



Rewarding Learning

ADVANCED SUBSIDIARY (AS)

General Certificate of Education

January 2012

Health and Social Care

Assessment Unit AS 5

assessing

Unit 5: Adult Client Groups

[A3H51]

FRIDAY 13 JANUARY, AFTERNOON

MARK SCHEME

1 Claire, aged 21, was injured in a car accident. She has lost sight in both eyes and has had difficulty coming to terms with changes in her life. She has been discharged from hospital and referred to a social worker from disability services.

(a) Explain the following terms: (AO1)

Impairment

Answers may include the following:

- damage or loss of a physical function in the body, e.g. lack of balance and poor co-ordination
- can lead to difficulties in social circumstances, e.g. visual impairment limits the ability to see clearly and so is an impairment that can make daily living more difficult
- lacking in physical functions/mental functions
- a term used to describe the “physical” state of the body.

[1] for use of key phrase(s), [2] for full explanation

(1 × [2])

[2]

Concept of “need”

Answers may include:

- essential requirement which is met in order to ensure that the individual reaches a state of health and social well being
- may include physical, social, emotional, intellectual, cultural and spiritual needs
- importance of identifying needs
- workers can use a framework to assess individuals’ needs
- assessing needs framework may also include areas such as safe environment, communication, mobilising, sleeping.

Accept answers specific to Claire if they demonstrate understanding of “need”

[1] for use of key phrase(s), [2] for full explanation

(1 × [2])

[2]

Minority Groups

Answers may include:

- a group of people with a common identity who may experience difficulties in having their needs addressed, e.g. clients with learning disabilities, clients with mental health problems, some elderly clients, physical impairment
- people with a common culture which contrasts with that of the majority of the population, e.g. Polish people living in Northern Ireland.

[1] for use of key phrase(s), [2] for full explanation

(1 × [2])

[2]

AVAILABLE
MARKS

- (b) Claire has been referred to the Royal National Institute of Blind People (RNIB), which is a voluntary organisation. Explain four **different** ways voluntary organisations such as the RNIB may be funded. (AO1, AO2)

Answers may address any two of the following points:

- fundraising – sponsored walks, etc.
- commercial sponsorships
- contracts with government agencies
- donations made by individuals, companies or churches
- bequests/wills
- events such as coffee mornings, street collections
- lottery funding
- partly paid for by service users
- charity shop, high street outlet.

[1] for use of key phrase(s), [2] for full explanation
(4 × [2])

[8]

- (c) Claire has been referred to social services and has been allocated a social worker who specialises in working with service users with physical disabilities. Discuss three ways the social worker might support Claire. (AO1, AO2, AO3)

Answers may include:

- identifying and assessing Claire's needs, e.g. housing
- problem solving, e.g. supporting Claire returning to work
- enabling Claire and her family to manage their lives more easily, e.g. counselling
- draws up a plan of care for Claire which she feels meets her needs
- liaising with the multidisciplinary team, e.g. organise meetings
- liaising with relevant agencies, e.g. with voluntary organisation – inter-agency workings
- provision of counselling and therapeutic interventions, e.g. through the trauma of living with blindness
- managing care plans
- writing reports
- contributes to research which could aid new treatments for Claire
- advocates on behalf of Claire
- accessing financial support for Claire
- supporting Claire in other ways, e.g. providing information
- providing advice and support with accommodation
- providing advice and support with employment.

All other valid responses will be given credit

[1] for use of key phrase(s), [2] for explanation, [3] for fuller explanation for each way identified
(3 × [3])

[9]

AVAILABLE
MARKS

- (d) At her first meeting with the social worker Claire expressed her concerns about confidentiality. Discuss what the social worker would tell her about social services' confidentiality policy. (AO1, AO2, AO3)

Level 1 ([1]–[2])

Overall impression: limited understanding

- displays limited knowledge of the confidentiality policy
- little or no evidence of discussion.

Level 2 ([3]–[4])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of the confidentiality policy
- some evidence of discussion.

Level 3 ([5]–[6])

Overall impression: competent knowledge and understanding

- displays a very good knowledge of the confidentiality policy
- good evidence of discussion.

Answers may address some of the following:

- confidentiality is about the restricted sharing of information with appropriate people and withholding it from others in respect of the wishes of Claire, so she will be consulted before information is shared, so protecting her personal information
- also provides for times when information, given in confidence, must be passed on to others on a need to know basis, either to protect the service user or others, so this will be explained to Claire
- under legislation (Data Protection Act) Claire is entitled to access her own records so she knows what the social worker is writing about their meetings
- means the social worker is not able to talk about Claire inappropriately or outside the workplace, so helping Claire to feel safe and in control of her care
- policy specifies internal procedures for ensuring confidentiality, providing reassurance for Claire and guidance for her social worker, e.g. with regard to the storage of information
- the social workers' contract of employment may stipulate that non-adherence to confidentiality policy can be a dismissible offence, as does the NISCC Code of Conduct, enabling Claire to feel confident about their working relationship
- Claire can complain if she feels the social worker has breached her right to confidentiality
- helps Claire to feel confident in talking to the social worker and supports the development of a trusting relationship and mutual respect.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

[6]

29

AVAILABLE
MARKS

- 2 The End of Life government strategy set out to enable more people to die in the place of their choice through improved care planning and co-ordination, rapid access to urgent care and better training.

Adapted from: <http://www.communitycare.co.uk/Articles/2010/08/11/115075/postcode-lottery-in-end-of-life-care.htm>

- (a) Philip is in the final stages of terminal cancer and a thorough assessment of his health and well being is made by the professionals involved in his care. This is called the care planning cycle and is an ongoing process.

Identify the six stages of the care planning cycle in sequential order.
(AO1)

Assessment
Planning
Implementation
Monitoring
Evaluating
Modifying

[1] for each which must be in sequential order to be awarded marks
(6 × [1]) [6]

- (b) The professionals involved in Philip's care have used the care planning cycle to organise his return home, as he has chosen to spend his final days with his family and friends. Analyse how the professionals may use the care planning cycle to support and maintain his care at home.
(AO1, AO2, AO3, AO4)

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of how the care planning cycle is used by professionals to support and maintain Philip's care at home
- little or no evidence of analytical writing
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how the care planning cycle is used by professionals to support and maintain Philip's care at home
- some evidence of analytical thinking
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

AVAILABLE
MARKS

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays a very good knowledge and understanding of how the care planning cycle is used by professionals to support and maintain Philip’s care at home
- good evidence of analysis
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Answers may include the following:

- Philip’s individual’s **needs are assessed** using a “needs-led” assessment enabling a package of care to be delivered which is tailored to Philip’s specific care
- there is less waste and overlap in care provision and all professionals are involved and agree to the assessment; are aware of roles and responsibilities in Philip’s care
- a care **plan** is drawn up to address Philip’s needs
- this plan will then be **implemented** with Philip’s agreement
- plan is **monitored** so if Philip’s needs are not being met changes can be made
- plan is **evaluated** and so must be flexible – things can change quite easily and quickly as the plan is reviewed – revision can be made, with the agreement of Philip, his carers and the professionals
- **modification** is central as changes can be made to increase the care provided should Philip need increased support or decreased if his family feel they are coping well
- care planning cycle helps to ensure good communication between carers looking after Philip and Philip himself
- Philip and his family are central to the care planning process and actively contribute to it on an on-going basis
- keeps Philip, his family and professionals informed at all times as it is written down and agreed.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

[12]

AVAILABLE
MARKS

- (c) Explain the different ways organisations from the statutory and private sectors of the mixed economy of care could provide care for Philip.
(AO1, AO2, AO3)

Two ways statutory organisations could provide care for Philip

Answers may include the following points:

- complete an assessment of Philip's needs and those of his carers to ensure he receives an individualised care plan
- provide care that is free at point of need so not putting financial strain on Philip and his family
- provide a range of health and social care services including GP, nursing, social work, physiotherapy, so meeting his needs, who work together as part of a multidisciplinary team.
- provide domiciliary care where care or support workers call at his home to support him
- refer him to other organisations that might offer him extra support
- provide hospital admission if required
- provide treatments, particularly enabling him to be pain free in the latter stages of his illness
- refer to other agencies such as benefits agencies for support
- provide services that are regulated through inspection organisations, e.g. hospital care
- provide 24 hour care, e.g. hospital services, GP services so Philip and his family may feel reassured
- provide access to skilled staff who undergo regular training and are governed by professional bodies
- provide information for Philip and his family, e.g. leaflets on his condition, treatments, benefits.

[1] for use of key phrase(s), [2] for explanation

(2 × [2])

[4]

Two ways private organisations could provide care for Philip

Answers may include the following points:

- provide holistic treatments, e.g. aromatherapy
- provide access to private carers
- provide access to highly trained specialists, e.g. palliative care nurses at home
- provide private nursing homes, e.g. for respite care
- provide information via websites or leaflets on treatments, e.g. Boots, so individuals and families can develop their understanding.

This list is not exhaustive and candidates may use examples other than those identified above – these may be accepted if they are relevant and valid

[1] for use of key phrase(s), [2] for explanation

(2 × [2])

[4]

AVAILABLE
MARKS

- (d) Philip's family are keen to have him return home and to be with him through the final days of his illness, but they are concerned about their ability to cope. Analyse four difficulties informal carers may face when caring for someone with a terminal illness. (AO1, AO2, AO3, AO4)

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited understanding of the difficulties informal carers may face when caring for someone with a terminal illness
- limited, if any, analysis of the difficulties informal carers may face when caring for someone with a terminal illness
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of the difficulties informal carers may face when caring for someone with a terminal illness
- evidence of an understanding of at least two difficulties informal carers may face when caring for someone with a terminal illness to achieve at this level
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays very good knowledge and understanding of the difficulties informal carers may face when caring for someone with a terminal illness
- evidence of four difficulties informal carers may face when caring for someone with a terminal illness to achieve at this level
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

AVAILABLE
MARKS

Answers may address some of the following points:

- carers have very little or no time off from caring, feeling trapped and stressed
- carers can become exhausted – often it is a 24 hour job – this can affect the quality of care they are able to provide
- carers may feel isolated, often having no one to talk to except the person they are caring for, often losing contact with friends
- little satisfaction with the help they receive from their family and others as they often feel they have been left to do it on their own and so unappreciated, causing resentment
- unhappy with service provision as they may only have formal carers for 15 minutes in the morning and evening and find it difficult to access respite care or other support
- frustration with lack of recognition of their role and contribution, feel taken for granted
- find it difficult to know what help is available to them and how to access help
- may have given up their job or go part time and now have financial problems which causes them great worry as government provided very little financial support
- carers generally are untrained and so can sometimes cause harm inadvertently, e.g. manual handling, which can be distressing for them
- carers often suffer in their own relationships and family life due to the responsibilities involved in caring – resentment can affect the caring relationship and quality of care
- carers can suffer physically – they can become ill themselves – making the person they are caring for feel guilty and affecting care delivery
- carers can suffer depression due to the pressure they are under
- as carers can be stressed there is a greater potential for abuse
- carers may feel they are neglecting other family members, e.g. their children
- may feel frustrated that they do not have the necessary resources to provide the care needed, e.g. a hoist
- can find it very difficult to cope with the emotional distress of watching a loved one dying
- younger carers may miss out on their education, which can impact on job opportunities in the longer term
- may feel embarrassed about carrying out intimate tasks for a loved one
- carers may feel guilty, e.g. because they cannot do more to help or about taking time for themselves.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

12

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AVAILABLE
MARKS

- 3 (a) Discuss two ways staff in a day centre for service users with learning disabilities may apply the care values identified below in their work. (AO1, AO2, AO3)

Promote effective communication

Answers may include:

- use appropriate methods of communication so service users are involved and can develop their interests and abilities, e.g. Makaton, speaking clearly and slowly
- use listening skills to hear what the service users want and how they may be involved in more community activities such as shopping, going to clubs, cinema, taking part in sports
- encourage service users to interact with other service users so they can make friends and develop confidence
- spend time with the service users to get to know their hopes and dreams
- meet with the service user's family so they can build up a comprehensive picture of the service users' talents and needs in order to help their personal development
- provide service users with relevant information, in a format or language they understand, and encourage them to be involved in decision-making
- make use of communication aids to involve the service user in their personal development and improving the quality of their lives
- use empathy to understand the service users' concerns about being more involved in the community and reassure them of support to make changes, thus empowering them
- minimise barriers that get in the way of good communication in the day centre such as too much noise, taking service users to a quiet room when speaking to them individually; trying to make sure there are no interruptions when they are speaking with the service user
- convey warmth and a non-judgemental attitude when working with service users as this shows interest and encourages the service user to share their hopes and concerns, e.g. through body language, eye contact, gestures
- keep records and inform other staff of service users' need
- make use of or refer to services which can help to meet communication needs, e.g. speech therapy, advocacy services, interpreters, translators.

[1] for use of key phrase(s), [2] for explanation, [3] for fuller discussion
(2 × [3]) [6]

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Respect individuals' identity and beliefs

- acknowledge service users' beliefs as key part of accepting them as a unique individual, e.g. ensuring staff help service users to attend religious events outside the unit that are important in their lives
- enable them to have a member of the clergy or religious leader attend the unit on a regular basis so they can practice their religion
- respect service users' lifestyle choices and enable them to make their own choices regarding their lives, e.g. clothes choice which may reflect their culture
- provide menu choices that reflect cultural norms or requirements
- promote individual identity, e.g. using preferred name
- listen to people's life story and helping them to feel valued, e.g. through reminisce workshops in the centre
- enable service users to keep up hobbies and interests that are part of their identity, e.g. playing musical instruments.

[1] for use of key phrase(s), [2] for explanation, [3] for fuller discussion
(2 × [3]) [6]

- (b)** Social care workers and nurses must adhere to codes of practice/conduct. Discuss how each of the standards below could be adhered to by staff in health and social care settings. (AO1, AO2, AO3, AO4)

NMC standard: Make the care of people your first concern, treating them as individuals and respecting their dignity.

Within that standard there is:

- treat people as individuals
- respect people's confidentiality
- collaborate with those in your care
- ensure you gain consent
- maintain clear professional boundaries.

Treat people as individuals

- treat people as individuals and respect their dignity
- must not discriminate in any way against those in their care
- treat people kindly and considerately
- act as an advocate for those in their care, helping them to access relevant health and social care, information and support.

Respect people's confidentiality

- respect people's right to confidentiality
- ensure people are informed about how and why information is shared by those who will be providing their care
- disclose information if they believe someone may be at risk of harm, in line with the law of the country in which they are practising.

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Collaborate with those in your care

- listen to the people in their care and respond to their concerns and preferences
- support people in caring for themselves to improve and maintain their health
- recognise and respect the contribution that people make to their own care and well being
- make arrangements to meet people's language and communication needs
- share with people, in a way they can understand, the information they want or need to know about their health.

Ensure you gain consent

- ensure that you gain consent before you begin any treatment or care, for example, before giving medicines, or surgical care
- respect and support service user's rights to accept or decline treatment and care
- uphold service user's rights to be fully involved in decisions about their care, e.g. take active part in care planning
- be aware of the legislation regarding mental capacity, ensuring that people who lack capacity remain at the centre of decision making and are fully safeguarded
- be able to demonstrate that they have acted in someone's best interests if you have provided care in an emergency.

Maintain clear professional boundaries

- refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment
- not ask for or accept loans from anyone in their care or anyone close to them
- establish and actively maintain clear sexual boundaries at all times with people in their care, their families and carers.

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NMC standard: Work with others to protect and promote the health and well being of those in your care, their families and carers, and the wider community. (NMC)

Share information with colleagues

- keep colleagues informed when sharing the care of others
- work with colleagues to monitor the quality of work and maintain the safety of those in their care
- facilitate students and others to develop their competence.

Work effectively as part of a team

- work co-operatively within teams and respect the skills, expertise and contributions of colleagues
- be willing to share skills and experience for the benefit of colleagues
- consult and take advice from colleagues when appropriate
- treat colleagues fairly and without discrimination
- make a referral to another practitioner when it is in the best interests of someone in their care.

Delegate effectively

- establish that anyone they delegate to is able to carry out instructions given
- confirm that the outcome of any delegated task meets required standards
- make sure that everyone they are responsible for is supervised and supported.

Manage risk

- act without delay if they believe that, a colleague or anyone else may be putting someone at risk
- inform someone in authority if they experience problems that prevent them working within this code or other nationally agreed standards
- report concerns in writing if problems in the environment of care are putting people at risk.

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NISCC standard: As a social care worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills. (NISCC)

- meet relevant standards of practice and working in a lawful, safe and effective way
- maintain clear and accurate records as required by procedures established for their work; inform employers or the appropriate authority about any personal difficulties that might affect their ability to do their job competently and safely
- seek assistance from their employer or the appropriate authority if they do not feel able or adequately prepared to carry out any aspect of their work, or they are not sure about how to proceed in a work matter
- work openly and co-operatively with colleagues and treating them with respect
- recognise that they remain responsible for the work that you have delegated to other workers
- recognise and respect the roles and expertise of workers from other agencies and working in partnership with them
- undertake relevant training to maintain and improve their knowledge and skills and contribute to the learning and development of others.

[1] for use of key phrase(s), [2] for explanation, [3] for fuller explanation of how each standard selected could be adhered to by staff (3 × [3]) [9]

- (c) Trusts in Northern Ireland have a responsibility to provide day care under the Health and Personal Social Services (N.I.) Order 1972 and the Health and Social Care (Reform) Act (NI) 2009. Analyse **four** other responsibilities the Trusts have in providing for the health and well being of their service users under this legislation. (AO1, AO2, AO3, AO4)

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited understanding of other responsibilities the Trusts have in providing for the health and well being of their service users under these Orders
- limited, if any, analysis of the responsibilities
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

AVAILABLE
MARKS

Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of other responsibilities the Trusts have in providing for the health and well being of their service users under these Orders
- evidence of an understanding of at least two responsibilities to achieve at this level
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays very good knowledge and understanding of other responsibilities the Trusts have in providing for the health and well being of their service users under these Orders
- evidence of at least three responsibilities to achieve at this level
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Answers may address some of the following points:

- securing the provision of an integrated service designed to promote health and social welfare of the population (i.e. good physical and mental health), e.g. co-ordinated GP, nursing, social work services, hospital services
- making arrangements for prevention of illness and care and after care of ill persons, e.g. Well Women's clinics, health visitor's, screening facilities, community-based facilities, GP services
- making available advice, guidance and assistance and making suitable and adequate arrangements for discharge of duty of care, i.e. for physical, intellectual, emotional and social well being through social services, care staff, and other services, e.g. residential accommodation, home care, laundry facilities
- provision of equipment and materials, e.g. aids and appliances
- provision of accommodation and medical services, e.g. psychiatric hospitals, medical and nursing services
- disseminating information relating to the promotion and maintenance of health and the prevention of ill health, e.g. from the Public Health Agency
- recovering such charges as DHSS considers appropriate regarding assistance, help or facilities, e.g. charging for services
- making arrangements or providing facilities for the engagement of persons in need in suitable work, e.g. training schemes or centres for adults with learning disabilities

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- making arrangements, for the care, including in particular the medical and dental care, of expectant and nursing mothers
- giving assistance to a person in need, usually in kind or, in emergencies, in cash, e.g. a social worker supporting a family who have no money for food or fuel
- providing transportation for those suffering from severe physical defect or disability to and from hospital for treatments such as kidney dialysis
- allowing access to enable inspections of premises and records and carrying out improvements required.

All other valid points will be given credit

[0] is awarded for a response not worthy of credit

[12]

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33

Total

100