



Rewarding Learning

ADVANCED
General Certificate of Education
2011

Health and Social Care

Assessment Unit A2

assessing

Unit 9: Providing Services

[A6H31]

THURSDAY 2 JUNE, MORNING

**MARK
SCHEME**

1 (a) In the table below, identify one example of each type of need an older person may have and **explain** how it may be met by staff in a day care setting. (AO1, AO2)

- **physical needs** may include hygiene needs, medical care and or medication, mobility, warmth, clothing, shelter and nutritional needs, personal care, may be met through aids and adaptations, rehabilitation, providing meals etc.
- **intellectual needs** such as need for stimulation may be met through activities like reading, hobbies and games: knowledge and understanding e.g. of condition, may be through conversation, access to newspapers and TV
- **emotional needs** such as self-esteem, emotional support, sense of stability and belonging, feeling loved or valued, feeling safe and secure, need to express feelings, need to be treated with dignity, need for a sense of control – empowerment may be met through staff spending time, talking and listening etc.
- **social needs** such as communication and friendship, may be met through interaction with staff and others, organising activities e.g. gardening, games, outings

Other valid responses will be given credit – explanation must relate to way identified for any marks to be awarded.

[1] for writing down an appropriate example of each type of need
(4 × [1]) [4]

Explanation

[1] for key phrase(s), [2] for explanation of how the need identified could be met by staff in the setting
(4 × [2]) [8]

(b) Discuss the role of these two practitioners in supporting Hannah. (AO1, AO2, AO3)

Social worker

- may visit Hannah in own home and carry out an assessment of need and organise a care plan/care package
- monitors Hannah's progress/reviews care plan
- may liaise with other health care workers about care e.g. occupational therapist, speech therapist, community nurse, GP
- may organise a case conference
- may give advice or information e.g. on how to access benefits
- may make referrals to other agencies e.g. Help the Aged with regard to the support they can offer
- may liaise with Hannah's family about informal care
- writes reports detailing Hannah's situation and current condition
- may arrange for advocacy services or act as an advocate
- provides emotional support/counselling

Other valid responses will be given credit.

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

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A district nurse

Answers may include:

- responsible for continuation of any nursing care e.g. direct care such as change dressings, take bloods, administer medication and in some cases may prescribe
- responsible for care planning
- may liaise with other health care professionals and informal carers about Hannah's care and progress e.g. with GP or social worker
- may provide support and advice for home care workers or informal carers
- writes reports on Hannah's progress
- gives Hannah and their family information related to health promotion, accident prevention
- monitors Hannah's condition.

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

- (c) Discuss three other methods of measuring the quality of service provision for older clients in care. (AO1, AO2, AO3)

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion of how the quality of service can be measured

Answers may discuss any three of the following:

- feedback from clients e.g. suggestion boxes, meetings, questionnaires
- feedback from family e.g. informal comments, questionnaires, invitation to discussion forum
- feedback from staff/self assessment e.g. staff questionnaires, interviews, forums for discussion, self-reflection
- league tables e.g. for waiting lists, cleanliness, infections, operations, accidents
- complaints e.g. number and nature of complaints
- quality awards e.g. charter marks, Investors in People
- meeting targets e.g. for waiting times, waiting lists, number of clients cared for.

(3 × [3])

[9]

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- (d) Discuss **four** reasons to support multi-disciplinary team working as an approach to providing care for older clients in any care setting. (AO1, AO2, AO3, AO4)

Answers may address any four of the following points:

Multi-disciplinary team working is valuable for the following reasons:

- older clients can receive holistic care
- clients' needs may be more fully met
- care is less likely to be duplicated by practitioners or agencies involved
- clients' may receive better care as a result of dealing with a range of specialists
- problems may be identified and dealt with more quickly
- information about older people can be passed on more easily and appropriate help and support given
- avoids repetitive questioning of older clients which can be frustrating and confusing for the older client
- helps to achieve seamless care
- staff can develop a better understanding and appreciation of own role and role of others and so client is likely to benefit
- older clients at less risk of abuse as dealing with a number of different staff and so multi-disciplinary team working helps to ensure safety of older clients
- usually identifies a key worker who has clear knowledge of the client and improves communication for the staff and client

All other valid responses will be given credit.

[0] will be awarded for a response not worthy of credit

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of multi-disciplinary team working as an approach to providing care for older people
- there is limited discussion
- 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.

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Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of the importance of multi-disciplinary team working as an approach to providing care for older people
- there is adequate discussion
- at the top of this mark band the candidate has discussed at least **three** reasons for multi-disciplinary team working
- 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 to excellent knowledge of the importance of multi-disciplinary team working as an approach to providing care for older people
- there is competent discussion
- at the top of this mark band there is a competent discussion of all four reasons for multi-disciplinary team working
- 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.

[12]

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2 (a) Write down three ways private organisations such as a private care home might receive funding. (AO1)

- payment by clients
- payment by family members
- health insurance
- payment by statutory sector/government
- private investment/bank loan
- donations e.g. to patient comfort fund
- bequests

Other valid responses will be given credit.

(3 × [1])

[3]

- (b) Explain four reasons for the demographic trend of a growing ageing population. (AO1, AO2)

[1] for key phrase(s), [2] for explanation of any four of the following reasons for the growing ageing population

- improvements in technology e.g. in diagnosis and treatments
- advances in medical research e.g. drugs, vaccinations
- better educated – more awareness of risk factors for disease
- make greater use of health services so problems dealt with, increasing life expectancy
- greater availability of health professionals e.g. GP, district nurses compared to years ago
- improved housing
- improved working conditions
- improved nutrition
- improvements in lifestyle due to improved knowledge of factors affecting health and well being
- improved access to health care e.g. right to ask for a specialist referral
- improved preventative care e.g. screening for bowel cancer
- wide availability of health and fitness facilities.

(4 × [2])

[8]

- (c) Discuss the impact of rationing social care services on older clients, their families and on the service providers. (AO1, AO2, AO3, AO4)

[1] for key phrase(s), [2] for explanation, [3] fuller discussion of each of the following

Impact on older clients

- may affect self-esteem negatively
- may feel angry, frustrated and let down by the system they have contributed to through tax and NI contributions
- may become proactive in trying to find alternative voluntary services
- older clients may be forced to become dependent on others
- may mount a legal challenge to the health provider
- their condition may deteriorate affecting lifestyle
- they may die sooner
- may become depressed in longer term and give up will to live
- may have to move to another area to access services being denied them
- may feel a burden on families due to stress of situation
- may be financially burdened – may pay for services themselves
- may not get the care or treatment they need
- may suffer pain and discomfort
- may suffer infection.

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Impact on older client's family

- may become stressed e.g. by having to fight for treatment
- may feel their loved one is undervalued by the system – become angry
- may take legal action at a cost to themselves emotionally and financially
- may experience a range of emotions – anger, frustration, fear, resentment
- may feel they are doing their best for older client and this may strengthen relationships within the family
- may pay for services for older person and suffer financially as a result
- family may feel guilty if they can't pay privately for older client to receive care services
- may move home to access free services for older relative (i.e. postcode lottery)
- may be required to provide greater level of informal care and this may affect job opportunities and relationships with others if the older client's health deteriorates
- older client may die prematurely and family will miss out on time with that person.

Impact on service providers

- practitioners may struggle to develop a good relationship with older clients and their families
- practitioners may feel frustrated, helpless, guilty or disempowered that they may not be delivering the best service – this may affect staff morale
- providers may have legal action taken against them which can be costly and can negatively impact on budgets
- may be put under pressure e.g. as a result of media attention or by increasing morbidity or deterioration of patients who are not receiving services
- may be subject to abuse from distressed family or individual
- may experience job cuts or reduction in hours leading to work overload

All other valid responses will be given credit.

(3 × [3])

[9]

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- (d) Discuss three strengths and three weaknesses of the private sector providing care for older clients. (AO1, AO2, AO3, AO4)

AVAILABLE MARKS

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited knowledge of the strengths and weaknesses of the private sector providing care for older clients
- there is limited discussion
- answers which focus **only** on the strengths **or only** on the weaknesses of the private sector providing care cannot achieve beyond this band
- 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]–[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of the strengths and weaknesses of the private sector providing care for older clients
- there is adequate discussion
- to achieve in this mark band candidates should discuss both strengths and weaknesses
- 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 ([7]–[9])

Overall impression: competent knowledge and understanding

- displays very good to excellent knowledge of the strengths and weaknesses of the private sector providing care for older clients
- there is competent discussion
- at the top of this mark band candidates should discuss three strengths and three weaknesses
- 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.

Level 4 ([10]–[12])

Overall impression: highly competent knowledge and understanding

- displays very good to excellent knowledge of the strengths and weaknesses of the private sector providing care for older clients
- there is highly competent discussion
- at the top of this mark band candidates should discuss all three strengths and all three weaknesses in detail
- quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.

Strengths of the private sector

- greater choice for clients
- creates competition between service providers and so may contribute to raising standards of care provided
- clients can receive treatment sooner
- clients can receive one-to-one care
- flexibility is better e.g. appointment times
- environment may be more pleasant e.g. room in private hospital
- may provide very specialist care e.g. drugs for dementia.

Weaknesses of the private sector

- operates to make a profit so standards of care may not be as high as they should be
- need for profit may mean low ratio of staff to patients/residents which may inhibit the quality of care
- some private sector organisations are not as well regulated as the statutory sector
- can be very expensive for clients
- can be unreliable – may “pull” provision if it becomes unprofitable

All other valid responses will be accepted.

[0] will be awarded for a response not worthy of credit [12]

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- 3 (a) Write down two jobs an informal carer might do for an older person living in their own home. (AO1)

Answers may address two of the following:

- shopping
- cleaning
- laundry
- personal care
- lighting fire
- collecting benefits
- transport to appointments/social outings
- spend time with clients talking
- organise visits to day care
- administer medication
- make appointments e.g. for doctor or optician
- contact social services
- order and collect prescriptions

All other valid responses will be accepted.

(2 × [1])

[2]

- (b) Explain three arguments for and three arguments against informal care for older people. (AO1, AO2, AO3, AO4)

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

Arguments for:

- cost effective – a lot less expensive than private care
- flexibility e.g. no opening and closing times
- promotes good relationships between the carer and the older client which can lead to greater understanding of the needs, in turn leading to better quality of care
- one-to-one attention can be given to the older client
- consistency – the same person is caring for the older client over a long period of time
- a sense of trust is established between the older client and the carer
- familiar surroundings reduce anxiety for older people who may be unwell
- less risk of contracting diseases like MRSA that can be easily picked up in other care settings
- older clients can retain independence which can enhance self-esteem
- older clients can retain regular contact with family and friends – this can promote a sense of well-being and happiness
- older clients are being looked after by people they know and love
- informal carers perform a range of tasks to meet a variety of needs
- older clients can remain in their own home
- can reduce strain on statutory and voluntary sectors.

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Arguments against:

- unregulated – no checks on the quality of care provided
- no requirement for criminal check so greater potential for neglect or abuse of older people
- carers are often untrained – may not be equipped to provide quality care for older clients
- older clients may miss out on opportunities to socialise with others as they would be able to do while receiving care in other sectors of the mixed economy
- may be unreliable – there may be no back up if carer becomes ill or wants to go on holiday and so older client may be left alone without support
- environment may be unsafe – lack of security may leave older clients very vulnerable to crime etc.
- carers could experience stress and not cope well, so the client may suffer
- can make clients feel like a burden
- clients may be uncomfortable or embarrassed re: personal care and so needs may not be met
- clients needs may not be fully met because of lack of knowledge

Candidates may use other valid examples.

(6 × [2])

[12]

- (c) Analyse the impact of the Carers and Direct Payments Act 2002 on the lives of older people who live in their own homes **and** the carers who support them. (AO1, AO2, AO3, AO4)

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of the impact of the Carers and Direct Payments Act 2002 on the lives of many older people who live in their own homes and/or on the carers who support them
- there is limited analysis
- 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 impact of the Carers and Direct Payments Act 2002 on the lives of many older people who live in their own homes and/or on the carers who support them
- there is adequate analysis
- to achieve at the top of this level candidates must analyse the impact on both clients and carers

- 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 to excellent knowledge of the impact of the Carers and Direct Payments Act 2002 on the lives of many older people who live in their own homes **and** on the carers who support them
- there is competent 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.

Level 4 ([13]–[15])

Overall impression: highly competent knowledge and understanding

- displays very good to excellent knowledge of the impact of the Carers and Direct Payments Act 2002 on the lives of many older people who live in their own homes **and** on the carers who support them
- there is highly competent analysis
- quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear

All other valid responses will be given credit.

[0] will be awarded for a response not worthy of credit

Impact on older clients

- direct payments system allows money to be given to the older client to enable them to purchase their own support package following an assessment of their needs
- gives older clients more choice of how they want to use payments to buy in their care
- allows older clients more flexibility, i.e. who they employ, times when employees come to them
- older clients can expect a tailor-made and more responsive service because they are paying directly for the care
- gives older clients a greater sense of empowerment – they feel in control

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- it can create a sense of responsibility related to paying for care for many older people that they may not feel they can take on
- some clients have been unable to get the money they are entitled to because of cuts in budgets
- auditing process required by Trusts can be very stressful for clients
- it takes a long time to set up
- can be difficult to get a replacement carer if their carer becomes sick – could mean they are left without care.

Impact on carers

- it recognises the contribution made by informal carers which for many years was ignored and neglected by government
- carers are entitled to request an assessment of their needs and of their ability to provide care – this assessment must be considered in relation to any care plan which is drawn up for the older client
- carers are entitled to request support such as respite care
- it didn't really make much of an impact because it does not guarantee support for carers – assessment might find that support is needed in the form of respite care but carers may not receive this support because of cuts therefore the legislation is of no use
- assessment of carers is not automatic, carer must request assessment and some carers don't really know about this process.

[15]

TotalAVAILABLE
MARKS

29

100