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ASSESSMENT and QUALIFICATIONS ALLIANCE

General Certificate of Education

Health and Social Care 8626/8629

HC15 Clients with Disabilities

Report on the Examination

2008 examination – June series

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HC15 Clients with Disabilities
Principal Examiner's Report

General Comments

Candidates generally seemed well prepared for this examination showing sound understanding. Often lower marks were the result of poor examination technique rather than a lack of knowledge.
Candidates' responses ranged across nearly the full mark range suggesting well prepared candidates could gain high marks. Several candidates achieved 65+/80.

Question 1

(a) Most candidates seemed confident with the **physical** signs and symptoms of Down's syndrome. Weaker candidates listed non-physical signs/symptoms like 'cheery disposition' or 'heart problems' and should be encouraged to read the question carefully.

(b) Most candidates knew the causes of Down's syndrome and gained at least 2 out of the three marks available.

(c) Several weaker candidates did not understand the word 'acquired' and so could not access the 4 marks. Often they listed disabilities linked to learning disabilities.

(d) Tests to **diagnose** Down 's syndrome were explained well. Weaker candidates confused chorionic villus sampling with amniocentesis. Some candidates chose to use tests which give a likelihood rather than a diagnosis of Down's like AFP and so received no marks.

(e) Most candidates gained marks here with the better candidates able to give balanced discussions about the ethical issues involved.

Question 2

(a) This question required the correct identification of a disability which uses the aids/adaptations listed. There were several full mark answers. A mark was often missed for not being able to explain how an induction loop works.

(b) Weaker candidates were unable to 'define' the terms and confused them.
Many weaker candidates assumed ignorance was 'ignoring' people with disabilities.

(c) Candidates found this question challenging and only a few were able to achieve full marks. There were many examples of candidates listing what they knew about the DDA or the social model of disability rather than answering the question and relating their ideas to ignorance, prejudice and discrimination.

Question 3

(a), (c), (d) Gaining full marks required detailed technical knowledge. There were several candidates who were well-prepared and able to achieve this.

(b) Candidates should be made aware that 'diet' 'drinking alcohol' and 'exercise' are not lifestyle factors that increase the risk of strokes. Candidates need further reference to **poor** diet or **excessive** drinking of alcohol or **lack of** exercise.

(e) Many students who knew the life quality factors were able to secure top marks here as there were several possible LQFs which could be made relevant to the case study.
No marks were awarded if LQFs were not identified or correctly named.

Question 4

(a), (c) As for question 3 (a), (c) and (d), gaining full marks required detailed technical knowledge.
There were a number of 10/10 answers to 4(c) by the better candidates. Many were also able to support their explanations with a diagram.

(b) Most candidates could gain at least 3 marks out of 6 for knowing the role of one practitioner. GP and physiotherapist were most widely used. There were fewer candidates using the diet example and often they did not gain the full 3 marks available since, although they understood the need for a special diet, they could not give the nature of the dietary advice given or name correctly 'dietician' as the practitioner.

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