



## **General Certificate of Education**

# **Health and Social Care**

**8621/8623**

**HC01**

# **Mark Scheme**

*2009 examination - June series*

**This mark scheme uses the [new numbering system](#) which is being introduced for examinations from June 2010**

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

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## Quality of written communication

The quality of written communication is assessed in all assessment units where candidates are required to produce extended written material. Candidates will be assessed according to their ability to:

- Select and use a form and style of writing appropriate to purpose and complex subject matter
- Organise relevant information clearly and coherently, using specialist vocabulary when appropriate
- Ensure that text is legible, and that spelling, grammar and punctuation are accurate, so that meaning is clear.

### Question 1

- 0 1** NHS Direct (both words required)  
If the candidate gives more than one answer to any subsection – only credit the first answer.  
*( 1 mark)*
- 0 2** Community/district nursing, or community/district nurse.  
If the candidate gives more than one answer to any subsection – only credit the first answer.  
*(1 mark)*
- 0 3** Home/domiciliary care(r). Not 'home help'.  
If the candidate gives more than one answer to any subsection – only credit the first answer.  
*( 1 mark)*
- 0 4** Nursery school, (both words required). Not 'preschool' or 'playschool'.  
If the candidate gives more than one answer to any subsection – only credit the first answer.  
*(1 mark)*
- 0 5** Crèche.  
If the candidate gives more than one answer to any subsection – only credit the first answer.  
*(1 mark)*
- 0 6** 1 mark each (up to 2) for stating a valid reason plus 1 mark each for reasoned elaboration.  
Do not credit ways of treating clients well or badly.
- Valid answers might refer to benefits to residents, benefits to staff or the residential home.  
Answers in the form of why staff should not treat residents badly are also acceptable.
- Sample answer: The residents are more likely to like the carers, (1) which can give the carers a sense of self-worth (1).  
1 mark for a less well-elaborated but valid reason e.g. 'Residents will feel happier/more secure.'
- Some answers might be of the general form:  
Ethical reasons (1), because the care worker has a duty of care. (1)  
Practical reasons (1) because clients who are treated well are more likely to co-operate/be easier to work with (1)
- (4 marks)*

**0 7**

1 mark each (up to 2) for naming or describing techniques. These are likely to include: appropriate use of eye contact; disengagement; reducing clients' negative feelings; distraction.

Accept social perception.

Plus 1 mark each for a specific example of the use of the technique (not just a description of the technique). Examples do not have to be restricted to residential care.

Credit should be given to answers such as to avoid being alone with the client; carry a personal alarm; keep within range of CCTV cameras, or keeping calm.

Marks are not dependent on each other.

*( 4 marks)*

**0 8**

Any 2 points from: Use a hoist (not a 'lift') (1) Get another member of staff to help (1) One specific lifting tip such as keep the back straight, lifts with the legs etc. (1)

Do not credit 'training in lifting techniques' (already given in question). Do not credit answers about risks to clients

*(2 marks)*

## Question 2

**0 9**

Up to 3 marks for naming relevant **psychological** life quality factors: (1 each up to 3 for..)

(effective) communication; choice; autonomy; privacy/dignity; psychological security.

Do **not** credit confidentiality, or physical LQFs. If the candidate answers with more than three LQFs, credit the best three.

Further marks are dependent on relevant LQFs having been named.

1 mark each for indicating whether or not the LQF was provided by the nurse, and one mark each for linking the factor to the scenario.

Likely answers:

Effective communication (1) was provided by the nurse (taking account of Cyril's deafness) (1). She got down to his level/spoke loudly and clearly (1).

Choice (1) was not provided by the nurse (1). She did not allow him to choose not to go to the toilet (1).

Autonomy (1) was encouraged by the nurse (1) by getting him to stand up on his own (1).

Privacy/dignity (1) was not provided (1) because the nurse spoke loudly and other patients would be able to hear (1).

Psychological security (1) was not provided (1) because the nurse's insistence that he should stand up on his own led to him worrying that he would fall over (1).

Other valid points are possible e.g.

Dignity (1) was provided (1) by the nurse getting him to go to the toilet so that he would not later wet the bed (1).

*(9 marks)*

**1 0**

1 mark each (up to 2) for naming two **physical** life quality factors. These are likely to include: exercise; nutrition; physical safety; hygiene; physical comfort; freedom from pain. Do **not** credit psychological LQFs. Do not credit explanation of why a LQF is lacking.

Plus up to 1 mark each for identifying a relevant practitioner or service and 1 mark for how the factor could be provided. Either or both of these marks may be awarded even if a LQF is not named, provided the points are relevant. Credit appropriate care actions even if the wrong practitioner or service is given.

Likely answers include

Exercise; Cyril could attend a day care centre/physiotherapy clinic; plus example of exercise e.g. arm stretching.

Nutrition; Cyril could receive meals on wheels; a hot/cooked meal/ meals provided daily/regularly.

Physical safety; adaptations could be made to his home/following advice from an occupational therapist; e.g. handles in the bathroom.

Hygiene; a domiciliary care worker could visit; to help him take a shower.

Freedom from pain; A GP/doctor; could prescribe painkillers.

Note that some services/practitioners are relevant for more than one LQF e.g. day centre for nutrition.

Do not credit informal carers or needs assessment.

*(6 marks)*

### Question 3

**1 1**

1 mark each (up to 3) for identifying different ways Gordon was treated badly, plus 1 mark each for explicit link with scenario. Do not credit the link if a valid way is not given. Likely answers:

Pilar (sexually) discriminated against Gordon (1) by not letting him play with a doll/telling him that dolls are not for boys (1).

Pilar showed hostility to Gordon (1) by telling him she did not like boys who did not do as they were told (1).

Pilar rejected Gordon (1) by telling him she did not like boys who did not do as they were told/ when she ignored him (1).

Pilar neglected Gordon (1) when she ignored him (1).

Pilar punished Gordon (1), by ignoring him/ by telling him she did not like boys who did not do as they were told (1).

Accept other credible answers justified by the description.

Do not credit bullying or stereotyping.

*(6 marks)*

**1 2** 1 mark for identifying a plausible barrier, plus up to 2 marks for explaining it and relating it to the scenario. These marks do not depend on each other.

Likely answers:

Her own attitude/prejudice (accept stereotyping) (1) She may believe that there are toys that are sex-appropriate (1) and that she should pass this belief on to children (1).

Conformity with inappropriate (workplace) norms (1). She may have heard other/more experienced workers discriminating in this way (1) and assumed this type of action was appropriate (1).

(Pre-occupation with own needs and) lack of skill (1). She may be inexperienced/unsure of how to act (1) not have been trained in non-discriminatory practice (1).

Also credit pre-occupation with own needs (1). She may have anxieties that prevent her from concentrating on her job (1)

Also credit less obvious answers that are plausible, e.g. lack of motivation and client barriers e.g. lack of status and power.

*( 3 marks)*

For each of the following 3 answers, 1 mark for evidence of clear understanding of the technique, plus 1 mark for specific example.

If no evidence of clear understanding of techniques, do not credit example.

Less clear answers, or answers with marginal examples, maximum 1 mark for the subsection.

Do not credit points that depend on repetition of the terms in the question such as 'physical contact'.

**1 3** Candidate shows understanding that modelling here means that the care worker produces the behaviour required, so that the child can copy it (1). Example might feature the care worker saying 'Thank you' when child gives him/her a beaker (1) (Not just demonstrating behaviour).

*( 2 marks)*

**1 4** Candidate shows understanding that working alongside here means that the care worker is positioned next to the child and independently does a similar activity to the child (1) E.g. Worker fills a beaker with sand at the sand tray (1). (This is not the same as helping child with an activity).

*( 2 marks)*

**1 5** Candidate shows understanding that physical contact here means touching the child in a way that communicates support, approval, sympathy. E.g. holding hands with a child who is unhappy. (1)

*( 2 marks)*

#### Question 4

**1 6** 1 mark for each correct point, plus up to 1 mark each for accurate detail. Marks are not dependent on each other. Do not credit differences between pupils in the two types of school.

Likely points include:

A more limited curriculum/adapted National Curriculum (1) e.g. access to fewer subjects (1)

A less academic/more pupil-centred curriculum (1) e.g. slower paced/greater focus on life/self-care skills (1)

A smaller pupil-teacher ratio (1) providing more individual attention/tuition (1)

Staff specially trained for teaching children with disabilities. (1)

More provision of specialised learning equipment (1) plus one example e.g. sensory room (1)

More likely to be residential (1)

Do not credit points about access to, or within the school.

*(5 marks)*

**1 7** 3 marks for valid argument including reasoned elaboration. Plus 1 mark for alternative arrangement.

Arguments might include:

A special school is not suitable/mainstream school is more suitable; because Rohan is above average intelligence; so he will need access to a range of academic subjects /opportunities to take 'A' levels, so a special school might not be suitable.

Rohan's disability does not require a special school, because mainstream schools have adequate wheelchair access.

Alternative arrangements might include support (or similar) within a mainstream school (not just 'mainstream school'), time in a special unit attached to a mainstream school, or home schooling. (Note that provision of equipment such as a speech synthesizer or a service like speech therapy, is not an 'alternative arrangement').

*(4 marks)*

**1 8** 1 mark per point, up to 3. Likely points include:  
Parents/carers or teachers draw attention to the child's need (1), informing the head teacher/ reference to SENCO (1). An assessment/test of the child's education needs/abilities is made (1) possibly by an educational psychologist (1) and a statement of educational need drawn up (1). This requires the local education authority to supply additional resources for the child's education (1).

Accept assessment by a health visitor/at a child development unit and referral by a GP/professional referral.

*(3 marks)*

**1 9**

1 mark for naming or outlining a relevant barrier. Possible answers include: inadequate service capacity/not enough places (or staff) available; inadequate funding (e.g. to pay for classroom assistant); ignorance of parents/teachers of child's condition or what services are available; physical difficulty/long distance to travel; communication difficulty (must be related to special educational need); prejudice (must be related to SE need).

*(1 mark)*

**2 0**

1 mark for valid suggestion plus 1 for accurate elaboration e.g. factually correct detail.

Answers must match question

**1 9**

Sample answers:

Increase taxation to provide more funds (1) e.g. increase council tax (1).

Schools can provide information leaflets (1) outlining how to seek support (1).

An answer is unlikely to gain credit if the answer to question

**1 9**

was not relevant.

*( 2 marks)*