GSOC.ST11 Inequality Based on Disability and Other Social Divisions

Total Marks

AQA 8192 · Calculators not allowed · about 60 minutes

Name: _____ Date: ____ / ____ / _____

Answer ALL questions. At least four of your answers should be written in full sentences where indicated. Use sociological terms such as social model, medical model, discrimination, and life chances where relevant.

1 Which one of the following best describes the social model of disability as used in British sociology?

- ☐ A) Disability is a personal medical problem to be cured by doctors
- ☐ B) Disability is created by society when it fails to remove barriers and adapt
- ☐ C) Disability is only a matter of individual attitude and motivation
- ☐ D) Disability is a temporary condition that does not affect life chances

(Total for Question 1 is 1 mark)

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2 Define the term 'medical model of disability' as used in British sociology and policy debates.

(Total for Question 2 is 2 marks)

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3 Identify and explain two ways that discrimination in recruitment can reduce life chances for disabled people in Britain.

(Total for Question 3 is 4 marks)

4 Describe one way the extra costs associated with disability can increase the risk of poverty for a disabled person living in Britain.

(Total for Question 4 is 3 marks)

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5 Define what sociologists mean by 'life chances' in the context of disability in Britain.

(Total for Question 5 is 2 marks)

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6 Define what the social model of disability claims about the cause of disability-related disadvantage in Britain.

(Total for Question 6 is 2 marks)

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7 Identify and explain two specific extra costs disabled households often face in Britain that can push them towards poverty.

(Total for Question 7 is 4 marks)

8 Item A: A small survey of 120 disabled people in a UK town found 38% reported employers refusing to interview them because of their disability, 46% reported extra monthly costs for specialist equipment averaging £95, and 22% reported being offered only part-time roles when they sought full-time work. Using Item A and your sociological knowledge, explain two ways these findings could reduce life chances for disabled people in that town.

(Total for Question 8 is 4 marks)

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9 Explain one way that disability can compound disadvantage for someone already on a low income in Britain.

(Total for Question 9 is 2 marks)

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10 Describe two workplace barriers disabled employees may face in Britain that limit their career progression.

(Total for Question 10 is 4 marks)

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11 Identify and explain one government policy or employer practice in Britain intended to reduce inequality for disabled people, and explain how it helps improve life chances.

(Total for Question 11 is 4 marks)

12 Give one concrete example of discrimination in recruitment experienced by disabled applicants in Britain.

(Total for Question 12 is 2 marks)

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13 Explain two reasons why some employers in Britain may be unwilling to provide reasonable adjustments for disabled employees.

(Total for Question 13 is 4 marks)

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14 Describe one strength of the social model of disability for understanding inequality experienced by disabled people in Britain.

(Total for Question 14 is 3 marks)

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15 Describe one criticism of the medical model of disability when applied to social policy in Britain.

(Total for Question 15 is 3 marks)

16 In the context of inequality based on disability in Britain, discuss how far sociologists would agree that disability has a major effect on a person's life chances. In your answer, refer to relevant sociological perspectives and evidence and reach a supported conclusion.

Discuss how far sociologists would agree that disability has a major effect on a person's life chances in Britain today.

(Total for Question 16 is 12 marks)

Mark scheme · GSOC.ST11 Inequality Based on Disability and Other Social Divisions

Question 1

- **B1** B (disability is created by society when it fails to remove barriers and adapt)
- **Answer: B**

Question 2

- **B1** identifies that the medical model treats disability as an individual problem or deficit located in the person
- **B1** development, e.g. emphasis on treatment, cure or rehabilitation to make the person fit social expectations
- **Answer: The medical model treats disability as an individual problem or deficit located in the person, with emphasis on treatment, cure or rehabilitation to make the person fit social expectations.**

Question 3

- **B1** identifies a correct way, e.g. employers reject candidates because of assumptions about ability
- **B1** explains how this reduces life chances, e.g. fewer job opportunities lead to lower income and reduced career progression
- **B1** identifies a second correct way, e.g. disabled applicants may be offered only part-time or low-paid roles
- **B1** explains how this reduces life chances, e.g. insecure, low-paid work limits long-term earnings, pensions and social mobility
- **Answer: Employers may reject applicants because of assumptions about ability, reducing job opportunities and therefore income and career progression; alternatively disabled applicants may be offered only part-time or low-paid roles, which limits long-term earnings, pensions and social mobility.**

Question 4

- **B1** identifies an extra cost, e.g. specialist equipment, adaptations or personal care
- **B1** development, e.g. these costs increase household spending compared with a non-disabled household
- **B1** further development, e.g. if benefits do not cover these costs, the household is more likely to fall into or remain in poverty
- **Answer: Specialist equipment, housing adaptations or personal care increase household spending compared with non-disabled households; if benefits and incomes do not cover these extra costs, the household is more likely to fall into or remain in poverty.**

Question 5

- **B1** identifies life chances as the opportunities a person has to improve their quality of life and achieve goals
- **B1** development, e.g. includes access to education, employment, housing, health care and social participation
- **Answer: Life chances are the opportunities a person has to improve their quality of life and achieve goals, including access to education, employment, housing, health care and social participation.**

Question 6

- **B1** identifies claim that disadvantage is caused by social barriers and lack of accommodation, not by impairment alone
- **B1** development, e.g. examples include inaccessible buildings, inflexible working practices and negative attitudes
- **Answer: The social model claims that disadvantage is caused by social barriers and lack of accommodation rather than by impairment alone, for example inaccessible buildings, inflexible work practices and negative attitudes.**

Question 7

- **B1** identifies an extra cost, e.g. home adaptations such as ramps or stairlifts
- **B1** explains the effect, e.g. large one-off costs or ongoing maintenance reduce disposable income and savings
- **B1** identifies a second extra cost, e.g. specialist equipment or higher heating and transport costs
- **B1** explains the effect, e.g. regular payments for equipment, taxi fares or higher energy use increase household bills and financial strain
- **Answer: Home adaptations like ramps or stairlifts involve large one-off costs and maintenance that reduce disposable income and savings; specialist equipment and higher heating or transport costs mean regular additional bills, increasing financial strain and the risk of poverty.**

Question 8

- **B1** identifies a way drawn from Item A, e.g. employers refusing to interview limits access to jobs
- **B1** explains the effect, e.g. fewer interviews reduce chances of employment, lowering income and career prospects
- **B1** identifies a second way drawn from Item A, e.g. extra monthly costs of ~£95 reduce disposable income
- **B1** explains the effect, e.g. higher living costs increase poverty risk and reduce ability to afford services that improve life chances
- **Answer: Employers refusing to interview disabled applicants directly limits their access to jobs, reducing income and career prospects; extra monthly costs averaging £95 reduce disposable income and make it harder to afford services or savings that improve life chances.**

Question 9

- **B1** identifies a relevant mechanism, e.g. extra costs of disability add to existing low income
- **B1** development, e.g. low-income household cannot absorb extra costs so poverty is deeper or more long-term
- **Answer: Extra costs of disability add to an already low income, and a low-income household cannot absorb these extra costs, so poverty becomes deeper or more long-term.**

Question 10

- **B1** identifies a barrier, e.g. inaccessible premises or lack of equipment
- **B1** development of that barrier, e.g. inability to access certain roles or training limits promotion prospects
- **B1** identifies a second barrier, e.g. inflexible working hours or lack of reasonable adjustments
- **B1** development of that barrier, e.g. inability to balance health needs and work reduces opportunities for responsibility and promotion
- **Answer: Inaccessible premises or lack of assistive equipment can prevent access to certain roles or training and limit promotion; inflexible hours or lack of reasonable adjustments make balancing health and work difficult, reducing opportunities to take on responsibility and advance.**

Question 11

- **B1** identifies a correct policy or practice, e.g. the Equality Act requiring reasonable adjustments
- **B1** explains the policy or practice, e.g. employers must make adjustments such as flexible hours, accessible premises or adapted equipment
- **B1** explains how it helps life chances, e.g. reasonable adjustments increase access to jobs and retention, improving income and career prospects
- **B1** further development, e.g. legal protection can also reduce discrimination in recruitment and promotion
- **Answer: The Equality Act requires reasonable adjustments, such as flexible hours, accessible premises or adapted equipment; these adjustments increase access to jobs and help retention, improving income and career prospects, while legal protections help reduce discrimination in recruitment and promotion.**

Question 12

- **B1** identifies a concrete example, e.g. job adverts saying 'must be able to travel without assistance' excluding some disabled applicants
- **B1** brief development, e.g. this acts as a filter to exclude applicants before interviews
- **Answer: A job advert stating 'must be able to travel without assistance' excludes some disabled applicants, acting as a filter that prevents them reaching interview stages.**

Question 13

- **B1** identifies a reason, e.g. perceived cost of adjustments
- **B1** explains effect, e.g. employers may fear short-term expense even if long-term benefits exist, reducing provision
- **B1** identifies a second reason, e.g. lack of awareness or knowledge about adjustments
- **B1** explains effect, e.g. employers uncertain how to adapt jobs may avoid hiring or fail to implement adjustments
- **Answer: Employers may cite perceived cost of adjustments and fear short-term expense, deterring provision, and may also lack awareness or knowledge about suitable adjustments, so they avoid hiring or fail to implement changes even when inexpensive options exist.**

Question 14

- **B1** identifies a strength, e.g. focuses attention on changing social structures and barriers
- **B1** development, e.g. points to practical solutions like accessible design and inclusive policies
- **B1** further development, e.g. empowers disabled people and supports collective rights-based approaches
- **Answer: The social model focuses attention on social structures and barriers and points to practical solutions like accessible design and inclusive policies, which can empower disabled people and support rights-based collective action.**

Question 15

- **B1** identifies a criticism, e.g. overemphasis on cure and individual deficit
- **B1** development, e.g. this can lead to policies that ignore social barriers and fail to provide reasonable adjustments
- **B1** further development, e.g. can stigmatise disabled people as problems to be fixed rather than rights holders
- **Answer: The medical model overemphasises cure and individual deficit, leading to policies that ignore social barriers and fail to provide reasonable adjustments, and it can stigmatise disabled people as problems to be fixed rather than rights holders.**

Question 16

- **Level 1** (1-3): Basic statements about disability and life chances with little development or sociological detail.
- **Level 2** (4-6): Some developed points using sociological ideas, for example naming the social and medical models and giving limited evidence of how disability affects employment or income.
- **Level 3** (7-9): Clear explanation and comparison of sociological perspectives, such as social model, medical model and relevant feminist or Marxist arguments, with appropriate evidence on barriers, extra costs and discrimination.
- **Level 4** (10-12): A balanced, well-developed evaluation using competing sociological perspectives, detailed evidence about how disability affects employment, poverty and participation, consideration of policies such as the Equality Act and reasonable adjustments, and a reasoned conclusion on the extent of agreement among sociologists.
- **Indicative content:**
  - Social model view: disability mainly reduces life chances because society creates barriers such as inaccessible buildings, lack of reasonable adjustments, and negative attitudes which limit education, employment and social participation.
  - Medical model view: some sociologists and policy-makers focus on impairment and medical treatment, arguing that personal limitations explain reduced life chances, and that medical intervention can improve outcomes.
  - Marxist or economic perspectives: discuss how capitalism and labour market structures can disadvantage disabled people through insecure, low-paid work and employer cost concerns.
  - Feminist intersectional points: disability can compound other disadvantages such as poverty, gender or age, making life chances worse for some groups.
  - Empirical evidence: statistics and studies showing higher poverty rates among disabled households, employment gaps, extra costs of disability, and reports of recruitment discrimination and workplace barriers.
  - Policy responses: the Equality Act and requirements for reasonable adjustments, welfare benefits and Access to Work schemes as mechanisms that can improve life chances, but also critiques that implementation is inconsistent.
  - Evaluation points: consider variation within disabled people, the role of impairment severity, employer attitudes, local services, and the idea that disability does not automatically determine life chances but interacts with other social factors.
  - Conclusion: on balance many sociologists agree disability affects life chances significantly because of social barriers, but there is debate about the extent and the role of individual impairment versus social structures; a supported judgement should be given.