



## **General Certificate of Education**

# **Health and Social Care 8621/8623**

**HC01      Effective Caring**

# **Report on the Examination**

*2008 examination – June series*

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*Dr Michael Cresswell Director General.*

## **HC01 Effective Caring Principal Examiner's Report**

### **General comments**

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.

A noticeable failing among some candidates was to ignore instructions given in questions, particularly the guidance, "... from the description above..."

### **Question 1**

(a) Most candidates correctly identified at least three of the caring skills illustrated in the examples.

(b) Most candidates correctly outlined how access to a hospital consultant was gained. A minority thought that access could be arranged by the client telephoning the consultant, or just by visiting his/her office.

(c) Although few candidates showed much awareness of the role of a hospital consultant, most gained one or two marks for identifying diagnosis and treatment or some example of each.

(d) While most candidates correctly suggested some form of impaired mobility or transport problem, many did not make clear what 'accessing services' meant. It was sufficient in this question to indicate that accessing services means getting to them. Some candidates merely repeated the terms of the question by answering that a physical difficulty in accessing services means a physical problem preventing access to services. Some candidates mistakenly believed that being old was in itself a physical difficulty.

1(e) Many candidates gave two relevant examples of communication difficulties, such as deafness or blindness. Some thought that 'a person having English as a second language' was an example, although this does not imply that such a person would not speak or understand English well.

(f) Most candidates identified a non-hospital NHS service, ranging from GP consultation to community nursing and NHS Direct. A few gave services that were solely or frequently provided by hospitals, such as A & E or day surgery, and some gave non-NHS services, such as domiciliary care. These gained no marks.

### **Question 2**

Candidates tended to do better on this question than on the others.

(a) Most candidates correctly identified confidentiality, with only a few confusing this with privacy..

(b) Candidates who were very familiar with psychological life quality factors often gained full marks here. Some candidates gave factors that were not implied in the scenario. A few candidates confused psychological with physical factors.

(c) Most candidates gained the full four marks for recognising the physical life quality factors illustrated in the scenario.

(d) Many candidates suggested an appropriate physical life quality factor likely to be absent in hospital. Exercise was frequently suggested and justified.

(e) This question about safety precautions elicited relevant answers about lifting and the prevention of infection. Candidates who were less familiar with these common risks tended to give less plausible answers.

### **Question 3**

This question was found more difficult than the others.

(a) A minority of candidates recognised three barriers internal to carers that were illustrated in the scenario. Weaker answers tended to recycle the scenario without focussing on specific barriers. Some candidates suggested stereotyping and discrimination, which were not supported by the scenario. These candidates might not have understood the differences between prejudice, discrimination and stereotyping. Some candidates confused barriers internal to carers with client barriers.

(b) and (c) Many candidates gave ethical and practical reasons for treating clients well, but did not follow the instruction to select these from the scenario. One result of this was the frequent mention of 'helping patients to recover more quickly', which did not relate at all to the children in the scenario. Some candidates confused ethical and practical reasons.

(d) There were some reasonable descriptions of the service provided by a day nursery. The most frequent error was to confuse this with a nursery school, and therefore to specify the wrong age range.

(e) Many candidates correctly named two other early years services.

### **Question 4**

(a) Most candidates showed awareness of the care provided in a nursing home, but relatively few directly addressed the question and discussed the suitability of this care for George. Benefits were often overstated. For example, it was often suggested that George (who was incontinent, immobile and lacking speech) would enjoy social contact with others like himself. Relatively few pointed out the disadvantages of nursing home care for George. Some candidates included points about what arrangement would suit George's son, which was irrelevant to this particular question. Few candidates gained more than 5 marks for this 8 mark section.

(b) The access route to funded nursing home care was widely known. Relatively few candidates mistakenly thought that this access was achieved by telephoning the home, or via a GP.

(c) Evidently many candidates understood what was meant by inadequate resources, and answers gaining 3 or 4 marks were quite common. However some candidates thought that the resources referred to were information or advertisements, or access to transport.

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