



**General Certificate of Education (A-level) Applied
January 2011**

Health and Social Care

HC01

**(Specification
8621/8623/8626/8627/8629)**

Unit 1: Effective Caring

Report on the Examination

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General comments

There was evidence that candidates from most or all centres had covered the specifications. In other words there were no extensive gaps in knowledge. However, a number of candidates did not answer Question 4 i.e. sections 15 to 19 of the paper. Evidently they failed to turn the page after answering Question 3.

Comments on specific questions

Question 1

01 Many candidates gained 5 or the full 6 marks for this question concerning three physical life quality factors that might be provided in a residential home. Those gaining fewer marks sometimes mistakenly included psychological life quality factors, or described why physical factors would be absent for a client living at home.

02 Asked for disadvantages of moving into a residential home, a small number of candidates mistakenly referred to advantages. Most however followed the instruction and related this to psychological life quality factors that might be missing, or not fully met in the residential home. Most successful answers focused on autonomy and dignity, though other alternatives also gained marks. Some candidates mistook autonomy for choice. In fact choice is likely to be equally available or more available in a residential home than for a person living alone.

03 Asked to outline the differences between residential and domiciliary care, most candidates correctly identified the difference in the location where the care took place, and a large number were also aware of the difference between intermittent and round-the-clock care. A few candidates evidently thought that domiciliary care was based in some form of residential home, while others assumed it was informal care. Many candidates referred to the care (in either setting) as being provided by nurses, which is not the case, although this did not affect the marks gained.

04 A large number of candidates recognised the service described as a needs assessment. The most common error was to identify the service provider (social services) rather than the service itself.

05 Almost all candidates recognised that nursing home care was not appropriate for the client because she was not ill.

Question 2

06 Asked about the ways in which Delia in the scenario treated children badly, the most frequent correct answer given was neglect. Relatively few candidates also identified the hostility she showed to one or two of the children. The most common error was to suggest that the children were bullied. A few candidates did not attempt to name the ways of treating badly, as required by the question, but instead restated the information given in the scenario. This did not gain credit.

07 This question was well-understood by candidates. Given four caring skills, most candidates were able to link at least two of these correctly with children named in the scenario. The most common correct answers were disengagement from Lisa when she is screaming, and physical contact with Melvin. Working alongside Lee was often mentioned appropriately, but rarely elaborated in a way that showed accurate understanding of the skill. The most frequent error was to suggest that Lee should be rewarded for sitting quietly and doing nothing. Some candidates thought this was 'being good'.

08 Asked to discriminate between day nurseries and nursery schools, almost all candidates showed some accurate knowledge of at least one difference, and many were able to correctly state differences in their functions and in the age groups catered for.

Question 3

09 Most candidates recognised the two barriers illustrated in the scenario. The commonest error was to suggest that the care worker, Amanda, lacked motivation. There was no evidence for this in the scenario. Some candidates who correctly cited 'preoccupation with own needs and lack of skill' interpreted this as meaning simply a lack of skill. In fact it refers to a person's anxiety about his or her perceived inadequacy. The scenario gave clear evidence of this anxiety.

10 Asked to explain conformity to inappropriate workplace norms, there was evidence that many candidates understood the concept. They were not all able to give a convincing description however, sometimes missing out the element of bad practice that is implied, and sometimes missing the idea that this is common among co-workers. Asked for an example from a health care setting, many candidates gave non-health settings, such as residential homes or day nurseries.

11 A minority of candidates were able to outline the meaning of a presenting problem, possibly because this item in the specifications has not occurred in a previous series. Quite a lot of candidates tried to infer the correct meaning from the scenario given, with limited success.

12 Most candidates were able to name and outline two other client barriers, and full marks were gained by many. However some candidates did not attempt this part.

13 Many candidates gave appropriate practical reasons for treating clients well. The most convincing answers related to the positive effects on clients' responses to care workers. A minority of candidates confused practical with ethical reasons.

14 The most commonly suggested ethical reason given for treating clients well was a 'duty of care'. This and other answers with a clearly ethical content gained the mark. A common error was to refer to the avoidance of discrimination on the basis of race. It seems likely that some candidates confused the word 'ethical' with 'ethnic'.

Question 4

15 Given a scenario in which Dale had difficulty in getting a GP appointment, about half of all candidates suggested correctly that one barrier was inadequate resources. The most successful answers simply added that there might be too few GPs and suggested overcoming this barrier by providing more staff. Others referred appropriately to the need for appointment times out of normal working hours. Less successful answers assumed that the barrier to access lay not in the service provider but in Dale himself. Inappropriate suggestions included changing his job.

16 Given a scenario in which the GP diagnoses and treats Dale, candidates were asked about the meaning of diagnosis. Candidates who were familiar with this gave simple but accurate definitions. Other candidates tended to report back all the information in the scenario i.e. they included treatment as if it was part of the process of diagnosis. This did not gain credit.

17 Good answers gave responsibilities that Dale had that were connected with the scenario e.g. following the advice of the GP.

18 A slight majority of candidates gave the correct method of accessing specialist care i.e. GP referral. Others assumed that specialist care could be accessed by direct contact with a hospital.

19 Asked about the advantages of calling NHS Direct instead of making a GP appointment, many candidates showed awareness of the speed and ease of access of the former. A few evidently assumed that Dale had looked on the website NHS Direct online, although the question clearly ruled this out.

Mark Ranges and Award of Grades

Grade boundaries and cumulative percentage grades are available on the [Results statistics](#) page of the AQA Website.