is a progressive condition, which means the symptoms develop gradually and become more severe over the course of several years.

The first sign of Alzheimer's disease is usually minor memory problems. For example, this could be forgetting about recent conversations or events, and forgetting the names of places and objects. As the condition develops, memory problems become more severe and further symptoms can develop, such as, confusion and disorientation, personality changes, such as becoming aggressive, demanding and suspicious of others, hallucinations and delusions, problems with language and speech and problems moving around without assistance

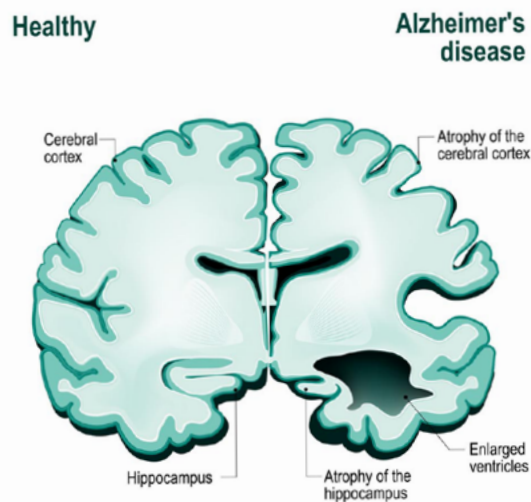
Who is affected?

Alzheimer's disease is most common in people over the age of 65, and affects slightly more women than men. The risk of Alzheimer's disease and other types of dementia increases with age, affecting an estimated one in every six people over the age of 80. However, around 1 in every 20 cases of Alzheimer's disease affects people between 40 and 65 years of age.

Life Expectancy

On average, people with Alzheimer's disease live for around 8 to 10 years after they start to develop symptoms. However, this can vary considerably from person to person. Some people with the condition will live longer than this, but others will not.

Alzheimer's disease is not usually the actual cause of death, but it is often a contributing factor. For example, a leading cause of death in people with Alzheimer's disease is pneumonia, which may go untreated because people with the condition often aren't able to recognise that they're ill, or may not be able to tell someone they are feeling unwell.



Breast Cancer



Breast cancer is the most common type of cancer in the UK. In 2011, just under 50,000 women were diagnosed with invasive breast cancer. Most women who get it (8 out of 10) are over 50, but younger women, and in rare cases, men, can also get breast cancer. If it's treated early enough, breast cancer can be prevented from spreading to other parts of the body.

Symptoms of breast cancer

Breast cancer can have a number of symptoms, but the first noticeable symptom is usually a lump or area of thickened breast tissue. Other symptoms include a change in the size or shape of one or both breasts, discharge from either of your nipples, a lump or swelling in either of your armpits, dimpling on the skin of your breasts, a rash on or around your nipple, a change in the appearance of your nipple, such as becoming sunken into your breast.

Types of breast cancer

There are several different types of breast cancer, which can develop in different parts of the breast. Breast cancer is often divided into non-invasive and invasive types.

Non-invasive breast cancer: Non-invasive breast cancer is also known as cancer or carcinoma in situ. This cancer is found in the ducts of the breast and hasn't developed the ability to spread outside the breast. This form of cancer rarely shows as a lump in the breast that can be felt, and is usually found on a mammogram. The most common type of non-invasive cancer is ductal carcinoma in situ.

Invasive breast cancer: Invasive cancer has the ability to spread outside the breast, although this doesn't necessarily mean it has spread. The most common form of breast cancer is invasive ductal breast cancer, which develops in the cells that line the breast ducts. Invasive ductal breast cancer accounts for about 80% of all breast cancer cases and is sometimes called "no special type".

Other types of breast cancer: Other less common types of breast cancer include invasive lobular breast cancer, which develops in the cells that line the milk-producing lobules, inflammatory breast cancer and Paget's disease of the breast. It's possible for breast cancer to spread to other parts of the body, usually through the lymph nodes or the bloodstream. If this happens, it's known as "secondary" or "metastatic" breast cancer.

Life expectancy

It is more likely for a person to get breast cancer during adulthood, if they do survive and beat the cancer then they live into older adulthood. However, there is a chance they don't survive the cancer and don't live into older adulthood. This differs regarding how serious the cancer is and the age of the person when they get it.

Diabetes



Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. The hormone insulin, produced by the pancreas, is responsible for controlling the amount of glucose in the blood.

Types of diabetes

Type 1 diabetes can develop at any age, but usually appears before the age of 40, particularly in childhood. Around 10% of all diabetes is type 1, but it's the most common type of childhood diabetes. This is why it's sometimes called juvenile diabetes or early-onset diabetes. In type 1 diabetes, the pancreas doesn't produce any insulin – the hormone that regulates blood glucose levels. This is why it's also sometimes called insulin-dependent diabetes. If the amount of glucose in the blood is too high, it can, over time, seriously damage the body's organs.

In **type 2 diabetes**, the body either doesn't produce enough insulin to function properly, or the body's cells don't react to insulin. Around 90% of adults with diabetes have type 2, and it tends to develop later in life than type 1.

Diabetes symptoms

The symptoms of diabetes occur because the lack of insulin means that glucose stays in the blood and isn't used as fuel for energy. Your body tries to reduce blood glucose levels by getting rid of the excess glucose in your urine.

Typical symptoms can include feeling very thirsty, passing urine more often than usual, particularly at night, feeling very tired, weight loss and loss of muscle bulk. The symptoms of type 1 diabetes usually develop very quickly in young people (over a few days or weeks). In adults, the symptoms often take longer to develop (a few months).

Life Expectancy

Men with type 1 diabetes lose about 11 years of life expectancy compared to men without the disease. And, women with type 1 diabetes have their lives cut short by about 13 years. However, there is no defining statistic to tell you how long you'll live with type 2 diabetes. The better you have your diabetes under control, the lower your risk for developing associated conditions that may shorten your lifespan.

Tourette's syndrome



Tourette's syndrome is a neurological condition (affecting the brain and nervous system), characterised by a combination of involuntary noises and movements called tics. It usually starts during childhood and continues into adulthood. In many cases Tourette's syndrome runs in families and it's often associated with obsessive compulsive disorder or attention deficit hyperactivity disorder.

Tics

- **Vocal (sounds)** – such as grunting, coughing or shouting out words
- **Physical (movements)** – such as jerking of the head or jumping up and down
- **Simple** – making a small movement or uttering a single sound
- **Complex** – making a series of physical movements or speaking a long phrase

Most people diagnosed with Tourette's syndrome have a combination of physical and vocal tics, which can be both simple and complex. The tics don't usually pose a serious threat to a person's overall health, although physical tics, such as jerking of the head, can often be painful. However, children and adults with Tourette's syndrome may experience associated problems, such as social isolation, embarrassment and low self-esteem.

What causes Tourette's syndrome?

The cause of Tourette's syndrome is unknown. However, it's thought to be linked to problems with a part of the brain known as the basal ganglia, which helps regulate body movements. In people with Tourette's syndrome, the basal ganglia 'misfire', resulting in the characteristic tics. In around two-thirds of cases of Tourette's syndrome, symptoms improve significantly (usually around 10 years after they started).

In many of these cases, medication or therapy will no longer be needed to control the person's tics. Some people's symptoms become less frequent and troublesome, or they disappear completely. In one third of people with Tourette's syndrome, the symptoms continue throughout their life. However, they usually become milder as the person gets older. This means the need for medication and therapy may pass over time.

Who is affected by Tourette's syndrome?

Tourette's syndrome is more common than most people realise. It affects around one in every 100 people. The symptoms of Tourette's syndrome usually begin at around seven years of age and become most pronounced at 10–11 years. For unknown reasons, boys are more likely to be affected by Tourette syndrome than girls.

Life expectancy

Although the disorder is generally lifelong and chronic, it is not a degenerative condition. Individuals with TS have a normal life expectancy. This means they live through infancy, childhood, adolescence, adulthood and older adulthood.

Non- Birth Medical Condition: Kylie Minogue

Kylie Minogue is an Australian singer, songwriter, and actress. After performing in Europe, she travelled to Melbourne, where she was diagnosed with breast cancer and was forced to cancel the tour. She was diagnosed with breast cancer at age 36 on 17 May 2005. At the time of her diagnosis she had a boyfriend and family around her that the cancer had an impact on.

Breast cancer occurs when malignant tumours develop in the breast. These cells can spread by breaking away from the original tumour and entering blood vessels or lymph vessels, which branch into tissues throughout the body. When cancer cells travel to other parts of the body and begin damaging other tissues and organs, the process is called metastasis.

Physical

Breast cancer had a massive effect on Kylie Minogue physically, intellectually, emotionally, socially and financially. As a result of the physical effects, she became thinner and was constantly tired therefore she became less able to get up in the morning. The cancer was the cause of her hair loss. It also affected her physical stamina - if she could, she was determined to walk to the end of the road or to the local shop. After beating cancer in 2010 it was necessary that she had to rebuild her fitness for her upcoming concert. However, her manager changed her show so that she can have slow costume changes or have a rest while there is some other act on stage.

Intellectual

The intellectual effects that breast cancer had on Kylie include that she knew she had to go through a lot of tough times and bad days to come out the other side. She had a bucket list just in case she didn't survive. Once she got the all clear she set herself a deadline on when she needs to be fit by so she can have a successful tour.

Emotional and Social

Kylie went through a lot emotionally and socially during the period that she had breast cancer. Some days she didn't want to look in the mirror at herself. Through her treatment she was still taking in the fact that she had cancer, she had days that she was upset or didn't think she was going to beat it but she got sent letters by the public saying nice things which helped cheer her up. Throughout the time she had cancer she protected her privacy by doing projects that no one knew about so she felt that not everyone knew everything about her. In 2010 when she got told she had beaten cancer she started to embrace life and is happy at the moment that she can go out and socialise. She feels relieved that it is gone, however, is living with fear that it could come back in later life worse than it was.

Financial

Kylie Minogue had to cancel her tour when she was diagnosed with breast cancer which meant the people that had booked concert tickets would have got a refund causing her to lose money. She travelled to Paris to have chemotherapy and back to Australia a few times which affected her financially. Additionally she would of have to

of paid for her chemotherapy which is very expensive; however, she was rich enough to pay for it.

Effects on her family

Physical

Kylie's diagnosis had a massive impact on her family, especially her mother and sister. Her family felt useless at the time as they couldn't have done anything to help which caused them a lot of stress and worry. Her sister, Dannii, got addicted to Botox. She claims, "I couldn't deal with the stress. I couldn't deal with having to look at my face." as the stress was causing wrinkles to appear on her face she turned to skin-tightening injections to cope with her sister's illness.

Intellectual

Throughout Kylie's stages of cancer, her family educated themselves on the effects, treatments and difficulties she may face due to it. This allowed them to help support her through the tough time as they understood how to respond to certain situations. One effect of cancer is hair loss which could lower her confidence and self-esteem. Her family were aware of this, therefore were able to encourage her to embrace the situation and continue completing everyday tasks, such as going to the shop.

Emotional and Social

Emotionally her family went through a lot of stress not knowing whether Kylie would beat the cancer or not. They went into lock-down mode which made their lives focus on Kylie and her illness. Her sister, Dannii, fell into a depression and became dependent to Botox when Kylie feels ill with breast cancer.

Financial

Her mother quit her job to spend time with Kylie; however, her father was working full time which made up for the decrease of her mum's financial income. The family moved to France to spend time with Kylie as she was not able to visit them in Australia and she was living with her boyfriend at the time. This made them have to buy a house and pay for the flights along with insurance.

Birth Defect: Lauren Hutchins

Lauren Hutchins is a 14 year old girl who was diagnosed with cystic fibrosis when she was 3 months old, however, Lauren doesn't let her disorder stop her from doing the things she loves. For her whole life she has had her mum and brother by her side supporting her.

Cystic fibrosis is a genetic condition in which the lungs and digestive system become clogged with thick sticky mucus. Cystic fibrosis is caused by a genetic mutation; specifically a mutation in a gene called CFTR. A genetic mutation is when the instructions found in all living cells become scrambled in some way, meaning that one or more of the processes of the body do not work in the way they should. The CFTR gene normally creates a protein that regulates levels of sodium and chloride in cells. If the CFTR gene is defective, it results in a build-up of thick, sticky mucus in the body's tubes and passageways. These blockages damage the lungs, digestive system and other organs, resulting in the symptoms of cystic fibrosis.

Physical

The physical effects that cystic fibrosis has on Lauren include that she can't exercise too much or she'll become out of breathe. Before she was diagnosed her mum noticed that she was eating a lot without gaining weight. When she is unwell it makes her cough which prevents her from doing sport and dance because it would make her more productive, which means bringing up lots of phlegm, however, when she is well she can do anything that someone who doesn't have cystic fibrosis can do. She loves to dance and sing, singing is a type of deep breathing exercise and it helps to strengthen her lungs, which helps her condition. Her treatments that help her cystic fibrosis include medication, or have antibiotics through a needle in her hand or Port-A-Cath, which is a piece of metal under the skin. She also has inhalers and physiotherapy twice day, which helps stop her getting bugs and brings up all the nasty stuff that can do her body harm. She suffers from stomach aches and severe bowel problems.

Intellectual

Intellectually she has learnt how to manage her own condition, her medication and physio which she was taught how to do by her mum. This has made her mature quicker as she can take care of herself without anyone's help. When she's ill in hospital she would plan something nice to look forward to doing when she comes out of hospital. This would make her cope with being in hospital and it seemed to her that the time would go by quicker.

Emotional and Social

The emotional and social effects on Lauren include that it made her feel restricted and embarrassed about her condition. If Lauren is ill it can stop her going out with friends which makes her upset and different to everyone else. Her time in hospital also restricted her social life; however, she had a very close relationship with her family who were allowed to visit her in hospital. She always relied on her mum with her medication but when she learnt how to take care of her disorder it made her feel independent and happy.

Effects on her family

Physical

Lauren's diagnosis had a massive impact on her family, especially her mother and brother. Her family felt useless at the time as they couldn't have done anything to help which caused them a lot of stress and worry. The stress made her mum tired a lot of the time which made her age quicker causing wrinkles on her face.

Intellectual

Her diagnosis was a massive shock to her family; her mum struggled to take it in at first and worried about the future as she didn't know much about the disorder therefore had to research about it. This enabled her to learn about the condition and treatments which her daughter would require in the future. This meant she learnt about the entire physio Lauren would need to do and how often. She desperately wanted to know how to do the best for her child, how to access treatments and most importantly, if there is a cure.

Emotional and Social

She desired to live a normal life; she was constantly stressed and scared. She had a second child after Lauren, her brother felt like her was unloved as his mum's life revolved around taking care of Lauren and he wasn't getting attention. As he was young he didn't understand and was confused about his sister condition. Now he is older he understands about his sister's disorder and tries to help whenever he can. Her mum missed out on her social life a lot as she spent most of the time taking care of Lauren as she was ill quite a lot of the time.

Financial

She regularly had to take time off of work to take care of Lauren or take her to hospital. This affected her financial income massively which limited the amount of holidays they could have, especially the fact that Lauren couldn't go abroad which made her brother miss out on the luxuries of being a child. Lauren's mum occasionally paid for a personal trainer for Lauren to help the condition; however, this had to be reduced due the lack of money.

LO3 MB1 commentary

A basic overview is provided of the conditions that affect progress through the life stages, however these do not show the transition through the life stages and the impact it will have on the individual.

Two appropriate case studies have been chosen from the model assignment anorexia (non birth defect) and Down's syndrome (birth defect). The candidate gave a basic description of both conditions but it was limited on showing the affect on progress through the life stages. There was some reference to P.I.E.S. The effects on the family were omitted for both conditions. (middle/top of mark band 1 awarded)

To further improve the work the case studies used need to address the how these would impact on the individual through the different life stages. The P.I.E.S need to be linked specifically to the conditions and more detail given to show knowledge and understanding of the chosen condition. The effects on the family and the individual need to be included as part of the assessment evidence to further improve this LO.

The command verbs in MB1 is considered to be met. To award MB2 there should be a range of conditions (3 or more). There needs to be a detailed description of the conditions and how they affect the health and social well-being of the individual and the family.

OCR web-resources: <http://www.ocr.org.uk/qualifications/cambridge-nationals/cambridge-nationals-health-and-social-care-level-1-2-j801-j811-j821/>

Textbook from: <https://www.hoddereducation.co.uk/Product?Product=9781471899744>

NHS, websites and journals.

Case studies relating to the various conditions. Books, websites, documentaries and YouTube clips.

Alternative formats that the work could be produced in:

Leaflet, posters, slide presentations, information sheets.

LO1 MB3 commentary

The evidence was considered to be MB3. A wide range of conditions were given: 6 birth defects and non-birth medical conditions. A detailed overview is provided of the conditions showing some of the impact the transition through the life stages.

Two case studies supported the evidence, (Breast cancer/Cystic fibrosis)

The candidate gave a detailed description of both conditions, showing some affect on progress through the life stages. There was reference to P.I.E.S. The effects on the individual and the family were given and were considered to be clearly explained, although implied (rather than expressly stated) for both conditions. However evidence still met MB3.

The evidence could be strengthened by ensuring that the impact on the life stages was thoroughly given and the effects on the individual and the family are clearly given to show thorough understanding.

It was considered that the work met the command words for MB3, MB2 command words were fully met with the evidence produced. To gain full marks at MB3 evidence needs to ensure that both conditions are fully understood to the same depth, and there is knowledge and understanding of the effects on the individual and the family through the life stages.

OCR web-resources: <http://www.ocr.org.uk/qualifications/cambridge-nationals/cambridge-nationals-health-and-social-care-level-1-2-j801-j811-j821/>

Textbook from: <https://www.hoddereducation.co.uk/Product?Product=9781471899744>

NHS, websites and journals.

Case studies relating to the various conditions. Books, websites, documentaries and YouTube clips.

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