

[C047/SQP179]

Advanced Higher
Home Economics
Lifestyle and Consumer Technology
Specimen Question Paper

Time: 3 hours

NATIONAL
QUALIFICATIONS

100 marks are allocated to this paper.

This paper consists of **two** sections.

Candidates should answer the following:

Section A — All questions

Section B — Question 1 and any other **two** questions

SECTION A

You should spend approximately 1 hour in total on this question.

Read the report carefully.

Using the information in the report and your own knowledge, answer the questions below.

Marks

- | | | |
|-----|--|-------------|
| (a) | Discuss the factors which contribute to the “cycle of disadvantage” outlined in the report. | 5 |
| (b) | Discuss the implications of poverty to the residents of the Pennywell Estate, as highlighted in the report. | 10 |
| (c) | “Poverty takes away people’s ability to be assertive about their own health care.”
Critically analyse this statement. | 10 |
| | | (25) |

SECTION B

Answer THREE questions from this section: Question 1 and any other TWO questions.

You should spend approximately 40 minutes on each question.

Marks

1. A declining number of people live as married couples with dependent children. Study the data below.

<i>People in households: by type of household and family in which they live</i>					
<i>Great Britain</i>					
<i>Percentage</i>	1961 %	1971 %	1981 %	1991 %	1995 %
Living alone	3.9	6.3	8.0	10.7	11.1
Married couple, no children	17.8	19.3	19.5	23.0	23.4
Married couple with dependent children	52.2	51.7	47.4	41.1	39.9
Married couple with non-dependent children only	11.6	10.0	10.3	10.8	10.9
Lone parent with dependent children	2.5	3.5	5.8	10.0	10.1
Other households	12.0	9.2	9.0	4.4	4.6

Source: Office of Population Censuses and Surveys

- (a) Using the data, discuss the changes in household composition between 1961 and 1995.

10

- (b) Critically assess the implications of these changes in household composition.

15

(25)

2. A seventy year old man has recently suffered a minor stroke which has affected mobility in his right hand.

Discuss the factors that should be considered when assessing his housing, personal and nutritional needs.

(25)

3. “Making a food product appeal to both children and parents is essential.”

“Food Frenzy—Marketing Food to Children”—*Which? Way to Health*, 1993

Discuss this statement in relation to the techniques employed by manufacturers when marketing a food product for primary school children.

(25)

4. The Scottish dietary targets for 2005 state that:

“The proportion of mothers breastfeeding their babies for the first six weeks of life should increase to more than 50% from the present incidence of 30%.”

Scotland’s Health—A Challenge to us All, 1996

Discuss the factors that need to be considered to enable this target to be achieved.

(25)

5. “Social security from the cradle to the grave—this was the new Britain people wanted.”

The Beveridge Report, 1942

Discuss how far this statement can be applied to Britain today.

(25)

[END OF QUESTION PAPER]

[C047/SQP179]

Advanced Higher
Home Economics
Lifestyle and Consumer Technology
Specimen Report

Time: 3 hours

NATIONAL
QUALIFICATIONS

REPORT
For use with SECTION A

Read the following report carefully and then answer the questions in SECTION A of the accompanying question paper.

You should spend approximately 1 hour in total on Section A.

It's enough to make you sick . . .

Unemployment and poverty—it's enough to make you sick, say research studies which make clear links between hardship and family ill health. Save the Children's experience in the UK shows how poverty prevents children from having an equal start in life . . .

As soon as I saw them landscaping the river bank, I said that is the end of the shipyards."

The unemployed of Pennywell estate, Sunderland—which has pockets of 70 per cent joblessness—are discussing the futures market. It's no more buoyant than the ghosts of ships in an area which once relied on shipbuilding and coal. As one young man said:

"It's not that people don't want to work, it's just there's nowt for them. I left school when I was 16. I'm 30 now and I have never had a job."

It's a young population: 30 per cent of the 10,000 people on Pennywell are under 21. Parents worry that their kids will never find work. They worry, too, about the impact of low income on their children's health and growth; they just can't afford the right diet or provide a healthy environment. Women are prepared to go without to feed the children, says health worker Elspeth Camm:

"They tend to skip breakfast, exist on sugary drinks all day and just have a meal at night."

Now local people are taking action for better health through the Pennywell Neighbourhood Centre, run in partnership between Save the Children and the council. Before the centre was built in 1990, there were very limited health services on Pennywell.

Parents could not afford the bus fares to visit clinics two miles away. Now they sit on the management committee which organises services like the Well Woman Clinic, the Male Only Contraceptive Clinic (one of the first in the country) and treatment room.

Some Statistics

Sunderland has the fourth highest number of smoking-related deaths in the UK. Low birthweights are common. High rates of respiratory disease and stress feature widely. Paul Woodhead, Save the Children Fund's family work development officer, sees everyday evidence that poverty-linked stress fractures families: "We find a lot of kids will disappear for a while off the estate . . . and it's usually because of family tensions."

Paul was sorry to see that the Government's Health of the Nation White Paper "didn't mention income at all, in 130 pages". Yet he sees mums like Heather, who can't pay the bus fares to take her five children—who variously suffer from epilepsy, chronic bronchitis and asthma—to the GP. "I come here for Richard's injections," says Heather of her youngest child, lucky to be alive after being born seriously underweight and premature. "If I want something, I've only got to come and ask Elspeth."

Families increasingly rely on women working part-time in local service industries—for £2 an hour. Together with long-term male unemployment, this pattern of work is shifting childcare responsibilities over to the men.

Unemployed father of two, Kevin Craik, 29, says he enjoys bringing the baby to be weighed. He also approves of the Male Only Contraceptive Clinic and the men's group, run by Paul Woodhead:

"We sit and talk about stress, addiction—drugs and alcohol and all that—blood pressure and what to do about it. It's a friendly place to come if you want something explaining."

Parents are well aware that health prevention is better than cure. "People all know what they should do," says Elspeth. But money problems undercut everything. "I'm getting £123 a fortnight," says Kevin Craik, "and I'm paying two loans off. I tell you something: it does not go far! Money is my main problem."

Being unemployed, low paid and under pressure makes people feel powerless to change things. As Paul Woodhead puts it: "Poverty takes away people's ability to be assertive about their own health care." That's why the work of the women's group to raise awareness and take action is vital for the whole family. The group has tackled subjects like healthy eating, stress, addiction, environmental health and child abuse.

"Since we've come to the centre, we've all opened our horizons," says Sharon Dixon, mother of four and chair of the Pennywell management committee. "The good thing about the men's and women's groups is you can come up with your own ideas," says fellow committee member Carol Green, mother of Darren and Sarah.

New Horizons

Both Elspeth Camm and family planning nurse Yvonne Batt welcome this way of working. Elspeth explains: "It's about being straight with people. But it's not so secure: people criticise and question what you are doing. I might have qualifications as a nurse, but people have skills that I haven't. I am often amazed by how well people do manage on the money. You can tap into their skills and they can tap into yours."

Long term, Elspeth hopes that the accumulated trust will pay dividends as Pennywell's youth grows up. "You may see a little girl you've known in the youth group who will be more likely to come and see you because she knows you. That's going to be a big plus. You can't work with anybody if they won't listen to you."

Save the Children Fund's contribution to Pennywell Neighbourhood Centre in 1993/4 was £55,318.

Lotte Hughes, *Save the Children*, Spring 1994

[END OF REPORT]

[C047/SQP179]

Advanced Higher
Home Economics
Lifestyle and Consumer Technology
Specimen Marking Instructions

NATIONAL
QUALIFICATIONS

SECTION A

- (a) *Discuss the factors which contribute to the “cycle of disadvantage” outlined in the report.*
5 marks

Low Income

- 70% unemployment
- mothers going without to feed children
- low birth weights—poor start to life
- impact on children’s health and growth
- poor diet—inability to purchase correct food/amount of food
- can’t afford bus fare to nearby clinics for health checks

Unemployment

- decline in local industries
- no future prospects for the young (30% of under 21 unemployed)
- lack of investment in the area
- feeling of powerlessness

Family Situation

- high stress rates linked to poverty, children stay away to avoid family tensions
- high population of smokers leads to low birth weight
- limited health services to provide for families’ health needs
- increase in low paid part time work for women perpetuates the cycle

1 mark for each well detailed point

A—4–5 marks

The candidate is able to identify a wide range of factors which contribute to the “cycle of disadvantage” and clearly discusses the contribution of each factor. A sample response is given on the next page.

B—3 marks

The candidate is able to identify a range of factors which contribute to the “cycle of disadvantage”. Discussion is developed although not fully explored.

C—2 marks

The candidate is able to identify some factors which contribute to the “cycle of disadvantage” with little or no discussion.

(a) **Sample Answer**

A—4–5 marks

- The cycle of disadvantage as outlined in this report begins even before children are born. **Low income** means that **antenatal care may not always be accessed** due to the inability to pay bus fares to health clinics. This may mean that mothers may go without vital advice or health checks, which may impact on the health and development of the baby.
- Similarly, low income means that many are unable to afford **food of good quality or a range of foods** which provide a good balance of nutrients. This also affects the development of the foetus and when coupled with **the high incidence of smokers** in the community, contributes to the problem of low birth weight babies which are more at risk from a variety of illnesses and infections. This lack of money also means that some **mothers actually go without food** to make sure their children have enough, so yet again the foetus begins its life at a disadvantage.
- The **high incidence of unemployment** in the area further exacerbates the problem. With little hope of ever getting a job, this sense of powerlessness may well mean that people have **little regard for their own health** as goals become day to day rather than long term.
- **Long term unemployment** also affects self esteem and could result in other mental health problems which may also go without treatment as people from such communities may find communicating with health professionals a daunting task.
- **The lack of investment** in the area means that young people grow up seeing unemployment as the norm and a community which is not regarded highly by others, and any ambition outwith this may seem unattainable. Again the cycle of disadvantages kicks in and people may never find a way out of the poverty trap with all the resultant problems due to lack of money eg poor health.

Factors are highlighted in bold.

- (b) *Discuss the implications of poverty to the residents of the Pennywell Estate, as highlighted in the report.*

10 marks

- impact on childrens' health—affects growth/more diseases/weaker immune system
- inability to provide adequate diet—cheaper foods tend to be high in fat/sugar—leads to tooth decay/obesity/more disease
- inability to provide healthy environment—stunted growth/more illness/lack of stimulation/depression
- need for parents to go without food to feed children—parents health at risk/no energy to play with children/parents more at risk from illness
- diets high in refined, sugary foods—cheaper/satisfying/tooth decay/obesity/treats for the children
- lack of health provision—inability to afford bus fares to local health services/children not monitored by health services as regularly as required
- division of families due to stress—divorce/separation leading to even lower income for single parent/no support for childcare—more stress
- shift of child care responsibilities from women to men—part time jobs easier for women to get leaving men at home/potential problems with male self-esteem/image as bread winner no longer true
- feeling of powerlessness—cause for depression/feelings of “life not worth living” as individual has no control over situation
- poor self-esteem—no money/poor standard of living—cannot provide for family leads to feelings of worthlessness/depression

1 mark for each well detailed point

A—8–10 marks

Candidates are able to develop a full and coherent discussion of the implications of poverty highlighted in the report. The discussion shows good analysis and the identification of the majority of the main points with full explanations.

B—6–7 marks

Candidates are able to develop a discussion of the implications of poverty highlighted in the report. Main points will be identified with explanation.

C—4–5 marks

Candidates are able to identify some main points with limited explanation.

- (c) *“Poverty takes away people’s ability to be assertive about their own health care.”*
Critically analyse this statement.

10 marks

- low self esteem due to lower self worth
- increased pressures (eg financial) lowers self esteem
- poorer educational attainment—less able to articulate concerns/make reasoned decisions on health care
- feeling of powerlessness leads to apathy
- less aware of rights regarding health
- less well informed about health—cost of papers, books, etc lessens awareness
- feelings of inferiority make dealing with health professional more of an ordeal
- difficulties with access to health facilities due to travel expenses and effort/inconvenience to get there
- alternative health techniques financially inaccessible
- inability to afford to put good health practices (eg diet) into practice

1 mark for each well detailed point

A—8–10 marks

Candidates are able to critically analyse the statement giving full analysis of the implications of poverty in relation to personal health care.

B—6–7 marks

Candidates are able to critically analyse the statement giving some analysis of the implications of poverty in relation to personal health care.

C—4–5 marks

Candidates are able to critically analyse the statement giving a limited analysis of the implications of poverty in relation to personal health care.

Total 25 marks

SECTION B

1. (a) *Using the data, discuss the changes in household composition between 1961 and 1995.*

10 marks

- increasing number of people living alone
- steady increase of approx 2% per decade
- increase in number of divorces—more people living alone
- mobility for work, many more people living away from family home during week
- more young people expect to live independently at an earlier age
- many elderly widowed people live alone rather than as part of extended family
- difference in life expectancy of men and women increases number of single elderly
- changing expectation of lifestyle—possible increased resistance to marriage
- increased availability of single person housing/starter homes
- increased number of couples without children—long term implications—no family to care for them when old
- decline in number of married couples with dependent children
- increase in single parent families—more divorce/change in family values/single mothers
- more acceptance of reconstituted families

1 mark for each well detailed point

A—8–10 marks

Candidates are able to develop a full and coherent discussion of the changes in household composition. The discussion shows good analysis of the data with full explanations.

B—6–7 marks

Candidates are able to develop a discussion of the changes in household composition. The discussion shows analysis of the data with explanations.

C—4–5 marks

Candidates are able to develop only a limited discussion of the changes in household composition with little explanation.

1. (b) *Critically assess the implications of these changes in household composition.*

15 marks

- increased need for smaller housing for single people/commuters/childless couples
- increased need for affordable housing—single parent families/young people/commuters who have family home to upkeep as well
- increased need for sheltered housing—no extended family
- increased dependence on welfare provision—unemployed youngsters/single parents/elderly with no extended family
- increase in property prices—increased demand for small housing leads to increased demand for rented accommodation as house prices rise
- mobility for work—increased demand for rented accommodation as people move job locations more frequently
- increase in single parent families—increase in demand for child care support as parents return to work to pay for housing
- other households—increase in number of step-families—may result in difficulties/adjustments within family structure
- increase in number of single people flat/house sharing—to make accommodation more affordable/greater independence
- increase in married couples with no children—higher incomes needed for more expensive housing/more affluent lifestyle/increased foreign travel
- increase in lone parents with dependent children—need for housing near local facilities: schools/creches/shops
- increase in people living alone—increase in demand for safe/secure housing near to social facilities: pubs/cinemas/leisure complexes
- increase in demand for public transport—single parents can't afford to run a car
- decrease in demand for large family homes—fewer children dependent families who can afford them, increase in single parents who can't
- increase in living alone—increase in convenience foods to suit lifestyle

1 mark for each well detailed point

A—12–15 marks

Candidates are able to critically assess a wide range of implications with regard to changes in household composition, with full explanations.

B—9–11 marks

Candidates are able to critically assess a range of implications with regard to changes in household composition, with explanations.

C—7–8 marks

Candidates are able to critically assess some of the implications with regard to changes in household composition, with limited explanations.

Total 25 marks

2. *A seventy year old man has recently suffered a minor stroke which has affected mobility in his right hand.*

Discuss the factors that should be considered when assessing his housing, personal and nutritional needs.

25 marks

Housing

- neighbours, friends or family close by may be more important now as help may be needed on occasion
- stairs may now be more of a liability
- equipment eg vacuum cleaner may be more difficult to use/carry about especially if on more than one floor
- switches/controls which require more than one hand may now be difficult to operate
- occupational therapy and social work may need to become involved to help with any changes and adaptations needed to the home or in relation to moving to a more appropriate house—he will need to be assessed
- housing benefit policy
- housing possibilities
- special housing needs

Personal

- power of attorney may be required as he may not be able to write or sign documents such as cheques, benefit books etc
- can he still drive—ability to socialise, shop etc?
- can he carry his own shopping/able to prepare food?
- can he manage on and off public transport?
- dressing and undressing—can he still do this—changes to clothes or carer to help
- household cleaning, ironing etc—home help may be required—financial implications or can social services help?
- lack of confidence/self esteem as he may need more help
- need for back up services and the ability to pay for them
- meals provision within the community eg meals on wheels etc

Nutritional

- may become less active as a result of stroke so energy requirements will decrease
- may be more housebound so vitamin D requirement may increase
- preparation of fresh fruit and vegetables may be more difficult so other sources of vitamin C will need to be found
- calcium (and vitamin D and phosphorus) important to help prevent osteomalacia, particularly important as he may be more prone to falling as a result of weakness in right hand, so strong bones important
- as he is less able to prepare fresh foods, increase in convenience foods will increase fat, sugar and salt intake—could lead to problems with CHD, high blood pressure and obesity
- ability to purchase a good variety of foods may be restricted due to mobility problems, carrying shopping etc—other methods must be sought eg friend, delivery services etc
- depression after stroke and low self esteem may lead to apathy so it is important that he eats well to aid his recovery

2. Nutritional (continued)

- may need to buy food preparation equipment eg food processor, microwave . . .
- may be tired and not feel like preparing food
- pensioner—money may be limited, may be difficult to afford foods of high nutritional quality—use seasonal foods, cheaper cuts of meat etc

1 mark for each well detailed point

A—18–25 marks

Candidates are able to develop a full and coherent discussion of the needs of the elderly man. The discussion shows good analysis and the identification of a wide range of factors with full explanation.

B—15–17 marks

Candidates are able to develop a discussion of the needs of the elderly man. A range of factors will be identified with explanation.

C—12–14 marks

Candidates are able to identify some of the factors with limited explanation.

Total 25 marks

3. “Making a food product appeal to both children and parents is essential.”

“Food Frenzy—Marketing Food to Children”—Which? Way to Health, 1993

Discuss this statement in relation to the techniques employed by manufacturers when marketing a food product for primary school children.

25 marks

- “children” are a growing market
- children have their own money to spend on snack foods and confectionery products
- children play a major role in influencing what parents buy
- manufacturers want to create a product children want—that parents will buy
- balance of child appeal/parental acceptability is critical
- research indicates that if the parent feels exploited by their children or that the children are being exploited by manufacturers they will exert their own control over what is purchased
- **2 types of child shoppers:**
 - trolley loaders*— children who have surreptitiously loaded the shopping trolley with unwanted goods therefore need to market goods on low shelves within child’s reach
 - naggers/pesterers*—children who exasperate parents into purchasing goods therefore high profile advertising of goods required
- use of characters/packaging to attract children and increase product appeal
- children are more influenced by cartoon characters/novelty packaging than parents
- promotional packs—film characters, etc for visual appeal eg Loony Tunes Baked Beans: McDonald’s Kidsmeal characters
- manufacturers must ensure that contents meet parental approval otherwise repeat purchases will not be made
- manufacturers sponsor events to advertise products: use of on-pack offers for additional items can increase sales eg buy eight cans and send for lunchbox and flask for £3.99
- nutritional value of products could be highlighted to parents to encourage purchase
- TV advertising is the most favoured/high profile format
- shelf-life of product must be carefully monitored—update/change of image should be maintained in relation to “in characters” eg Pocahontus became 101 Dalmations
- careful market research should be conducted on children’s and parents’ expectations/product appeal
- retail price critical—parents must feel it is affordable
- peer pressure/competition element—used to encourage children to apply pressure to parents to purchase latest product/collect set
- value for money must be promoted—parents do not want to feel ripped off
- food additives—parents think twice about purchasing products high in food additives
- promote the “natural” ingredients in product—encourages parents to purchase, feeling that they are improving their child’s diet/health
- vitamins—addition of extra vitamins can persuade some parents to purchase—media link with IQ
- product location—siting within supermarkets is crucial—shelf height must be within child’s reach/end of aisle promotions/beside checkouts will all allow child access to product

3. (continued)

- novelty factor—must provide the child with a certain level of enjoyment/entertainment or the child will not pressure the parent to re-purchase
- product image must be acceptable to the parents eg sweetie cigarettes not acceptable nowadays

1 mark for each well detailed point

Candidates who evaluate and come to a reasoned conclusion about the statement must be given a mark accordingly.

A—18–25 marks

Candidates are able to develop a full and coherent discussion of the statement in relation to techniques employed by a food manufacturer developing a product for primary children. The discussion must show good analysis and the identification of the majority of the main points with full explanations.

B—15–17 marks

Candidates are able to develop a discussion of the statement in relation to techniques employed by a food manufacturer developing a product for primary children. Most of the main points will be identified with explanations.

C—12–14 marks

Candidates are able to identify some techniques employed by a food manufacturer developing a product for primary children with limited explanation.

Total 25 marks

4. *The Scottish dietary targets for 2005 state that:*

“The proportion of mothers breastfeeding their babies for the first 6 weeks of life should increase to more than 50% from the present incidence of 30%.”

Scotland’s Health—A Challenge to us All, 1996

Discuss the factors that need to be considered to enable this target to be achieved.

25 marks

- target groups individually eg teenager, “twenty somethings” to ensure appropriate message getting to each group
- target women before the birth eg antenatal clinics
- minimise the negative—seen as a tie, can’t leave baby, can’t get a break (especially if a single mum)
- promote the positive
- psychological benefits—mother bonds with child and forms a close emotional attachment
- health benefits for child—eg antibodies provide specific protection for child, greater resistance to infection especially gastro-intestinal infection, ear infection, diarrhoea and respiratory infections, increases protection against childhood diabetes
- health benefits for mother—may help to lose excess fat stores gained during pregnancy
- hygiene benefits—less chance of upsetting baby’s stomach through unhygienic preparation of feeds
- more convenient—no preparation time, less hassle—no sterilising, heating of bottles
- more economical—no additional purchases of milk formulae, equipment needed
- labour saving—no equipment to buy
- perfect nutrition for baby, easier to digest, less chance of nappy rash and stomach upsets
- can still give freedom to mothers—milk can be expressed
- provision of adequate facilities for mothers to breast feed in private, if they wish, when outside the home
- hospitals to give more advice and encouragement in breastfeeding just after the baby has been born
- tackle unsupportive and critical attitude of partners, family and friends
- tackle adverse reaction of general public towards breastfeeding in public
- inconsistent advice from health professionals and inadequate social advice and support
- it hurts at first, perseverance is needed—how to deal with this
- stimulate a shift in public attitudes to accept it at work and in public places
- education and training for health professional to better equip them to persuade mothers to breastfeed and sound and consistent advice to encourage family to be supportive
- education—schools tackle the issue and promote it in health education/PSE. Start with the very young eg nursery children
- local and national initiatives
- fund it—large local and national campaigns, use of “role models” to promote it (male and female) to each target group

4. (continued)

- community-based projects in terms of both promotion and support
- how to actually promote the target is important—best method to reach target group should be considered

1 mark for each well detailed point

A—18–25 marks

Candidates are able to develop a full and coherent discussion of the factors to be considered when promoting breastfeeding. The discussion shows good analysis and the identification of the majority of the main points with full explanation.

B—15–17 marks

Candidates are able to develop a discussion of the factors to be considered when promoting breastfeeding. Most of the main points will be identified with explanation.

C—12–14 marks

Candidates are able to identify some of the factors to be considered when promoting breastfeeding with limited explanation.

Total 25 marks

5. *“Social security from the cradle to the grave—this was the new Britain people wanted.”*

The Beveridge Report, 1942

Discuss how far this statement can be applied to Britain today.

25 marks

Candidates are expected to demonstrate knowledge and understanding of the range, purpose and value of provision to various groups of individuals in society.

Candidates are not expected to repeat the main points of provision but are expected to try to:

- (a) link their answers to the statement “from the cradle to the grave” and
- (b) come to some conclusion about how successful or otherwise the social welfare provision is in Britain today.

The conclusions should be based on fact.

CHILD AND MATERNITY BENEFITS

Child Benefit

- paid to anyone who is responsible for a child
- helps to ensure basic financial needs are part way met for all children
- paid for each child under 16 and for children 16–18 in full time non-advanced education
- not affected by income or savings

Guardian’s Allowance

- payable on top of child benefit to someone bringing up a child whose parents are dead or in some cases even when one parent is still alive—tries to ensure financial needs of children are part way met

Statutory Maternity Pay

- paid for a maximum of 18 weeks by an employer to qualifying pregnant employees—tries to prevent financial problems as a result of loss of salary

Maternity Allowance

- for women who cannot get SMP eg if they are self-employed or have recently changed or left their job

Social Fund

- maternity payments and other assistance from the Social Fund
- helps with cost of items for a new baby
- one off payment
- does not have to be paid back
- can claim if on income support, income based job seekers allowance, working families tax credit or disabled persons tax credit
- savings must be less than £500
- designed to help where there is financial difficulties linked to provision of basics for baby

5. CHILD AND MATERNITY BENEFITS (continued)

Child Support Maintenance

- helps with the cost of bringing up a child
- CSA is responsible for child support maintenance—this is the amount of money that absent parents pay regularly as a contribution to the financial support of their children—meets with varying success

Child Maintenance Bonus

- may be able to get a cash bonus to help financially if income support or income based Jobseekers allowance has stopped

Children with Special Needs

- if a child is ill or disabled, then Disability Allowance or Severe Disablement Allowance may be claimed

Free milk for disabled children

- for children aged between 5–16 who are unable to attend school because of a physical or mental disability

Widowed Mother's Allowance

- for widows bringing up children providing the late husband paid NI contributions

Housing Benefit and Council Tax Benefits

- help with housing costs

The candidate should be given credit for concluding that:

- a range of provision is available from before birth and onwards
- some attempt has been made to ensure financial provision for children within a range of situations
- the provision is adequate/successful or otherwise

WIDOW'S BENEFITS

Widow's Payment

- this is a one off payment based on the late husband's NI contribution

Widowed Mother's Allowance

- for widows bringing up children, based on the late husband's NI contributions

Widow's Pension

- these are regular payments, based on the late husband's NI contributions

Child Benefit

- paid to anyone who is responsible for a child
- helps to ensure basic financial needs are part way met for all children
- paid for each child under 16 and for children 16–18 in full time non-advanced education
- not affected by income or savings

5. WIDOW'S BENEFITS (continued)

Social Fund Funeral Payment

- a one off payment if the widow is responsible for the costs of the funeral
- may have to be paid back from the estate of the person who has died

Income Support

- for people on a low income

Housing Benefit and Council Tax Benefit

- paid by local councils if people are on low income

The candidate should be given credit for concluding that:

- a range of provision is available
- many are dependant on the late husband's NI payments
- some attempt has been made to provide financial assistance
- the provision is adequate/successful or otherwise

DISABILITY AND INCAPACITY BENEFITS

Statutory Sick Pay

- paid up to 28 weeks by employers

Incapacity Benefit

- paid if SSP has ended or if self employed or unemployed and have paid sufficient NI contributions

Severe Disablement Allowance

- paid if someone has not been able to work for at least 28 consecutive weeks because of illness or disablement and cannot get Incapacity Benefit because insufficient NI payments have been made

Disability Living Allowance

- for people who need help with personal care, getting around or both because they are ill or disabled. If a person's need for personal care or help starts on or after their 65th birthday, they are not eligible for DLA—however, if they need help with personal care they may get Attendance Allowance instead. Normally help must have been needed for at least 3 months and is likely to be needed for at least a further 6 months. Terminally ill people—special rules exist so that they can get their benefits quickly and easily

Attendance allowance

- for disabled people aged 65 or over who need help with personal care because of their illness or disability. Normally the help must have been needed for at least 6 months

5. DISABILITY AND INCAPACITY BENEFITS (continued)

Disabled Person's Tax Credit

- this is a new tax credit designed to encourage people with disabilities to return to, or take up, work by topping up earnings. It includes extra money towards childcare costs. It is for people on low to middle incomes, who are working 16 hours or more a week and have an illness or disability which puts them at a disadvantage in getting a job. From October 2000 a new Fast Track Gateway will offer an alternate route to DPTC—this will help people who become sick or disabled while they are working to remain in work

Invalid Care Allowance

- for people aged 16–65 who are spending at least 35 hours a week caring for a severely disabled person who is in receipt of the middle or highest rate of DLA

Income Support

- for people on a low income

The candidate should be given credit for concluding that:

- a range of provision is available to help people who are off for some time due to ill health or because of a serious illness or disability
- carers may also receive some assistance
- some payments are dependent on sufficient NI contributions
- some payments have age and time restrictions
- some attempt has been made to provide financial assistance
- the provision is adequate/successful or otherwise

RETIREMENT

Retirement Pension

- for people who have reached state pension age and meet the NI contribution conditions. The pension is made up of different elements eg basic pension, additional pension paid from SERPS, invalidity addition, age addition—paid to anyone over 80, extra pension for dependants eg husband or wife, children

Attendance Allowance

- paid to disabled people aged 65 or over who need help looking after themselves. Normally the help must have been needed for 6 months

Christmas Bonus

- a tax free bonus paid shortly before Christmas—this is very much dependent on the Government in power

Cold Weather Payment

- paid during periods of very cold weather—the average temperature is recorded as, or is forecast to be, 0°C or below over 7 consecutive days

5. RETIREMENT (continued)

Income Support

- for people on a low income and savings of less than £8000 (£16,000 if in a residential or nursing home)

Help with health costs

- free NHS prescriptions, dental treatment, sight tests, NHS wigs and fabric supports. Vouchers towards the cost of glasses. Repayment of necessary travel costs to hospital and back for NHS treatment

Housing Benefit and Council Tax Benefits

- paid by local councils if people are on low income

Help if living in a residential care or nursing home

- if a person needs to live in a home and needs financial help, the Social Services Department will help choose the home, work out how much the person can afford to pay towards the cost of the home, arrange to pay the home's fees if the person cannot pay. If the person has savings of £16,000 or more, they will be expected to pay the full cost. If Social Services help with the cost, the person will be left with an amount of money each week towards personal expenses such as toiletries and clothes

The candidate should be given credit for concluding that:

- a range of provision is available to help people in their retirement
- some payments are dependent on sufficient NI contributions
- some payments are related to restrictions eg savings, income, time
- some attempt has been made to provide financial assistance but may not be in line with inflation
- the provision is adequate/successful or otherwise

LOW INCOME BENEFITS

Some of these are available to the groups of people already discussed.

Income Support

- for people over 16 or whose income is below a certain level. Amount depends on age, whether the person has a partner, number and age of dependent children, whether anyone in the family has a disability, weekly income and savings. Payment is made up of personal allowance, premiums and housing costs. Help with mortgage interest payments may be included

Working Families Tax Credit

- this has been designed to make work pay for working families—to give working families with children a better deal. It aims to ensure many more families on low and middle incomes can keep more of what they earn providing they work 16 hours or more a week and are responsible for one or more children. WFTC also helps towards the cost of child care. The final amount payable will depend on the amount of hours worked, the age of the children and the cost of childcare

5. LOW INCOME BENEFITS (continued)

Help with Health costs

- free NHS prescriptions, dental treatment, sight tests, NHS wigs and fabric supports. Vouchers towards the cost of glasses. Repayment of necessary travel costs to hospital and back for NHS treatment

Housing Benefit and Council Tax Benefits

- paid by local councils if people are on low income

Help if living in residential care or nursing home

- if a person needs to live in a home and needs financial help, the Social Services Department will help choose the home, work out how much the person can afford to pay towards the cost of the home, arrange to pay the home's fees if the person cannot pay. If the person has savings of £16,000 or more, they will be expected to pay the full cost. If Social Services help with the cost, the person will be left with an amount of money each week towards personal expenses such as toiletries and clothes

The Social Fund

- useful for those living on a tight budget and sometimes needing extra help. People may be able to get help from the Social Fund for important costs that are hard to pay for out of regular income. The following may be claimed for:

- *Community Care grants* this is to help people who are leaving residential or institutional accommodation, need help to stay in their own home, have had an unsettled way of life or are facing exceptional pressure eg a family breakdown
- *Budgeting loans:* repayable interest free loan to help people spread the cost of items which are difficult to budget for over a longer period eg furniture or household equipment, paying rent in advance or removal expenses for a new home, paying travel expenses etc
- *Crisis loans:* people do not have to be getting any form of benefit to qualify for a crisis loan. Repayable interest free loan to help people who cannot meet their immediate short term expenses in an emergency or following a disaster, to prevent serious damage or risk to the health or safety of them, or a member of their family
- *Funeral payments:* if a person is responsible for the costs of a funeral and receives any benefits then he/she may get some help with the costs. This is a one off payment which will have to be paid back from the estate of the person who has died
- *Maternity payments:* a maternity payment may be paid if the person is already claiming a benefit. This payment is to help with costs of things for a new baby and is a one off payment which does not have to be paid back

5. LOW INCOME BENEFITS (continued)

The Social Fund (continued)

- *Cold weather payments:* if a person gets a benefit which includes a pensioner premium or disability premium, or the family includes a child under 5, a Cold Weather payment will be paid automatically when the average temperature is recorded or is forecast to be 0 °C or below, over seven consecutive days

The candidate should be given credit for concluding that:

- a range of provision is available
- some are dependent on other benefits being claimed
- some payments have to be repaid
- some attempt has been made to provide financial assistance—whether sufficient or otherwise
- the provision is adequate/successful or otherwise

1 mark for each well detailed point

A—18–25 marks

Candidates are able to develop a full and coherent discussion of the statement in relation to Britain today. The discussion shows good analysis and the identification of the majority of the main points with full explanation.

B—15–17 marks

Candidates are able to develop a discussion of the statement in relation to Britain today. Most of the main points will be identified with explanation.

C—12–14 marks

Candidates are able to identify some of the main points with limited explanation.

Total 25 marks

[END OF MARKING INSTRUCTIONS]

Advanced Higher Home Economics

Resource Management

Analysis of Exemplar Paper

Context—Lifestyle and Consumer Technology

Question	Content	Elaboration	Skills		Totals
			Knowledge	Evaluation	
Section A					
(a) (b) (c)	The household and the community	<ul style="list-style-type: none"> The causes and implications of poverty and deprivation in contemporary Britain to include: the impact of social conditions on the quality of life—personal situations; the cycle of disadvantage 	5 10	10	25
Section B					
1(a) (b)	The household and the community	<ul style="list-style-type: none"> The use of demographic data concerned with households and patterns of household life from government reports, research journals and appropriate periodicals 	10	15	25
2	<p>The household and the community</p> <p>Nutrition and health in the community</p>	<ul style="list-style-type: none"> The special housing needs of specific groups in the community The effects of changes in housing benefit policy; specific physical requirements of some groups such as elderly and physically handicapped The concept of eating patterns as applied to a range of domestic situations Nutritional issues relating to meal provision within the local community to include meals provided by others for the elderly or disabled (eg meals on wheels) 	25		25

Question	Content	Elaboration	Skills		Totals
			Knowledge	Evaluation	
3	Socio-economic factors affecting consumer choice of food and clothing	<ul style="list-style-type: none"> • The mass media, advertising and food habits • The relationship between the marketing mix and consumer behaviour • The role of psychology in the development and launch of new products 	25		25
4	Nutrition and health in the community	<ul style="list-style-type: none"> • Promoting health and nutrition—an awareness of national and local groups concerned with the promotion of health • Target audiences for nutritional information—suitability of materials, clarity of message to the target audience 	25		25
5	The household and the community	<ul style="list-style-type: none"> • Social welfare 1944 onwards to include: the Beveridge report and the main legislation affecting the establishment of the social services; the changing face of social welfare 	25		25