



General Certificate of Education

Health and Social Care 8621/8623

HC01

Mark Scheme

2008 examination – June series

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

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Quality of written communication

The quality of written communication is assessed in all assessment units where candidates are required to produce extended written material. Candidates will be assessed according to their ability to:

- Select and use a form and style of writing appropriate to purpose and complex subject matter
- Organise relevant information clearly and coherently, using specialist vocabulary when appropriate
- Ensure that text is legible, and that spelling, grammar and punctuation are accurate, so that meaning is clear.

The assessment of quality of written communication must be included in question **4 (a)**.

Mark scheme

Question 1

1(a)

- (i) observation;
- (ii) physical contact,
- (iii) creating trust,
- (iv) modelling.

If the candidate gives more than one answer to a subsection – only credit the first one.

1(b)

Up to 2 marks depending on detail for:

by making an appointment with her GP (1) (not doctor)

who will/can refer her for a/request hospital appointment/professional referral (1)

via the 'choose and book' system (1).

1(c)

1 mark for each valid service. (up to 2)

Likely answers included diagnosis/relevant example of diagnostic technique e.g. X-ray, scan (1); treatment/relevant example of treatment e.g. surgical operation. physio etc (1).

Do not credit A&E.

1(d)

1 mark for outline – likely answers:

difficulty in getting to a service/an appointment/hospital/GP etc (1)

plus 1 mark for example of physical difficulty e.g. living a long distance from services; poor transport; inconvenient appointment times/none outside working hours; mobility problems for people with disabilities/old people (1).

Either mark can be given independently of the other.

1(e)

1 mark for each example, up to 2. Likely answers:

carers and clients not having a common language (or similar); deafness; blindness; illiteracy; absence of information in accessible form (language too technical/no Braille or large print leaflets/no hearing induction loop etc).

1(f)

1 mark for naming service

plus up to 2 for description, depending on accuracy and detail.

Description can be credited independently of name, provided it is specific to a service.

Likely answers:

GP consultation; taking a medical history; diagnosis; treatment/prescription of treatment.

Community nursing; visiting patients in their own homes; e.g. to change wound dressings.

Health visiting; for developmental assessment of children; e.g. testing hearing/growth; advising parent on feeding/hygiene etc.

NHS Direct/NHS Direct online; providing answers to questions over the phone/via the Internet; recommending action; calling ambulance if necessary.

Accept other valid non-hospital NHS services such as dentistry, community mental health services, community physiotherapy, "walk-in centre", ambulance service, immunisation, Cuedoc etc.

Do not credit information about availability.

Question 2

2(a)

Confidentiality (1)

If the candidate gives more than one answer, only credit the first one.

2(b)

1 mark for each valid psychological LQF, plus 1 for appropriate illustration from scenario. The second mark is dependent on the first being correct.

Likely answers:

Privacy (1) curtains were screening the bed while the nurse washed him (1)

Social contact (1) Malcolm visits Ifan/chats to him about a rugby match (1)

Occupation/stimulation/choice (1) Ifan plans what to watch on the television (1)

2(c)

1 mark for each valid physical LQF, plus 1 for appropriate illustration from scenario. The second mark is dependent on the first being correct. Likely answers:

Freedom from pain (1) he is being treated with painkillers (1)

(Physical safety and) hygiene (1) the nurse has just washed him (1)

Do not credit psychological LFQs.

2(d)

1 mark for appropriate physical LFQ, plus 1 for valid justification.

The second mark is dependent on the first being correct. Likely answers:

Exercise (1) because their ill health condition prevents it (or similar) (1)

Physical comfort (1) the ward is likely to be less comfortable than being at home (1)

Nutrition (1) because their condition might reduce appetite (or other plausible reason)(1)

Note: Do not credit freedom from pain or hygiene.

2(e)

1 mark for identifying precaution plus 1 mark for detail e.g. of relevant risk, or of actual procedure.

Washing her hands (1)

plus any 1 from:

with alcohol gel (or similar);

to reduce the risk of spreading MRSA.

Wearing latex gloves (1)

to reduce risk of transferring disease organisms by direct contact.

Using a hoist/getting help in lifting from another member of staff (1)

If Ifan needed to be lifted or turned for washing; to prevent lifting injuries to nurse.

Do not credit precautions against violence.

Question 3

3(a)

1 mark per barrier (up to 3) plus 1 mark for illustration. For each barrier, the second mark is dependent on the first being correct. Likely answers:

Lack of motivation (1) Ellie does not seem very interested in children/ does not really like children (1)

Preoccupation with own needs etc (1) Ellie has problems at home (1)

Attitude/prejudice (1) Ellie says she does not really like children (1)

Conformity with inappropriate workplace norms (1) She does not treat [the children] any worse than other members of staff (1)

3(b)

'Anyone who works with children has a duty of care/a duty to provide a good quality of life' (or close paraphrase of this). (1)

3(c)

'The children would behave better if they were treated better.' (or close paraphrase of this) (1)

3(d)

1 mark per point. Likely points include:

For children from a few months to 4/5 years (1)

provide early education (1)

play activities (1)

and equipment (1)

also credit one example of activity or equipment (1)

meals (1)

sleeping area (1)

toileting/nappy change (1)

during hours in which parents are at work (1)

Maximum 4 marks if client(s) not correctly identified.

3(e)

1 mark each for any two from:

crèche; childminder; nursery school; Sure Start; playgroup/pre-school; parent and toddlers group; toy library;

health visiting/developmental screening; immunisation.

Question 4

4(a)

Candidates can gain credit by stating comparative advantages and disadvantages (1 mark each) and by elaborating them (1 additional mark each).

Advantages of nursing home care include;

- A1: Improved hygiene – more suitable bathing facilities with hoists
- A2: Improved safety – reduced risk of infections/falls
- A3: More skilled staff – because trained nurses present
- A4: Better monitoring of health condition – trained staff able to refer to other practitioners when needed
- A5: Possibly increased social contact – interaction with other residents and staff
- A6: Better supervision (24 hours) – staff on duty at all times.

Disadvantages of nursing home care include:

- D1: Disruption caused by moving to new home – can be disorientating
- D2: Reduced contact with familiar people – no longer living with son
- D3: Care from staff who are less aware of George's likes and dislikes

Accept other relevant points.

Note that each advantage/disadvantage should only be credited once (e.g. not both as an advantage of nursing home care and a disadvantage of informal care).

Answers that deal only with advantages of either nursing home or informal care – maximum 5 marks.

Quality of written communication:

Answers not expressed in continuous prose, e.g. mainly in unexplained bullet points – maximum 5 marks.

Answers featuring frequent errors in spelling/sentence construction/grammar so that meaning is obscured – maximum 6 marks.

Answers featuring repeated communication errors but where meaning is still clear or answers that are rambling, long-winded and unfocussed – maximum 7 marks.

4(b)

1 mark per point (up to 3). Likely points -

- By contacting social services (1)
- who will ask a social worker/social work assistant/OT (1)
- to carry out a needs assessment (1)
- checking George's ability to self-care (1)
- his health risks (1) his finances (1)
- and draw up a care plan (1)
- leading to funding being provided (or nursing home care) (1).

4(c)

1 mark each for identifying resources that might be lacking including: funding; service capacity; staff shortage; lack of equipment.

Also give credit for linking to context e.g. by saying that it is social services/the local authority funding/ staff that are involved;

or that the difficulty means that there might be a long waiting list; or that only the most needy will receive the service.

