



*Rewarding Learning*

**ADVANCED  
General Certificate of Education  
January 2014**

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**Health and Social Care**

**Assessment Unit AS 5**

*assessing*

**Unit 5: Adult Service Users**

**[A3H51]**

**FRIDAY 17 JANUARY, AFTERNOON**

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**MARK  
SCHEME**

## General Marking Instructions

### Introduction

Mark schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

### The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

## 1 (a) Explain three ways the GP may support her. (AO1, AO2, AO3)

Answers may address any three of the following points:

- provides advice about health issues or problems Mrs Dickson may have
- diagnoses any illness Mrs Dickson may develop while in the care home
- assesses/identifies Mrs Dickson's needs
- can refer Mrs Dickson to specialist services and professionals
- liaises with the multidisciplinary team
- writes prescriptions for medication she may need
- provides treatment
- listens to Mrs Dickson's concerns/counselling role
- liaises with family members as/if required
- writes up medical notes both in the home and in the surgery
- writes reports as required
- provide a call out service to the home.

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

[6]

## (b) Discuss three ways the care assistant may provide care for Mrs Dickson. (AO1, AO2, AO3)

Answers may address any three of the following points:

- may provide for Mrs Dickson's physical care for example, making sure she receives three meals a day and supports her to eat her meals, if required; helps her to bath or shower; makes sure she is dressed for the weather conditions and she is warm at night; changes her bed; helps her with mobility if required; giving her prescribed medication as required
- may provide her with opportunities for social interaction, for example may take her out shopping with other residents, make take her to church or to local events in the community; may encourage family to visit and try to make sure they can talk in privacy; encourages her to talk to other residents by holding conversations or encouraging her to take part in group sessions within the home
- may provide for her emotional support, for example, the 'named' care worker will be responsible for her and spend time to get to know her to help her feel cared for within the home; other care workers getting to know her and taking time with her if she is upset or anxious; helping her to feel valued and cared for through positive contact
- may provide opportunities for mental stimulation, for example, by encouraging her to watch the news or documentary programmes; talking to her about her past life; encouraging her with hobbies such as crosswords or knitting
- may provide for her communication needs, for example by talking slowly and clearly to her; making sure her hearing aid works (if she has one), using picture cards or other communication devices
- may provide for her spiritual needs, for example, arranging for minister/priest/religious leader to call.

All other valid points will be given credit

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

[9]

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- (c) Discuss three ways this policy helps to maintain high standards of care for service users such as Mrs Dickson. (AO1, AO2, AO3, AO4)

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Answers may address any three of the following points:

- helps to ensure staff are appropriately qualified and informed so they carry out their responsibilities effectively, providing the best quality of care, e.g. have a knowledge of working with service users such as Mrs Dickson who have mental illnesses and physical ill health and can identify deterioration and know who to contact
- keeps staff up to date with changes and developments, for example in Alzheimer's training, so they can change working practices so benefiting the service users such as Mrs Dickson
- promotes quality care including anti-discriminatory practice, staff are updated on any issues of anti-discriminatory practice so they can interact with service users in a positive and constructive way, using skills from their training so they do not feel isolated or victimized, or any faith or cultural issues supported appropriately in her care provision
- improves knowledge of policies and procedures, promoting rights such as the right to safety or team working so information about any changes in service users' health such as Mrs Dickson, will be passed on quickly to the right professionals who can organize relevant changes to their care
- staff are updated on any legislative changes such as mental health legislation so they can carry out their responsibilities according to the law, e.g. if Mrs Dickson needs to be detained to a hospital the staff would know who to contact so the process could be completed as effectively and sensitively as possible and adhere to her human rights
- promotes confidence in carers and service users such as Mrs Dickson as they know that staff are fully informed of their responsibilities and are accountable for their practice
- staff are aware that service users such as Mrs Dickson or their families have the right to make complaints which if upheld could lead to disciplinary action, or losing their jobs or their name being taken off the social care register so they cannot work with vulnerable adults in the future. Therefore staff are encouraged to practice good care so they will not want to have a complaint made about them
- helps to ensure service users are cared for safely, e.g. use of equipment for the service users in the home or the giving of medications.

All other valid points will be given credit

Candidates should use examples to demonstrate how the policy helps to improve standards of care for service users such as Mrs Dickson – these may be accepted if the candidate shows an understanding of the policy.

(3 × [3])

[9]

- (d) Suggest four advantages of older people being cared for in their own homes. (AO1, AO2, AO3, AO4)

AVAILABLE  
MARKS

Answers may address some of the following points:

- they can have regular contact with family, friends and neighbours which helps them to feel valued and helps to keep their minds active
- a family member may live with them which helps them to feel safe and secure and they get one-to-one attention
- they may be able to attend social or community events such as going to bingo, cinema, concerts, helping them to feel integrated into society and cared for
- they may feel empowered as they are in their home where they have spent their lives and so feel happy, content and in control
- able to make food choices that they like which encourages them to eat well and so keep healthy
- they may be taken to the park, day centre or other community activities to help them keep mobile and active
- they may feel in control of their finances as they get benefits to enable them to buy in care to help support them and their family in living at home
- they feel more comfortable having family take care of their personal tasks and so helps them to feel cared for, and more likely to tell someone if they are not feeling well or are worried
- they may feel they have more control over their lives and can make their own choices such as watching their favourite programmes on television or listen to radio which helps them to feel empowered
- the quality of care they receive from their family may be very good, as they feel it is important to support their loved one, this helps the individual to feel secure and remain in better physical and mental health
- as they are familiar with their own surroundings this can reduce confusion
- individuals can retain independence, maybe going to the local shop or visiting friends.

All other valid points will be given credit

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

#### **Level 1 ([1]–[4])**

Overall impression: basic understanding

- Displays limited knowledge and understanding of the advantages of older people being cared for in their own home
- Only one advantage of older people being cared for in their own home may be discussed or points may be listed
- 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 lost.

#### **Level 2 ([5]–[8])**

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge and understanding of the advantages of older people being cared for in their own home

- Discussion of at least two advantages of older people being cared for in their own home 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 advantages of older people being cared for in their own home
- Discussion of four advantages of older people being cared for in their own home to achieve at this level
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form of style and 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. [12]

## 2 (a) Explain the following terms: (AO1, AO2)

### 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
- visual impairment limits the ability to see clearly as it affects the eyes and so is an impairment
- lacking in mental functions

[1] for use of key phrase/s [2] for full explanation

(1 × [2])

[2]

### Concept of 'need'

Answers may include the following:

- 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
- workers can use a framework to assess individuals' needs
- which may also include areas such as safe environment, communication, mobilizing, sleeping.

[1] for use of key phrase/s [2] for full explanation

(1 × [2])

[2]

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- (b) Joan's family members are very supportive and do their best to help her. Use the following headings to consider how Joan's family may help to meet her needs. (AO1, AO2, AO3)

### Physical needs

Answers may address any two of the following points:

Physical: medication; nutrition, shelter; warmth, exercise

- meeting her medical needs by family members monitoring her health and giving her prescribed medication at the required times and in the required dosage; also taking her to medical appointments
- meeting her nutritional needs by family members providing her with meals she enjoys and that are healthy; and making sure she can eat the food given to her
- meeting her need for shelter by supporting her to remain at home rather than having to go into hospital or care home
- with heating, making sure the house is kept warm, that they have fuel and checking if she needs blankets for extra warmth both at night and during the day
- clothing – make sure she has suitable clothing to keep her warm
- meeting her mobility needs by her family taking her out or encouraging her to stay mobile; asking professionals such as OTs or physiotherapists for mobility aids

All other valid points will be given credit.

(2 × [2])

[4]

### Intellectual needs

Answers may address two of the following points:

Intellectual: stimulation through learning activities, hobbies; knowledge about her condition

- meeting needs by family members spending time with her and encouraging her to keep her mind active, doing crosswords, watch news programmes together
- encourage hobbies
- family members may also encourage her to become interested in the internet to find out more information about her condition or support groups on the internet that she can be in contact with, perhaps discussing her worries on forum sites
- encourage regular family get-togethers so she can talk to her family about her condition and perhaps discuss future plans

All other valid points will be given credit.

(2 × [2])

[4]

### Social needs

Answers may address two of the following points:

Social: building and maintaining relationships; friendship; routine

- family taking her on outings, perhaps shopping so she can keep in contact with the local community
- family encourage her and take her to local church group to enable her to keep up her contacts
- family encourage her to attend support group for people receiving kidney dialysis so she can meet people who are going through the same experience and develop a social network

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- encourage her to join the local reading group in the library so she can reduce her isolation and develop new friendships.

All other valid points will be given credit.

(2 × [2])

[4]

**(c)** Discuss the role of an advocate. (AO1, AO2)

Answers may include the following:

- either on behalf or with the service user, try to make clear their needs and how they can be met when in discussion with a range of professionals involved in their care
- help service users to talk to their family and friends about their needs and wants, developing understanding within families
- help service users to express their own opinions about their wishes or requirements, enabling service users to feel in control of their care or that they have a voice in their treatment
- a legal advocate will represent a service user in disputes, e.g. in court
- work to address the individual's benefit entitlement, or other forms of financial advocacy
- check or oversee the implementation of decisions agreed
- give service users advice on their rights, e.g. to see a specialist
- represent a service user at multidisciplinary team meeting
- lobby politicians to get individuals the services they are entitled to
- enable service users to use self advocacy skills so they can have their needs met, e.g. asking for a second opinion
- enable a service user to access educational opportunities, e.g. attending college
- represent service users from different cultures or religious backgrounds to access their rights.

All other valid responses will be given credit.

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

(1 × [3])

[3]

**(d)** Explain two ways the statutory sector may be funded. (AO1, AO2)

Answers may address any two of the following points:

- taxpayers/system of national taxation, funds controlled by central government
- national insurance contributions
- payment by service users, e.g. for meals
- fundraising by families
- donations by groups, e.g. 'friends of hospital'.

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

(2 × [2])

[4]

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- (e) Discuss three ways direct payments benefit service users like Joan.  
(AO3, AO4)

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Answers may address any three of the following points:

- direct payments provide money to enable service users to purchase their own support package following an assessment of their needs, so giving them more choice of how they want to use payments to buy in their care, such as deciding on the level of personal care they need.
- offer service users more flexibility, e.g. times when employees come to them, such as asking the carer to come in at 10 am to help get them up and not to come back until 10pm to put them to bed.
- enable service users to develop a tailor-made and more responsive service because they are in control and work with a range of professionals, and service providers
- give service users more freedom and convenience to choose, for instance, family members to support them in their care, so their partner may be able to work part-time as they are now getting financial assistance to pay for care
- service users can choose who to employ as they interview staff and give them contracts of employment. It also means if they are unhappy with the care provided they can sack the employee and get someone more suitable

All other valid points will be given credit  
[0] is awarded for a response not worthy of credit

### Level 1 ([1]–[3])

Overall impression: limited understanding

- Displays limited knowledge and understanding ways direct payments benefit service users.
- May only discuss only one way direct payments gives service users like Joan more choice and control over their care package.
- 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 ([4]–[7])

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge and understanding ways direct payments benefit service users.
- Discussion of at least two ways direct payments gives service users like Joan more choice and control over their care package 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 ([8]–[9])**

Overall impression: competent knowledge and understanding

- Displays a very good knowledge and understanding ways direct payments benefit service users.
- A good to excellent discussion of three ways direct payments gives service users like Joan more choice and control over their care package.
- 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.

[9]

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- 3 (a) Discuss how the following stages of the care planning cycle are used to draw up a care plan with Peter. (AO1, AO2, AO3)

**Assessment**

Answers may include the following:

- Peter's individual's needs are assessed using a "needs-led" assessment enabling a package of care to be delivered which is tailored to Peter's specific needs, taking a holistic approach
- a range of professionals work together to share their knowledge and expertise so the best assessment of Peter's situation can be made
- a written assessment will be completed by the professionals and shared at team meetings/ward rounds
- Peter will be involved in the assessment process so he can understand his injury and treatment and care options
- assessment means also focusing on the strengths of the situation, for example the support Peter's family could offer him
- assessment will also assess any risks Peter may face, for example due to treatment options or Peter choosing not to have certain treatments

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

(1 × [3])

[3]

**Planning**

- from an assessment a care plan is drawn up to address Peter's needs
- the plan is written down so Peter is clear about what has been agreed and what will happen and when it will happen; each professional will have written down their role and how they will support Peter
- the written care plan will help to ensure good communication between Peter and the professionals looking after him
- the plan is a confidential document and only those authorised to see it should see it, helping Peter to feel confident about his care
- when the care plan is completed there will be a review date to enable Peter or other members of the team to continually check if the plan is working

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

(1 × [3])

[3]

(b) Write down two other stages of the care planning cycle. (AO1)

Answers should include two of the following:

- implementation
- monitoring
- evaluation
- modifying

(2 × [1])

[2]

(c) Analyse how the nursing staff may apply the care values in their everyday work with patients in the hospital. (AO1, AO2, AO3, AO4)

#### **Promote anti-discriminatory practice**

Answers may address some of the following points:

- avoiding discrimination, e.g. never treating some patients in the hospital less well than others or grounds of age, gender, disability, religion
- identifying and eliminating any type of discriminatory practice by reporting it to management, e.g. physical abuse, verbal abuse, neglect, exclusion, avoidance, devaluing
- ensuring patients and their families know how to report any discriminatory behaviour; explaining the complaints policy
- adhering to policies on anti-discriminatory practice, e.g. vulnerable adults policy
- attending training on anti-discriminatory practice and putting learning into practice
- enabling patients to observe religious practices
- senior staff supervising new staff to help them develop anti-discriminatory practice
- providing patients with information in ways that meet their needs, e.g. different languages, different fonts, in braille, etc.
- developing relationships with patients so service users feel able to talk about any discrimination they may be experiencing
- using advocacy services to enable an individual's rights to be addressed
- encouraging patients to report discrimination, e.g. providing suggestion boxes, so challenging any discriminatory practice.

#### **Maintain confidential information**

Answers may address some of the following points:

- only sharing information on a need to know basis
- never keeping secrets between themselves and patients – staff work for an organization and must inform other staff of critical information
- always following the confidentiality policy, e.g. files locked away, passwords used on computer
- not breaching confidentiality, particularly in informal chats at coffee/ travelling to work
- maintaining privacy of reports, e.g. on secure systems at work – staff not completing reports at home or transporting files
- seeking agreement from patients to speak to family members
- speaking to service users and/or family members in a private area when appropriate

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**Promote service users' rights and choices**

Answers may include some of the following points:

- treating each patient as an individual as their needs may be very different from other patients
- encouraging patients to make their own choices and to be independent, e.g. about activities, what they eat, what they wear
- discussing risks associated with choices rather than preventing patients from making their own choices
- respecting patients' right to be free from discrimination and taking action to protect them
- protecting the patients' right to safety and security while in hospital and when going into the community
- protecting patients from harm by staff or other service users in the hospital, e.g. by challenging aggressive behaviour
- respecting and valuing patients in the hospital so they can develop their personal confidence
- respecting patients' right to confidentiality
- using patients' preferred names
- informing patients about their rights, e.g. right to complain
- respecting patients' right to privacy, e.g. when being provided with treatment or personal care
- respecting the right to have access to written records; staff should always share with patients any information they are writing about them to keep them informed
- involving service users in drawing up plans for their care.

**Respect individuals' beliefs and identity**

Answers may address some of the following points:

- accepting patients without judging them or making assumptions about them – expected to accept unconditionally the patients they care for
- acknowledging patients' beliefs and their right to exercise their beliefs, as far as possible within the hospital setting – as this relates very closely to a person's identity, e.g. enabling ministers, rabbis, priests to visit and give as much privacy as possible
- listening to their cultural needs and trying to facilitate these as much as possible, e.g. dress, food, modesty
- respecting the patients' views and giving them an opportunity to discuss them when necessary
- showing support and care for their beliefs and identities by using listening skills, body language and by making constructive comments
- providing a translating or interpreting services if needed

**Promote effective communication**

Answers may include:

- using appropriate methods of communication so patients are involved and can talk about their worries or concerns about treatment, e.g. speaking clearly and slowly
- using listening skills to hear what the patients are saying, e.g. their preference re treatment
- encouraging patients to interact with other patients so they can make friends and reduce their fear and isolation while in hospital
- spending time with the patients to get to know their hopes for treatment outcomes

- meeting with the patients' families so they can build up a comprehensive picture of the patients' needs in order to help to develop their plans of care
- providing patients with relevant information, in a format or language they understand, and encouraging them to be involved in decision-making
- making use of communication aids to involve the patients in their care plans
- using empathy to understand the patients' concerns about treatment and side effects
- minimising barriers that get in the way of good communication in the hospital such as too much noise, e.g. taking patients to a quiet room when speaking to them individually; trying to make sure there are no interruptions when they are speaking with the patient
- conveying warmth and a non-judgemental attitude when working with patients as this shows interest and encourages the patients to share their hopes and concerns, e.g. through body language, eye contact, gestures
- keeping records and informing other staff of patients' needs
- making use of or referring to services which can help to meet communication needs, e.g. speech therapy, advocacy services, interpreters, translators.

All other valid points will be given credit  
[0] is awarded for a response not worthy of credit

### **Level 1 ([1]–[4])**

Overall impression: limited understanding

- Displays limited knowledge and understanding of how the nursing staff may apply these values in their everyday work with patients in the hospital
- Limited analysis of the care values or may only include one or two values
- 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 lost.

### **Level 2 ([5]–[8])**

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge and understanding of how the nursing staff may apply these values in their everyday work with patients in the hospital
- Answers must address at least three values to achieve at this level
- At the top of this level, there is adequate analysis of three or more values
- 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.

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**Level 3 ([9]–[12])**

Overall impression: competent knowledge and understanding

- Displays competent knowledge and understanding of how the nursing staff may apply these values in their everyday work with patients in the hospital
- Must address all five care values to achieve at this level
- Competent analysis of all five care values scores at the top of this level
- At the top of this level an excellent analysis of how all five care values are applied by nursing staff
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form of style and 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. [12]

- (d) The hospital service is within the statutory sector. Name two other statutory services and explain how each may support adult service users. (AO1, AO2)

**Statutory services**

Answers may include any two of the following services:

- day centres
- GP surgeries
- nursing services
- ambulance services
- social services
- dental services
- health promotion services
- residential homes
- nursing homes
- home care services
- statutory meals on wheels services
- training centres
- transportation services
- other allied health professional services, e.g. OT, dietician, podiatry

All other valid responses will be given credit.

(2 × [1])

[2]

**Explain how this service supports adult service users**

Answers may address some of the following points:

- provide education and social skills training for service users with disabilities
- provide support groups, so service users can talk to and gain support from people who have been or are in similar positions
- provide health care services such as GP appointments to assess and diagnose illness and prescribe treatment
- provide treatment for minor injuries, changing dressings, giving injections
- provide transport in emergencies to get service users the best treatment possible as quickly as possible
- provide social workers to make assessments of problems service users may have and provide support, e.g. help with housing, home care,

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- counselling
- provide treatment so that any dental problems can be picked up and treated as soon as possible, also may be able to identify and refer to other professionals if other health problems are detected
  - provide individuals with information about healthy living and risks to their health, or provide support programmes to help individual break habits that are negatively affecting their health
  - provide safe and supported care for older service users or those with disabilities who can no longer live at home and require specialised care
  - provide care in service users homes such as personal care or nutritional care
  - provide support to service users with mental health or learning difficulties to enable them to find employment or return to work
  - provide transportation for service users to and from hospitals, clinics or day centres

Answers must be relevant to the examples used.

All other valid responses will be given credit.

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

(2 × [2])

[4]

- (e) Explain three difficulties in community care provision. (AO1, AO2, AO3)

Answers may address any three of the following points:

- support services in the community may be patchwork, e.g. those in rural areas have limited services compared to those in urban areas
- government has failed to adequately fund community care so limited support many service users and families feel they have no help
- services provided may be unreliable, may rely on volunteers
- concerns that both service users and the public may be put at risk, e.g. due to lack of resources, e.g. for monitoring
- only limited services have been provided by the independent sector (i.e. private and voluntary organisations) leaving many service users feeling unsupported and a burden on their families.
- vulnerable service users often face discrimination by the local community and so have felt isolated and frightened in their own homes with little protection or support from community services.
- vulnerable adults living in the community may suffer abuse from family or paid carers as scrutiny within the community and people's own homes is limited.
- families may find that they have not been properly trained by community services to provide for some of the complex needs of their loved ones so could put their loved ones at risk
- families may feel so stressed by 24/7 caring that it may affect their own health and so they may only be able to provide limited help, or may give up the caring role

All other valid responses will be given credit.

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

(3 × [2])

[6]

32

**Total**

**100**