



General Certificate of Education

Health and Social Care

8621/8623/8626/8627/8629

HC01 Effective Caring

Mark Scheme

2010 examination - January series

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GCE Health and Social Care HC01 January 2010 Mark Scheme

Question 1

- a) i) Disengagement
 ii) Gaining compliance
 iii) Distraction
 iv) Eye contact
 v) Observation (5 marks)
- b i) Note that this is about **how** Agnes treated Martha badly, not **why**.
 1 mark each (up to 3) for identifying ways Agnes treated Martha badly, plus 1 mark for explicit link with scenario. In each case the named way is given first and the link mark should only be credited if it follows a relevant named way.
 Discrimination (1) plus: on the basis of class/by being less friendly to Martha (1).
 Violence/hostility/bullying (1) plus: by pinching Martha (1)
 Neglect (1) plus: when she left Martha alone (1)
 Rejection (1) plus: when she said, "No-one likes you." (1). (6 marks)
- b ii) 1 mark each up to 2 for identifying a plausible barrier, plus 1 mark each for explaining it in relation to the scenario. These marks do not depend on each other i.e. second point can be credited even if barrier is not named. In each case the barrier is named first.
 Likely answers:
 Her own attitude/prejudice (1) She did not like Martha/people with a 'posh accent' (1).
 Conformity with inappropriate (workplace) norms (1). She may have seen other/more experienced workers behaving in this way/and assumed this type of action was appropriate (1).
 Pre-occupation with own needs (1) She put her desire to go shopping above the needs of the client (1)
 Lack of skill (1) She might be inexperienced/untrained (1)
 Lack of motivation (1) She was not interested enough in the job to do it well (1). (4 marks)

Question 2

- a) 1 mark for each relevant factor (up to 4), plus 1 mark each for justification. If factor is not given, do not credit justification. Likely answers:
Hygiene (1) might be less good if he cannot have a bath (1)
Physical safety (1) increase of risks because of lack of self-care, or example e.g. falls (1)
Exercise (1) reduced because of his disease (1)
Nutrition (1) He might find it difficult to cook/shop for food. (1)
Autonomy (1) he cannot look after himself so much/might have to rely on others (1)
Social contact (1) He lives on his own/ is unlikely to go out (1)
Psychological security (1). He might be anxious because he cannot cope (1)
(8 marks)
- b i) 1 mark each for any 2 points: A needs assessment; (social worker will) observe living conditions; observe independent-living skills; assess ability to pay; question client/informal carer about these; consider physical/mental health; ask client to perform simple task; find out about existing support.
(2 marks)
- b ii) Home/domiciliary care (1)
(1 mark)
- b iii) 1 mark for each relevant factor (up to 2), plus 1 mark each for justification. If factor is not given, do not credit justification.
Autonomy (1) He will not have to do so much for himself, so this might reduce his ability to self-care even more/he will come to depend on the care worker (1)
Privacy (1) He will not be alone when he has a bath (1)
Dignity (1) His self-esteem might be reduced by his need for help/ by being bathed (1)
(4 marks)

Question 3

- a) 1 mark each up to 8 for relevant points, likely to include the following:
Admission (1) recording personal details (1)
Initial assessment of seriousness of condition (1) i.e. triage (1) Diagnosis (or words to that effect) (1) plus 1 example such as X-ray (1) by hospital doctor/ consultant
Treatment (1) plus one example such as stitching wound/setting and plastering broken limb / medication (1)
Discharge (1) or transfer to ward (1)

(8 marks)

- b) 1 mark per point as follows:
Benefits:
B1: Convenience/speed (1) making an overnight stay unnecessary (1)
B2: Reduced risk of hospital acquired infections (1) e.g. MRSA etc. (1)
B3: Surgical techniques are less invasive (1) e.g. using 'keyhole surgery' /endoscopy (1)
no general anaesthetic (1)
B4: Reduced separation from familiar people (1)

Disadvantages:
D1: Patient's condition cannot be monitored for so long after an operation (1) compared with a patient who stays on a hospital ward (1)
D2: Patients might get less rest than required (1) e.g. if they have to manage at home alone/ self care (1)

If only benefits, or only advantages, are given maximum 5 marks.

(7 marks)

Question 4

- a i) Up to 2 marks, depending on detail. Likely answers:
To check to see that a child's development is normal (1); for his/her age (1).
To identify any problems in development (1). To check the child is properly cared for (1).
(2 marks)
- a ii) 1 mark per point, up to 5. Specific actions are required, not just vague statements e.g. about how parents are coping. Likely points:
Check height/weight (1)
Check hearing/vision (1) plus example e.g. by making a noise at the side of the child's head and watching to see if the child turns towards the sound (1)
Check motor skills (1) e.g. is the infant crawling/ sitting up (1)
Check general health (1) e.g. hips, signs of malnutrition/abuse/allergies/obesity etc. (1)
Advise/inform parent about child care (1) e.g. on diet/immunisations etc (1)
Ask parents about child's condition (1) e.g. sleeping/ feeding (1)
(5 marks)
- b) 1 mark for naming service: nursery school (1) plus up to 4 marks for:
This is for 3 or 4 year olds/ Amie is the right age for this (1). It will prepare her for starting school (1), and help her social development (1) and cognitive development /learning (1). It will enable Amie to get used to short separations, (because it is part-time) (1).
Alternatively accept 'day nursery', although in this case the point about preparation for school does not apply.
(5 marks)
- c) 1 mark for definition. Care by a person who is not a practitioner/ not trained/ unpaid.
1 mark for appropriate reference to what Donna/ or her partner might do for Mark and Amie e.g. looking after, feeding, parenting etc
1 mark for different (i.e. not child care/parenting) example e.g. adult caring for disabled elderly relative at home, caring for sick family member.
(3 marks)