AQA

ASSESSMENT and
QUALIFICATIONS
ALLIANCE

General Certificate of Education

Health and Social Care
8621/8623

HC01

Mark Scheme

2009 examination – January 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.

Question 1

1(a) *Life quality factors include: social support, physical safety, stimulation, occupation, autonomy, choice, psychological security. Identify which one of these life quality factors is illustrated in each of the examples below. (i) June finds knitting boring, but it gives her something to do. (ii) Having a motorised wheelchair means that Bernard can go out without depending on other people.*
(iii) Keeping the light on at night makes Daljit feel safe. (iv) Voycek enjoys it when his father throws him up in the air and catches him.

(1 mark each) If the candidate gives more than one answer to any subsection – only credit the first answer.
(i) occupation
(ii) autonomy
(iii) psychological security
(iv) stimulation

1(b)(i) *Young children usually lack status or power, compared with their carers. Explain how this can lead to children being treated badly. In your answer refer to three different ways in which children might be treated badly.*   *(6 marks)*

1 mark each (up to 3) for explanation(s),

Candidates are likely to refer to explanations such as

A The child lacks the communication skills to complain to others/express needs
B The child lacks physical strength to resist ill-treatment
C The child lacks awareness of how they should be treated/their rights
D Tendency of adults to doubt/not take seriously children's complaints
E The child's lack of knowledge/skill in seeking support.
F The child's fear of reprisals
Other similar points may be made.

Plus 1 mark each (up to 3) for relevant ways of treating badly. Candidates are likely to refer to such ways of treating badly as: Neglect, rejection, hostility, bullying, punishment, violence, unfair discrimination, or specific manifestations of these, such as hitting.
Marks for ways of treating badly are independent of explanation marks.

1(b)(ii) *Apart from children, suggest one other client group that lacks status or power. Justify your answer.*   *(2 marks)*

1 mark for a plausible client group – likely answers include elderly people, people with severe illnesses/in hospital or disabilities. Do not credit children. If client group is not identified, no marks for this section.

1 mark for justification – a clear link between the nature of the client group and the lack of status. An answer such as, "People often think that old people cannot understand things, so they make choices on their behalf," would get both marks.

1(b)(iii) *Suggest one type of client behaviour and explain how this behaviour might increase the risk of being treated badly.*   *(3 marks)*

1 mark for relevant behaviour, plus up to 2 (dependent) marks for explanation of the link with being treated badly. No marks for identifying a type of client/client group.

Likely behaviours include concealing needs/concerns; exaggerating needs/problems; hostile/obstructive behaviour; excessively demanding behaviour. Alternatively credit more specific examples of these types of behaviour, such as verbally abusing staff.

Sample answer (for 3 marks): A client might keep going to see the GP with minor problems that do not require treatment. After a while the GP might pay less careful attention to the client and fail to diagnose a condition that becomes more serious.

Question 2

2(a)(i) *State the purpose of a needs assessment that a social worker might carry out with an elderly client.*   *(2 marks)*

To find out whether the client is eligible/qualifies for/needs (1) a form of social care (1).
Alternatively accept answers of the form: It provides an access route (1) to residential care/other relevant type of care (1).
Other acceptable answers might be more specific e.g. to find out whether the person can manage at home (1) or needs additional support/care (1)

Vaguer answers which nevertheless communicate an understanding of the purpose: 1 mark.

2(a)(ii) *Describe how a social worker might carry out this needs assessment.*   *(6 marks)*

For full marks, an answer must contain information about the methods of obtaining information and the type of information sought. Otherwise, 1 mark per point from the following.

Methods include: visiting client at home; questioning client; asking client to perform a task; observing home; observing client's behaviour; questioning carers/family members.

Type of information sought includes: adequacy of living conditions; client's ability to self care; clients mental/physical health; existing support; client's finances.

2(b)(i) *Outline the type of elderly client for whom nursing home care is most appropriate.* *(2 marks)*

1 mark for indicating that the client has an ill-health condition, plus 1 mark for qualification of this, e.g. a chronic condition/a terminal illness/a condition that does not require hospital treatment at present/ a condition that requires nursing care/ a named relevant condition e.g. severe dementia. Marks not dependent on each other.

2(b)(ii) *Describe the main features of nursing home care.*   *(5 marks)*

Up to 5 marks overall, which may be made up as follows:

Up to 3 marks for the residential aspects of nursing home care: stating that it is residential; individual/personalised rooms for clients; meals provided/feeding; bathing/other personal care; day room; specified activities e.g. outings; provision by visiting staff e.g. chiropodist, hairdresser.

Up to 3 marks for the nursing home aspects: provision of nursing care; available at all times; from qualified nursing staff; example of treatment (not social care) e.g. catheterisation, changing dressings.

Marks not dependent on each other.

Question 3

3(a) *Sophie and her partner Steve have been waiting for three hours in the Accident and Emergency department of a hospital. Steve is waiting for treatment for a broken wrist. Then Rafik and his friend arrive. Rafik has a head wound, his speech is very confused and he says he cannot see properly. A few minutes later, Rafik is called for treatment. When a nurse walks past, Sophie stands up and complains that Rafik has 'jumped the queue'. The nurse does not respond, so Sophie takes hold of her arm and says, "It's not fair. We've been waiting longer than them. Just because we're working class we get seen last, or is it because he's black that he gets seen first?"*
The nurse moves closer to Sophie, stares at her and says, "Don't talk to me like that. Sit down and wait like everyone else or I'll have to ask you to leave."
Briefly discuss whether or not treating Rafik before Steve was unfair discrimination. Refer to two bases of discrimination suggested in the description above.   *(5 marks)*

Up to 4 marks for discussion. Candidates should show awareness that waiting time in A&E depends partly on severity of injury/condition, and that this is assessed initially in the triage process, so there was no unfair discrimination.

Up to 2 marks for identifying the bases of discrimination mentioned: (social) class (1) and race/ethnicity (1) If neither base is identified, maximum 4 marks overall.

Candidates are likely to express this in different ways. A sample 5 mark answer might read:

A triage nurse (1) would have assessed Steve and Rafik and decided that Rafik's injuries were more serious (1) because he had a head wound (1). This would mean that Rafik's shorter waiting time was not the result of discrimination (1) on the basis of class (1) or race (1). (There are six valid points here but the candidate can only get 5 marks).

3(b) *Explain in what way the nurse's behaviour to Sophie was inappropriate.*   *(4 marks)*

Up to 4 marks for identifying inappropriate behaviour and explaining why it was inappropriate/relating this to the scenario.

The nurse's inappropriate behaviour included: Poor communication; initially not responding/replying to Sophie's complaint; hostile non-verbal behaviour; moving closer/staring; hostile verbal behaviour; responding in a disrespectful manner; ordering Sophie to sit down.

Candidates can also receive credit for explaining the possible negative consequences of the nurse's behaviour including increasing Sophie's anger and increasing the risk of conflict.

Do not credit statements about what the nurse should have done.

3(c) *Explain how the nurse should have responded to Sophie. In your answer refer to two appropriate caring skills or techniques.*   *(6 marks)*

Up to 4 marks for description of appropriate responses. These might include the nurse explaining the reason for Rafik being seen first; avoiding confrontation; e.g. by standing side on; showing understanding of Sophie's frustration; apologising for the long wait; requesting rather than ordering; keeping calm.

1 mark each (up to 2) for appropriate reference to relevant skills, likely to include: social perception; (effective) communication; reducing negative feelings; gaining compliance; use of eye contact/facial

expression; disengagement. Probably not distraction. Note that candidates are likely to mention these skills during their descriptions.

Sample part answer: The nurse should have used his/her social perception skills (1) to notice that Sophie was frustrated and angry, and tried to reduce these negative feelings (1) by explaining why Rafik was seen first (1).

Quality of written communication
Answers not expressed in continuous prose, e.g. mainly in unexplained bullet points, or Answers featuring frequent errors in spelling/sentence construction/grammar so that meaning is obscured – maximum 4 marks.
Answers featuring repeated communication errors, but where meaning is still clear **or** answers that are rambling, long-winded and unfocussed – maximum 5 marks

Question 4

4(a) *Inadequate resources can result in inadequate service capacity. State what is meant by inadequate service capacity. Use an example of one early years service in your answer. (2 marks)*

1 mark for clear identification of an early years service. Likely services include: day nursery; nursery school; crèche; playgroup/pre-school. Also credit relevant health services e.g. health visiting, immunisation.

Plus 1 mark for clear definition of inadequate service capacity, e.g. 'Not enough places to meet demand.' Do not credit 'not enough money/resources'. Marks are not dependent on each other.

4(b) *Outline **one** way in which funding can be used to improve service capacity. (2 marks)*

1 mark for evidence of clear understanding that funding means making money available to the service.

Plus 1 mark for relevant specific use e.g. to recruit more staff/obtain more equipment/build a larger facility. Marks are not dependent on each other.

4(c) *Name **one** NHS service and discuss how access to this service might be affected by inadequate service capacity. (5 marks)*

1 mark for clear identification of one NHS service. A wide range of services is possible such as named community health services including GP services, community nursing, health visitor developmental assessment, dentistry etc. Also named hospital services (but not simply 'hospital') and NHS direct.

Up to 4 marks for discussion of effects on access. For the full 4 marks candidates are likely to consider more than one effect, and to include specific relevant details revealing technical knowledge e.g. that when operating theatre capacity is inadequate; it is elective surgery that is likely to be postponed.

Likely effects include delay in accessing the service; having to access an equivalent service further away; inability to access the NHS service – paying for private treatment; access restricted to short duration/inadequate service. Credit should also be given for other valid but indirect effects e.g. effects of inadequate capacity in other services increasing the demand for the NHS service identified.

4(d) *Apart from inadequate resources, name and outline **three** other barriers to access to services.*
(6 marks)

1 mark each (up to 3) for identifying barriers, plus 1 mark each for additional detail/definition/description.

Likely barriers are:

Ignorance; clients being unaware of the service.

Physical (difficulties); e.g. living a long way from the service, having poor transport, appointment times being inconvenient for employed people, mobility problems.

Communication (problems); e.g. lack of a common language, deafness, blindness, illiteracy etc.

Other credible barriers should also be credited e.g. clients' anxieties, distrust.

Note: If no barriers are named, 1 mark can still be given for a correct outline in each case (giving a maximum of 3).