



General Certificate of Education

**Health and Social Care
8621/8623**

HC01 Effective Caring

Report on the Examination

January 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
Dr Michael Cresswell Director General.

HC01: Effective Caring

Comments on specific questions

Question 1

- 1(a)** Most candidates gained 4 or the full 5 marks for this question matching caring skills to examples.
The commonest error was to say that the parent persuading her child to swallow some cough medicine was an example of creating trust. In fact this was gaining compliance, and more likely to create mistrust.
- 1(b)** Part (i) was asking about how Agnes (in the scenario) mistreated Martha, while part (ii) was about why. Some candidates confused the how with the why. In 1(b)(i) most candidates recognised that violence/hostility/ bullying and neglect were shown. Fewer recognised the presence of discrimination and very few picked up the example of rejection.
In 1(b)(ii) there were often good answers relating to preoccupation with own needs. A few candidates wrote about client barriers instead of answering the question.

Question 2

- 2(a)** The scenario about Ceri provided candidates with enough information to suggest four life quality factors he was likely to lack. Social contact and hygiene were the most obvious answers and occurred frequently. Some candidates went beyond the scenario and suggested less plausible factors, such as privacy. There was evidence that a few candidates wrongly assumed that only psychological LQFs were required, though in fact the question also allowed physical ones.
- 2(b)(i)** Most candidates gained the full 2 marks for naming and or describing a needs assessment. Very few made the mistake of assuming that the social worker would provide personal care.
- 2(b)(ii)** Most candidates correctly identified the service as domiciliary or home care. A few suggested community nursing.
- 2(b)(iii)** This question was about conflicting life quality factors (this is in the specifications but has not previously appeared on a question paper). A majority of candidates understood that Ceri's privacy would be reduced. Good answers relating to autonomy and dignity also occurred quite frequently.
Some candidates suggested choice might be reduced. This is unlikely, in the sense that a care worker is in a position to offer choices to Ceri, which he would not have while alone.
A few candidates misunderstood the question and thought it was about how the *lack* of LQFs could be reduced.

Question 3

- 3(a)** Most candidates gained at least half marks for their descriptions of A&E services. However, descriptions were often vague, illogically ordered and rambling. While many referred correctly to the triage process, a surprising number of descriptions failed to mention diagnosis. Many candidates ignored the instruction to restrict themselves to the period between a patient's arrival to their departure, and gave unnecessary descriptions of access to A&E.
- 3(b)** Most candidates gained a few marks for giving advantages of day surgery. Few were able to give disadvantages of the service. There was evidence of a lack of accurate knowledge. For example some candidates assumed that 'a' day surgery was a place, perhaps confusing it with a GP's surgery. Some wrongly assumed that day surgery never takes place in a hospital, or that it was only available for private patients. Disadvantages were often guessed at, for example the suggestion that because it is quicker on average than inpatient surgery that it must be 'rushed' or performed carelessly.

Question 4

- 4(a)(i)** Relatively few candidates gave clear answers about the purpose of a health visitor developmental assessment. This is a service named in the specifications. Instead, in this and the following section, candidates had a tendency to write more broadly about the health visitor's role, which is not required by the specifications.
- 4(a)(ii)** Asked what the HV would do during the visit for a developmental assessment, candidates tended to give vague answers. Relatively few referred to developmental tests e.g. of hearing and motor development.
- 4(b)** A large minority of candidates suggested the most appropriate form of early years care for 4-year-old Amie, i.e. nursery school. Answers that failed to take account of her age and family situation did not receive credit.
- 4(c)** A majority of candidates gained 2 or the full 3 marks for this question about informal care. Some lost a mark by giving another informal child care arrangement as their second example – which was excluded by the requirement for a 'different' example. Very few candidates confused informal care with formal provision

Grade boundaries

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