

General Certificate of Education

Health and Social Care 8621/8623

HC01 Effective Caring

Report on the Examination

2007 examination - June series

Further copies of this Report are available to download from the AQA Website: www.aqa.org.uk
Copyright © 2007 AQA and its licensors. All rights reserved.
COPYRIGHT
AQA retains the copyright on all its publications. However, registered centres for AQA are permitted to copy material from this booklet for their own internal use, with the following important exception: AQA cannot give permission to centres to photocopy any material that is acknowledged to a third party even for internal use within the centre.
Set and published by the Assessment and Qualifications Alliance.
The Assessment and Qualifications Alliance (AQA) is a company limited by guarantee registered in England and Wales (company number 3644723) and a registered charity (registered charity number 1073334). Registered address: AQA, Devas Street, Manchester M15 6EX Dr Michael Cresswell Director General.

HC01 Effective Caring

General Comments

Candidates seemed quite well prepared for questions similar to those that had been asked in previous series. However, questions that had not appeared previously (such as 4(a)(i)) were less well answered.

Candidates who performed best on this examination showed detailed knowledge of health and social care services and tended to give concise answers focussed on the questions.

Question 1

Overall candidates tended to do better on this question than on later questions in this paper.

- (a) Almost all candidates gained at least 3 marks, with about half of them gaining full marks.
- (b) Most candidates were able to identify two or three relevant physical life quality factors that might be lacking in a frail elderly person living alone, though justifications were often too vague to gain marks. Better answers indicated the likely consequences of the frailty, age or isolation (such as having difficulty getting in and out of a bath).

A few candidates mistakenly answered with psychological life quality factors.

- (c)(i) Many candidates gave two examples of information to which a patient should have access, such as side-effects.
- (c)(ii) A range of other relevant rights was mentioned, though these were rarely given an outline description or elaboration.

Question 2

Candidates evidently found this the hardest question on the paper.

- (a) Few candidates revealed much technical knowledge of the advantages and disadvantages of special education. Most gained some marks for making the most obvious points, such as the specialist training of teachers. Some candidates thought that a special school would have more ramps and lifts than a mainstream school, though this is unlikely. In a purpose-designed special school, ramps and lifts are not necessary.
- (b) All but the weakest candidates were able to name relevant caring skills (most commonly working alongside, setting challenges and modelling), though outlines were often too vague to receive credit. Some candidates made the mistake of writing about the benefits of applying those skills, rather than outlining or illustrating the skills themselves.
- (c)(i) A majority of candidates showed awareness of what was meant by resources. However, only a minority made the link between a lack of specific resources and a shortage of places in a special school.

(c)(ii) Many candidates were evidently puzzled about the meaning of physical difficulties in access in this context. A minority recognised that the small number of special schools meant that for some children, the ability to cope with extended travel was a problem.

Question 3

- (a)(i) Many candidates gained full marks by identifying three bases of discrimination and linking them to the scenario. However, a minority of candidates did not appear to know what was meant by 'bases of discrimination'. These, therefore, received no marks.
- (a)(ii) Some candidates in effect repeated their answer to section (a)(i), rather than outlining another barrier. However, a minority recognised that lack of skill and/or a preoccupation with own needs was a likely barrier in this situation. Other good answers identified lack of motivation and conformity with inappropriate workplace norms.
- (b) Most candidates identified at least two benefits of day care for elderly clients, although there was often a lack of specific detail. For example, a candidate might suggest that exercise was a possible benefit, but not give an example of a type of exercise typically found in a day centre. A few candidates did reveal evidence of more detailed knowledge, and possibly direct experience, of this service.

Question 4

(a)(i) Some candidates showed detailed knowledge of the Accident and Emergency service, and answered in a sequential way in terms of admission, triage, diagnosis, treatment and discharge.

Weaker candidates gave very general answers in terms of very broad principles of care (such as not discriminating against individual patients), while failing to mention such basic actions as diagnosis or treatment. Such answers were unlikely to receive credit.

- (a)(ii) Many candidates gained two marks for this simple question, usually by stating that patients present themselves at A and E or that they are taken by ambulance.
- (b) A minority of candidates gained full marks for describing a relevant hospital service (most commonly day surgery). However, many candidates (possibly a majority) misread the question and answered in terms of NHS services more broadly. This produced answers such as GP services and NHS Direct, which are not provided by hospital trusts. Some candidates referred to non-NHS services, such as domiciliary care.
- (c)(i) & (ii) Most candidates gained marks for these sections, although some evidently confused the conditions of MRSA and HIV, for example, by suggesting that patients with HIV should be isolated.