



General Certificate of Education

**Health and Social Care
8621/8623/8626/8627/8629**

HC01 Effective Caring

Report on the Examination

June 2010

Further copies of this Report 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.

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

HC01 Effective Caring

Comments on specific questions

Question 1

- 01 Asked to name bases of discrimination referred to in the scenario, most candidates identified sex and age. Fewer identified impairment/disability.
- 02 Asked to identify barriers internal to carers, many candidates suggested either or both lack of skill or prejudice. Some candidates suggested barriers which were not illustrated in the scenario.
- 03 Most candidates were able to name two early years services.
- 04 Asked to outline the meaning of discrimination on the basis of ethnicity, quite a lot of candidates failed to show what each term meant. Some replied that it was discrimination because of a person's ethnicity. Some mistook ethnicity for another base, such as social class. Candidates tended to do better when giving specific examples of this type of discrimination.

Question 2

- 05 Asked how non-emergency NHS hospital services were accessed, a surprising number of candidates suggested self-referral, or 'phoning the hospital up'. This might have been because Danuta in the scenario decided to do this. However, it should have been clear from the context that Danuta was not familiar with accessing services in Britain.
- 06 Asked how ignorance could be a barrier to accessing services, many candidates suggested not knowing about the service, and some suggested not knowing how to access it. Most candidates were able to illustrate a point with the case of Danuta. However, other candidates did not understand that ignorance means not knowing. For example, some assumed that it meant ignoring (an ill-health condition).
- 07 Most candidates were able to name three examples of communication difficulties. A few simply suggested 'language' rather than specifying lack of a common language. Better answers were illustrated with examples of difficulties in accessing specific services, e.g. the difficulty of accessing NHS Direct for a deaf person.
- 08 Most candidates suggested that Danuta had the responsibility to turn up for her appointment and many also suggested letting the hospital know in advance if she was unable to attend. Some suggested responsibilities that were inconsistent with the scenario and the question, such as returning crutches. The appointment was for an initial scan.

Question 3

- 09 Asked how a trained nurse could use observation in a nursing home, some candidates made appropriate suggestions of a combination of health tests (e.g. for blood pressure) and observations of behaviour. Some answers showed knowledge of likely client conditions such as hypertension and urinary infections. However many answers were expressed much more vaguely, e.g. 'see how clients are feeling'.

- 10 Most candidates showed understanding of the technique of gaining compliance. Some confused this with gaining trust.
- 11 Most candidates showed awareness of disengagement, although some made the mistake of implying that the carer would do this in a hostile way, raising rather than lowering the emotional temperature. Some candidates confused disengagement with distraction. Some candidates failed to place the number '11' in the margin when answering this question, with the result that it could have been seen as a continuation of part 10.
- 12 A minority of candidates were able to define maladaptive behaviour. The majority made a guess based on the information in the scenario.
- 13 Asked why it would be wrong for Sasha to force Alice to have her wound dressed, a minority correctly referred to the client's right to refuse treatment. However other candidates gained marks for suggesting the possible negative consequences for Alice, and/or for referring to her autonomy.
Many candidates suggested that Alice had a right to a choice of treatment. However, this is not the case, as often only one type of treatment is appropriate.

Question 4

- 14 Most candidates correctly identified the service as a playgroup.
- 15 About half of the candidates correctly identified this as diagnosis/consultation.
- 16 A majority of candidate recognised that this service was a needs assessment.
- 17 A minority of candidates recognised that the service was NHS Direct Online.
- 18 Most candidates recognised that a special school would be suitable for Melinda. Better answers used information in the scenario to explain how special school provision could meet Melinda's needs. Weaker answers tended to show little awareness of special school provision, or to assume that Melinda would use a wheelchair.
- 19 There was a range of answers relating to access to special school provision. Most candidates mentioned that Melinda would have to be assessed, but many confused this with a needs assessment carried out by a social worker. Quite a lot of candidates referred to the role of the SENCO and educational psychologist. A significant minority also referred to statementing.

Grade boundaries

Grade boundaries and cumulative percentage grades are available on the AQA website at www.aqa.org.uk/over/stat.html