



ASSESSMENT and
QUALIFICATIONS
ALLIANCE

General Certificate of Education

Health and Social Care 8621/8623/8626/8629

HC01 Effective Caring

Mark Scheme

2006 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.

Effective Caring

HC01

Question 1

- (a) 1 mark each (up to 3) for identification plus 1 for linked illustration. Likely answers:

Occupation/stimulation – she decides to pass the time by making a cardboard jungle
Social contact – her father is playing with her
Choice – her father asks her what colour he should use
Approval – her father praises her good memory

Marginal answers which correctly name a psychological life quality factor but fail to link it convincingly – 1 mark only. *6 marks*

- (b) 1 mark each (up to 2) for identification plus 1 for linked illustration. Likely answers:

Setting challenges/targets – asking her how many dinosaurs she can name.
Working alongside – Kelly and her father paint different sections of the background
Encouraging/showing approval – praising her good memory

Marginal answers which correctly name a caring skill but fail to link it convincingly – 1 mark only. *4 marks*

- (c) Health visitor (1) developmental assessment (or words to this effect) (1). Accept immunisation. *2 marks*

- (d) 1 mark for naming appropriate service plus up to 2 for accurate detail. Likely answers:
Nursery school/nursery class (1) For 4 year olds (1) provided by Local Education Authority (1)
Structured play activities (1) prepares children for primary school (1) Staffed by trained teachers (1) and nursery nurses (1).
Crèche (1) Attached to a parent's workplace (1) providing childcare while parent works (1).
Ages 0 to 4 (1) providing play activities (1) and food (1).

Child-minder (1) Providing care in minder's own home (1) play activities (1) with small number of other children (1) Registered with social services (1) Accept nanny.

Day nursery (1) Providing childcare while parent works (1) play activities (1) and food (1).
Private provider (1) or social services (1). Age 0-4 (1). *3 marks*

Question 2

- (a) (i) (Measuring) temperature (1) and blood pressure (1) *2 marks*

- (a) (ii) Practice nurse/community/district nurse/health visitor (1) Accept likely others. *1 mark*

- (b) (i) 1 mark each (up to 2) for identifying client barriers, plus up to 2 marks each for discussion, which might include a reason why this makes difficulties in treating the client, analysis of the reasons for the barrier and illustration from the scenario. No illustrations - maximum 5 marks.
Likely barriers: lack of patient's status/power; tendency to conceal real needs; tendency to exaggerate needs; hostile or obstructive behaviour.

Credit other relevant barriers

In this case, the patient shows a tendency to exaggerate needs, and hostile behaviour.

Sample part answer: one barrier is hostile behaviour (1). In the example, George became angry, (1) so he might not pay enough attention to the GP's advice (1).

6 marks

- (b) (ii) 1 mark each for any two from: Avoid being alone with the client; carry a personal alarm; keep within range of CCTV cameras; use techniques to reduce negative feelings/defuse conflict; e.g. avoid challenging eye contact; disengagement *2 marks*

- (c) 1 mark for identifying and 1 mark for describing/illustrating each barrier. Likely answers:

Living a long way from the GP surgery (1) especially if without a car (1).

Poor public transport (1) e.g. no bus early enough for morning appointment (1).

Surgery only open limited hours (1) not available outside a person's working hours (1)

Mobility problems (1) e.g. for people with arthritis (1).

Accept other relevant (i.e. physical barrier) answers.

4 marks

Question 3

- (a) (i) punishment (ii) rejection (iii) neglect (iv) bullying. *4 marks*

- (b) 1 mark each (up to 3) plus 1 for an appropriate example. Likely answers:

Exercise (1) plus example such as wheelchair basketball (1)

Nutrition (1) plus example such as Meals on Wheels (1)

Physical safety/hygiene (1) plus example such as domiciliary care worker to bath (1)

Physical comfort (1) plus example such as ripple mattress for bed (1)

Freedom from pain (1) plus example such as painkillers (1).

6 marks

- (c) (i) 1 mark per point, up to 3. Likely points include: Keeping the appointment avoids wasting practitioners' time (1) and other resources (1) and can enable another patient to receive consultation/treatment (1) more quickly (1). *3 marks*

- (c) (ii) 1 mark each for a practical suggestion. Likely answers include: look after own health; follow a healthy lifestyle; self-treat minor ailments; give blood; follow medical advice; treat staff with respect; return equipment; pay prescription charges. *2 marks*

Question 4

- (a) (i) 1 mark per point up to 3. Likely answers: They could have listened to the description of the symptoms (1), given advice on the best action to take (1), asked about given information/reassurance (1), and alerted the emergency services/sent for an ambulance (1). *3 marks*

- (a) (ii) 1 mark each up to 2. Likely answers: She is deaf/might have been reluctant to use the telephone (1). Ignorance/Claire might not have known about the service (1). Also accept other clearly relevant answers e.g. inadequate resources – not enough staff to answer calls – so long delay. *2 marks*

- (b) 1 mark per point. Likely answers:
It will enable Bill to retain some independence.

He will be able to live at home rather than going into residential care.
Bill & Claire will be able to remain together.
Bill can be given a bath during day care.
Bill's condition can be monitored.
Staff can refer Bill to other services he needs.
Day care can provide Bill with stimulation/occupation/ social contact.
Claire will get an occasional break from caring for Bill eases the burden of care.
Credit other valid points.

6 marks

(c) 1 mark for naming a relevant service: Likely to be domiciliary/home care/respite care or Meals on Wheels.

Do not credit health services or residential care.

Up to 3 marks for description. Example answer:

Domiciliary care is provided by a care worker who visits Bill in his own home (1) and provides services such as getting him up (1) and dressed (1) helping him to take a bath (1) getting shopping (1) cooking food (1). Access is via a needs assessment (1) carried out by a social worker (1) or direct to a private care agency (1).

4 marks