



General Certificate of Education

**GCE Applied Health and Social Care**  
**8621 8623**

# **Examiners' Report**

*2006 examination – January series*

- 8621 Advanced Subsidiary
- 8623 Advanced Subsidiary (Double Award)

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*Dr Michael Cresswell Director General.*

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## **HC01: Effective Caring**

### **General comments:**

In the main, candidates appeared to be prepared appropriately for this examination. In particular, knowledge of life quality factors and barriers to treating people well were understood widely.

Candidates most often failed to gain marks because they did not follow the instructions given in the questions, and because they gave vague, rather than specific answers.

A weak point was in describing services (see Questions 1(b)(i) and 4(b)). It is important that in describing services, candidates can identify the essential and characteristic features of provision, which distinguish it from alternative types of provision.

### **Question 1**

- (a) A majority of candidates gave two appropriate suggestions, most commonly children and people with disabilities.
- (b)(i) Some candidates gained full marks by specifying services, such as accommodation, bathing and meals. Less successful answers fell into three categories. In one, candidates gave vague or generalised descriptions, rather than specific services, such as “care 24/7”, or referred to the benefits of residential care.
- In a second category were answers that specified services that were only peripheral to residential care, such as visits by a chiropodist, while ignoring essential daily services such as help in getting dressed.
- The third category, which included the least successful answers, were those in which the candidate did not know what was meant by residential care and instead described domiciliary care.
- (b)(ii) A significant minority of candidates did not know the answer to this question and gave common-sense answers, such as “look in Yellow Pages”. Some candidates suggested “professional referral” or “self-referral”. These received credit, however they do not indicate how access is gained. Rather than labelling the method of access with a term such as ‘professional referral’, it is essential that the candidate describes what actually happens. Candidates who referred to a social worker (or social work assistant) carrying out a needs assessment, and elaborated on how this was done, gained full marks.
- (b)(iii) Some candidates made the mistake of describing the services provided for clients in residential care (as was required for Question 1(b)(i)). Good answers pointed out the advantages and disadvantages of residential care for Glenys’ mother. Weaker answers referred to the advantages for Glenys.
- (c) Many candidates suggested two appropriate precautions. Weaker answers made vague suggestions, such as “use correct lifting procedures”. Some candidates referred to ‘lifts’ instead of hoists. A few candidates assumed that the care worker would be lifting ‘heavy objects’, or that it was the client who would be doing the lifting.

## Question 2

- (a) Almost all candidates answered this correctly.
- (b)(i) While most candidates recognised that Gwen’s behaviour was not appropriate, few made very specific evaluation points. Most candidates mistakenly assumed that Gwen shouted at the little boy. The best answers picked up on information provided in the scenario, such as the staring. Some candidates made the mistake of writing about what Gwen should have done, rather than evaluating what she did.
- (b)(ii) Most candidates followed the instruction to refer to caring skills, although many suggested skills that were not appropriate, such as encouragement (not appropriate when the child is crying) or creating trust (a long-term process – not the required quick fix). The best answers suggested physical contact and distraction.
- (c) Although reasons are given in the specification, these were rarely suggested. Many candidates emphasised a duty not to discriminate, although the absence of discrimination does not guarantee that people are treated well. For example, all clients might be treated equally badly.

## Question 3

- (a)&(b) Many candidates at first failed to notice the requirement for physical life quality factors, and suggested psychological ones. However, most of these realised their mistake and changed their answers so that (b) was answered first, followed by (a). Many candidates gained full marks here, suggesting that life quality factors were understood well.

Less successful answers failed to follow the instruction to ‘link each factor with a statement from the description above’ and gave a very garbled version of those statements, whereas a direct quote would have been correct. Less able candidates failed to pick up three psychological life quality factors.

- (c)(i) Almost all candidates answered this correctly.
- (c)(ii) Most candidates showed awareness of what was meant by ‘resourcing of services’. The better answers gave specific detail, showing the link between (say) understaffing and delayed operations.

## Question 4

- (a) Most candidates gained at least four marks here. Almost all recognised unfair discrimination in (i) and (iii). Candidates failed to gain marks by assuming that (ii) was also an example of unfair discrimination, or by failing to specify the basis of discrimination, even though these bases had been listed in the stem.

Some candidates assumed that excluding Robbie (in a wheelchair) from some activities was not discriminating, citing outdoor activities. In fact, arrangements can be made for people who use wheelchairs to take part in activities such as canoeing and abseiling.

- (b) This produced a lot of vague answers, with relatively few candidates mentioning education for people with disabilities. Answers that gave services typically provided in mainstream schools (such as midday meals) were not credited.
- (c) This question was the least well answered, partly because it was the most difficult. Many candidates made the mistake of writing about the advantages of working alongside, modelling and setting challenges, instead of saying how these techniques can actually be used.

Most candidates appeared not to have a clear understanding of the techniques. For example, they assumed that 'working alongside' means 'working with'. The best answers showed understanding of each technique and gave concrete examples of their use.

## **HC04: Child Development**

### **General comments:**

Candidates showed good understanding of motor development and play, though less awareness of language development.

There were no very high or very low marks gained, suggesting that this paper was not as discriminating as expected. This was partly because some of the questions tended to produce high marks from almost all candidates, while others produced low marks from almost all.

### **Question 1**

- (a) Many candidates gained full marks here. The commonest error was to include a fine motor milestone in the list.
- (b) Many candidates gained full marks here. The commonest error was to place pointing before grasping (which is present at birth).
- (c) Candidates who gained marks on this question usually did so by identifying a motor reflex, such as grasping or the rooting reflex.

### **Question 2**

- (a)(i) A majority recognised this as object permanence.
- (a)(ii) Many candidates did not gain high marks on this question. Rather than simply quoting figures from the table, candidates should produce accurate generalisations, such as "most children at 10 months showed object permanence," or "Only one fifth/20% of children at 8 months old looked for the toy." Few candidates produced valid conclusions, such as "object permanence developed between around 8 to 12 months in these children."
- (a)(iii) Around half the candidates recognised that this was a longitudinal study.
- (b) This question produced the greatest range of marks. Most candidates made the appropriate choice of toy to match the child's age and development. Better answers justified the choice with reference both to safety and to the motor and

cognitive skills of the children. Very few candidates were led astray by the idea that beads are a 'girl's' toy' and a hammer a 'boy's' toy'.

- (c) Most candidates gained two or three marks on this question, suggesting that attachment was understood well. Although the question asked about the child's behaviour, some candidates answered in terms of the child's supposed feelings or wishes.

### Question 3

- (a) Most candidates were able to suggest at least three appropriate precautions. Candidates who failed to gain marks sometimes did so because they suggested the same precaution twice, suggested precautions unrelated to health and safety, (e.g. making sure paints would wash off clothes), or suggested supervising children as they played. The latter answer was ruled out by the stem, which asked about precautions to be taken before children access the equipment.
- (b) Almost all candidates gained all four marks here.
- (c) This puzzled many candidates, who were unable to make the connection with play space.
- (d) Less than half of the candidates showed a clear understanding that 'human resources' meant people. However, many candidates gained a mark or two in the course of rambling answers, which happened to mention the value of contact with adults or other children.

### Question 4

- (a) Surprisingly, about half the candidates identified Ben's stage of language development as the holophrase speech stage. Those who correctly identified the stage as telegraphic often failed to give adequate descriptions. In particular, most candidates did not recognise the example of overextension given in the scenario.
- (b) Although most candidates picked up on at least one of the ways illustrated in the scenario, candidates did not show much understanding here. There were some rather inappropriate suggestions, such as getting the child to watch television.
- (c) This question tended to produce rather vague and rambling answers, rather than the simple list of three ways that was required.
- (d) This puzzled most candidates, with only a few recognising that the influence of genetic via maturation was required.

## HC05: Nutrition and Dietetics

### General Comments

It is pleasing to report that the first series of this new paper produced very few very weak scripts and a significant number of very good ones. The majority of candidates demonstrated good knowledge and understanding of the unit content and were able to access all questions. As might be expected, the more able candidates demonstrated a command of technical terminology and



their answers were detailed and focused on the question asked. Less able candidates tended to lack the depth of knowledge required in order to provide the detail to gain more marks.

### **Question 1**

In part (a), the majority of candidates gained marks by addressing issues relating to weight gain, obesity and tooth decay. More able candidates suggested a risk of Type II diabetes which Mark could develop in later years. Similarly, in part (b), the need for protein foods was understood well. In part (c), two functions of water were less well known while in part (d), many candidates failed to gain marks by offering chemical symbols, rather than the names of the chemicals concerned. Less able candidates sometimes confused protein chemical composition with that of carbohydrates or fats.

### **Question 2**

In part (a)(i), many candidates struggled to generate different reasons for including a preservative, an antioxidant and an emulsifier as food additives. In part (a)(ii), candidates were far more successful gaining the mark for suggesting another type of food additive, usually colouring or flavour enhancer. In part (b)(i), most candidates gained two marks for recognising that Vitamin B1 and iron were lacking in the diet, but tended not to recognise that the Vitamin C was an appropriate amount. Less able candidates suggested that 26mg of Vitamin C compared to a dietary reference value of 25mg was an excess likely to lead to health problems. The majority of candidates gained around half marks for applying their knowledge successfully to how intake of the micronutrients at this level might affect Alex.

### **Question 3**

Part (a) was generally answered well, with the majority of candidates suggesting age, pregnancy and levels of physical activity as factors which should be considered when determining nutritional requirements for different client groups. In part (b), most candidates explained successfully the implications for diet of being a vegan, but were less secure on the implications of Jewish beliefs and even less so on food intolerance caused by coeliac disease. This food intolerance was often confused with lactose intolerance and the intolerance to gluten was not understood.

### **Question 4**

A significant number of candidates did not gain high marks on part (a), since they simply reworded the table as prose rather than draw conclusions, i.e. What was the commonest cause of food poisoning? Which causes were at similar levels? etc.? Part (b) was answered better, with many candidates gaining full marks for understanding how washing removes bacteria and other microbes from the hands, preventing food contamination. Less able candidates often thought that hand-washing would kill these microbes, but this would be accepted as an answer if an appropriate soap or lotion was identified in the response. The vast majority of candidates were successful in identifying client groups at high risk from food poisoning in part (c). In part (d), explaining why not using food beyond its shelf life was important was understood better than not smoking in food preparation areas. In the latter case, many candidates failed to understand how smoking may transfer microbes to food by coughing and hand-to-lip contact. Most candidates, however, did recognise that ash may well contaminate food.

## **HC06: Common Diseases and Disorders**

### **General Comments**

As this was the first paper set on this unit, it is pleasing to report that the majority of candidates were able to access all four questions and demonstrate appropriate knowledge and understanding on the various topics. As with other written papers, the high-achieving candidates were those who provided accurate detail and used technical terminology appropriately. Less able candidates found the challenge of extended prose more difficult, but were still able to gain marks on the more straightforward questions regarding recall and application. There was no evidence of candidates having insufficient time to complete the paper.

### **Question 1**

In part (a), virtually all candidates identified the type of organism causing pneumonia correctly as a bacterium or a virus. Both the causes and symptoms of pneumonia were known well and most candidates gained at least two of the three marks available in part (b) by explaining why the elderly, such as Maria, are vulnerable to this disease. Progressive deafness in the elderly proved more challenging for most candidates, but it was pleasing to see some good answers detailing presbycusis.

### **Question 2**

Common food- and air-borne allergens were known well, gaining full marks for many candidates in part (a). Drawing conclusions from the data table proved more challenging, but most candidates gained at least one mark for recognising Allergen 2 as the most common and Allergen 3 as the least common, with more able candidates suggesting that Allergen 2 was possibly an air-borne allergen and that Allergen 1 was 10 times more common than Allergen 3. There were some excellent answers explaining the mechanism of allergic reaction in part (b)(ii), but less able candidates were often restricted to one or two marks due to the lack of technical detail in their answers.

### **Question 3**

The majority of candidates gained at least two marks in part (a) for describing gingivitis as a gum disease causing inflammation/soreness/bleeding. Candidates were generally more successful with describing the mechanism of tooth decay than they were when describing how a gum abscess forms in part (b). There was generally a good understanding of flossing as a process which removes food debris from between teeth, thus reducing bacterial growth and limiting acid production.

### **Question 4**

The data on skin rashes, spots, food poisoning and stress headaches provided many opportunities for candidates to gain the nine marks available. Less able candidates often attempted to provide reasons for the differences which were not required. More able candidates recognised both significant differences and similarities in the data, e.g. between same sex age groups and/or between genders.

Common causes of headaches were known well and many candidates gained full marks in part (b).

In part (c), a significant number of candidates concentrated on the mechanisms responsible for blister and scab formation, rather than provide a simple technical description of what they are. The majority, however, still gained at least two of the four marks available.

## Mark Range and Award of Grades

Unit	Maximum Mark (Raw)	Maximum Mark (Scaled)	Mean Mark (Scaled)	Standard Deviation (Scaled)
HC01	60	60	32.4	8.0
HC04	60	60	32.9	6.7
HC05	60	60	27.3	8.0
HC06	60	60	29.7	9.2

In Applied GCE examinations, scaled marks are the same as raw marks.

### HC01: Effective Caring (3518 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	60	47	42	37	33	29
Uniform Boundary Mark	100	80	70	60	50	40

### HC04: Child Development (819 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	60	46	42	38	34	31
Uniform Boundary Mark	100	80	70	60	50	40

### HC05: Nutrition and Dietetics (336 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	60	42	37	33	29	25
Uniform Boundary Mark	100	80	70	60	50	40

**HC06: Common Diseases and Disorders (364 candidates)**

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	60	45	40	35	30	26
Uniform Boundary Mark	100	80	70	60	50	40

**Definitions**

**Boundary Mark:** the minimum mark required by a candidate to qualify for a given grade.

**Mean Mark:** is the sum of all students' marks divided by the number of students. In order to compare mean marks for different components, the mean mark (scaled) should be expressed as a percentage of the maximum mark (scaled).

**Standard Deviation:** a measure of the spread of students' marks. In most components, approximately two-thirds of all students lie in a range of plus or minus one standard deviation from the mean, and approximately 95% of all students lie in a range of plus or minus two standard deviations from the mean. In order to compare the standard deviations for different components, the standard deviation (scaled) should be expressed as a percentage of the maximum mark (scaled).

**Uniform Mark:** a score on a standard scale which indicates a candidate's performance. The lowest uniform mark for grade A is always 80% of the maximum uniform mark for the unit, similarly grade B is 70%, grade C is 60%, grade D is 50% and grade E is 40%. A candidate's total scaled mark for each unit is converted to a uniform mark and the uniform marks for the units which count towards the AS or A-level qualification are added in order to determine the candidate's overall grade.