



**General Certificate of Education
June 2010**

Health and Social Care

HC01

Final

Mark Scheme

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.

Further copies of this Mark Scheme are available to download from the AQA Website: www.aqa.org.uk

Copyright © 2010 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.

Question 1

0 1 1 mark (up to 3) for identifying bases plus 1 each for examples that must be drawn from or paraphrase the scenario. If base is not named, do not credit example. Likely answers:
Impairment/disability (1) Fiona does not spend time (or play with) Elsa/because she does not know how to talk to children with learning disabilities (1)
Age/ageism (1) Fiona does not spend time (or play with) Elsa/because she likes the younger children better (1)
Sex/gender/sexism (1) Fiona does not spend time (or play with) Elsa/ because she prefers boys to girls (1)

(6 marks)

0 2 1 mark each up to 2 for naming a plausible barrier, plus 1 dependent mark each for explaining it in relation to the scenario. Likely answers:
Her own attitude/prejudice (1) i.e. her preference for boys/younger children (1).
Pre-occupation with own needs (1) she interacts with children to suit herself (1)
Lack of skill (1). she does not know how to/has not been trained to talk to children with learning disabilities (1)
Do not credit lack of motivation, stereotyping or conformity with inappropriate workplace norms..

(4 marks)

0 3 1 mark each for any two from: crèche; childminder; nursery school; playgroup/pre-school; parent and toddlers group; toy library; health visiting/developmental screening; immunisation, paediatric services. Not just 'nursery'.

(2 marks)

0 4 1 mark for indication of meaning of ethnicity e.g. by stating 'race'/ 'skin colour'/ 'nationality'/ 'religion'/ 'culture'
1 non-dependent mark for indicating that discrimination means different (usually inferior) treatment.
1 non-dependent mark for valid specific health and social care example (not early years), which could be of a client or an employee e.g. a Muslim patient not wanting to be treated by a Hindu doctor. Example should illustrate both different treatment and ethnicity.

(3 marks)

Question 2

0 5 If the candidate gives two answers, only mark the first one.
1 mark for correct reference to GP e.g. by making an appointment with her GP.
Plus 1 (dependent) mark for detail e.g. (the GP) will refer her for a hospital

appointment/ with a consultant/ via the 'choose and book' system. 'A GP will refer her' should get 2 marks.

(2 marks)

0 6 Up to 3 marks for showing how ignorance can be a barrier:

Barriers resulting from ignorance include:

- Not knowing about the service
- Not knowing how to access the service
- Not accessing the service because of the expectation that it will not be affordable.

Plus up to 2 non-dependent marks (to an overall maximum of 4) for correctly illustrating two of these points with reference to Danuta. E.g. 'Danuta might not have known about the NHS service; Danuta did not know she had to go through the GP/ thought she could refer herself; did not know she did not have to pay.'

(4 marks)

0 7 Up to 2 marks for each example (up to a maximum of 6). To gain 2 marks, an example should clearly show the link between a specific named communication difficulty and access to a specific service. Likely communication difficulties: Lack of a common language (or similar); deafness; blindness; illiteracy; impaired speech.

Sample 2 mark answer: A deaf person (1) might have difficulty understanding a GP receptionist when trying to arrange an appointment (1).

Sample 1 mark answer: If English is not a client's first language, he will not understand what an English carer says to him (1).

(6 marks)

0 8 1 mark per point, up to 3. Likely points include:

Keeping/being on time for the appointment (1)

Giving prior notice if unable to keep the appointment (1)

Treating patients/staff politely/with respect/ e.g. not becoming abusive to staff (1)

Note that the question rules out answers such as returning equipment, taking medication or looking after herself.

(3 marks)

Question 3

0 9 1 mark each for types of observation that might be used, plus up to 2 marks for showing relevant knowledge of the care setting/elderly clients (to a maximum of 6). Types of observation are likely to include:

Measuring/monitoring temperature; weight (not height); pulse rate; blood pressure; blood sampling/measuring blood sugar; noticing food/fluid intake;

presence of wounds/injuries/infection; changes in behaviour/mood; changes in appearance; mobility; relationships. . Accept other relevant observable factors.

Relevant knowledge might be shown with reference to likely problems of clients e.g. bedsores, urinary infections, loss of memory, confusion; incontinence; malnutrition.

Do not credit vague points e.g. 'see if they are getting better', 'find out their likes and dislikes'.

(6 marks)

1 0 1 mark for clear evidence that the candidate understands the term, plus 1 mark for specific practical use of the technique. Partially correct answers 1 mark.

Sample answers: Sasha could persuade Alice by explaining to her why it is important to dress the wound (2).

Sasha could offer Alice a limited choice e.g. "Shall we put the dressing on now or when you've had your cup of tea?" (2)

(2 marks)

1 1 1 mark for clear evidence that candidate understands the term, plus 1 mark for specific practical use of the technique. Partially correct answers 1 mark.

Sample answer: Sasha could make an excuse to leave the room for a few minutes and then come back when Alice has calmed down (2).

(2 marks)

1 2 1 mark for definition, plus up to 2 non-dependent marks for relevant example, depending on detail. Likely definition:

A client's behaviour which is likely to harm or disadvantage him/herself (1).

Possible examples:

1. Alice scratches the wound/takes dressing off/ refuses treatment (1) This is likely to prevent it from healing/cause it to become infected (1)

2. Alice being angry/ uncooperative (1) This might lead staff to treat her less well in future. (1)

(3 marks)

1 3 Up to 2 marks for referring to the patient's right (1) to refuse treatment (1).

Alternatively 1 mark for appropriate reference to reducing the patient's autonomy/disempowering her. Also one mark for answers suggesting likely negative reactions of the patient.

(2 marks)

Question 4

1 4 Any one from: Playgroup/preschool /preschool playgroup (1).

(1 mark)

1 5 Any one from: Diagnosis/consultation/GP consultation/diagnosis and consultation (1).
(1 mark)

1 6 Either: Needs assessment/ or assessment of needs (both words required)(1)
(1 mark)

1 7 NHS Direct online (all three words required) (1).
(1 mark)

1 8 Likely points include:
A special school is suitable; because her disability is severe; staff in a special school are more likely to have appropriate specialist training relevant to her needs (not just 'trained staff'); There will be fewer people in a special school/it will be smaller; so less contact with other people; e.g. fewer teachers; a higher teacher-pupil ratio (not one-to-one). Reduced/dimmer lighting can be used; it will be less noisy; she can learn at her own pace; the curriculum is easier to adjust to her needs; with few changes to routine. She is less likely to be teased/ bullied than in a mainstream school.
Credit these points made by comparison with unsuitable aspects of mainstream schools. Do not credit points which are merely evaluations of mainstream provision.

Band 1 answers 6 to 8 marks

Answers that recognise that the special school is more appropriate and which make at least 6 of the relevant points, and do not include error or irrelevance.

Band 2 answers 4 to 5 marks

Answers that feature four or five mainly relevant points.

Band 3 answers 1 to 3 marks

Answers that feature up to three relevant points, or more detailed answers with major misunderstandings and or irrelevances.

0 marks

No response worthy of credit.

(8 marks)

1 9 1 mark per point up to 3. Likely points include: A teacher/parent/SENCO/GP suggests that the child might need support/professional referral (1) the child is assessed (1) by an educational psychologist (1) a statement of needs is produced (1) Accept similar points.

(3 marks)

