



Rewarding Learning

ADVANCED SUBSIDIARY (AS)

General Certificate of Education

2012

Health and Social Care

Assessment Unit AS 5

assessing

Unit 5: Adult Client Groups

[A3H51]

FRIDAY 18 MAY, AFTERNOON

**MARK
SCHEME**

1 (a) Explain the following terms:

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Empowerment (AO1, AO2)

Answers may address the following:

- enabling a person or a group of people to speak on their behalf
- supporting a person or a group of people to take actions on their own behalf
- sharing relevant knowledge and/or expertise with individuals or groups so that they can make informed decisions
- involvement of service user and carers in the planning and/or decision-making processes regarding the services they use
- to give service users power to be involved in or make decisions which affect them
- principles of working in total partnership with service users and of sharing or handing over power traditionally held by professionals
- development of needs-led service user-centred services
- encourage a service user to make decisions to take control of his/her life.

Candidates may use examples other than those above – these may be accepted if the candidate shows an understanding of the overall meaning of the terms.

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

[2]

Disability (AO1, AO2)

Answers may address the following:

- loss or reduction of functional ability
- the lack or loss of ability to carry out activities or functions
- functional limitations to everyday living
- anatomical, physiological or psychological; abnormality
- the social disadvantage faced by those people who have impairments.

Accept answers specific to Daniel if they demonstrate understanding of disability.

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

[2]

- (b) Discuss two **different** ways each of the following practitioners may contribute to Daniel's care.

Domiciliary worker (AO1, AO2, AO3)

Answers may address some of the following points:

- services provided in Daniel's home, may include personal care, fire lighting, meal preparation, collecting benefits, helping to get up and dressed in the morning and prepared for bed at night
- improves service users' quality of life and enables them to live independently
- support families, enabling them to care for their family member at home
- liaise with social workers and other health professionals if there are any changes in the service users' condition or health and social care needs
- provides emotional support by talking and listening to Daniel
- help with medication, e.g. collecting prescription
- write up notes in Daniel's home.

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

(2 × [3])

[6]

General Practitioner (GP) (AO1, AO2, AO3)

Answers may address some of the following points:

- provides advice about health issues and problems
- diagnoses
- assesses/identifies service users' needs
- is the gateway to a range of other services and professionals – referral
- writes prescription for medication
- provides treatment
- listens to service users' concerns/counseling role
- can do home visits
- liaise with multidisciplinary team
- monitors patients health and may recall patients for regular check ups
- writes up notes and ensures notes are updated.

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

(2 × [3])

[6]

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- (c) As Daniel now lives alone, explain two ways his emotional needs could be met by friends and neighbours. (AO1, AO2)

Answers may address some of the following:

- feelings of acceptance and security, e.g. friends regularly visiting him
- feel supported to live in the community by neighbours helping with daily tasks such as shopping
- feeling secure and safe from harm, e.g. by neighbours having a rota to call with him at night or giving him reassurance, fitting locks to doors
- esteem needs; the need to have talents and abilities recognised in a positive way and to have a sense of achievement, e.g. through friends taking him to community events or helping him to take on new challenges
- fulfilment or self-actualisation needs; the need to enjoy life's challenges, to lead a satisfying and happy life, e.g. encouraging him to attend college or day centre where he can achieve his goals and have friends or to become independent
- a sense of belonging and being emotionally supported, e.g. by friends and neighbours visiting and spending time listening to him and perhaps supporting him through his grief.

Should be related to how friends and neighbours could meet Daniel's emotional needs.

[1] for use of key phrase or example, [2] for fuller explanation of meeting emotional needs

(2 × [2])

[4]

- (d) Daniel is very dependent on family, friends and neighbours to support him to remain at home. Discuss three strengths and three weaknesses of informal carers being the main support to adult service users such as Daniel. (AO1, AO2, AO3, AO4)

Level 1 ([0]–[4])

Overall impression: basic understanding

- displays limited knowledge and understanding of the strengths and weaknesses of the role of informal caring
- limited, if any, attempt to evaluate the role of informal carers
- answers which address only strengths or only weaknesses will score at this level
- answer at this level may address only one strength and one weakness
- 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 and understanding of the strengths and weaknesses of informal caring
- at least two strengths and two weaknesses discussed to achieve at the top of this band
- 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 a very good knowledge and understanding of strengths and weaknesses of the role of informal caring
- good evidence of analysis – three strengths and three weaknesses discussed 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:

Strengths

- carers may feel fulfilled/rewarded and provide loving care/quality care
- service users can remain in their own home
- care provision is more likely to be consistent
- service users are familiar with their own setting and this can reduce confusion
- service users can retain independence
- service users can retain regular contact with family and friends
- service users are likely to be happier because they trust the people caring for them
- service users feel valued because they are being looked after by people they know and love
- informal carers perform a range of tasks to meet a variety of needs
- personal attachment of carers leads to greater understanding of the needs leading to better quality of carer
- informal carers do not have the pressure of going to visit their loved one in a home each day/they can see them whenever they want
- service users' benefits can be used more creatively to provide for home care and support for informal carers
- it may be less expensive for the service user and/or their family
- informal care is more flexible for the service user, e.g. can get up, eat, go to bed, etc. when they choose

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- care can be 24 hours, if carer lives with service user, enabling the service user to feel secure
- reduces costs for government as family provides bulk of care.

Weaknesses

- informal carers can feel isolated and unappreciated, affecting the care provided
- informal carers can feel trapped and experience stress, affecting the care provided
- informal caring can be very exhausting – often it is a 24 hour job – this can affect the quality of care
- often informal carers do not get paid and can't work and those who do get very little compared to the volume of work they do – causing resentment – affecting quality of care
- informal carers are often untrained and so can sometimes cause harm inadvertently, e.g. manual handling
- informal carers can 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
- informal carers can suffer physically – they can become ill themselves – making service users feel guilty and affecting care delivery
- informal carers may suffer mentally as they become depressed due to the pressure of caring
- service users' needs may not be met because they may not want to overburden the carer or they may be embarrassed to disclose needs
- greater potential for abuse
- extra support/services may not be accessed due to lack of awareness, affecting care provided
- carers may lack medical expertise to allow them to care properly
- may have to give up their job or education
- where the informal carer is a child, he or she may miss out on education and social life and may mature more quickly
- informal carers can be unreliable, e.g. “popping in” only for a short time or at different times each day
- if an informal carer becomes ill, there may be nobody to take on their role.

All other valid points will be given credit

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

[12]

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- 2 A nurse was struck off the Nursing and Midwifery Council register after secretly filming for a BBC documentary programme exposing neglect of elderly patients in a hospital. The chair of the panel, said: “In the view of the panel, this was a major breach of the code of conduct. A patient should be able to trust a nurse with his/her physical condition and psychological well-being without confidential information being disclosed to others.”

Adapted from: <http://www.telegraph.co.uk/health/healthnews/5165337/Nurse-struck-off-for-exposing-patient-neglect-on-Panorama.html>

- (a) The Nursing and Midwifery Council (NMC) Code of Conduct states the importance of being “trustworthy”. Comment on how nurses are expected to uphold this standard when working in health and social care. (AO1, AO2)

- nurses must be honest with their patients and their families at all times
- nurses must communicate in an appropriate, open, accurate and straightforward way, so patients are always aware what is happening and their rights in the situation
- nurses must respect confidential information and clearly explain the hospital’s policies about confidentiality to patients and their families
- nurses must be reliable and dependable
- nurses must honour work commitments, agreements and arrangements and, when it is not possible to do so, explain why to patients and their families
- nurses must declare issues that might create conflicts of interest and make sure that they do not influence their judgement or practice; and
- nurses must make patient care their first concern, treating them as individuals and respecting their dignity; work with others to protect and promote the health and well being of those in their care, their families and carers, and the wider community, provide a high standard of practice and care at all times, be open and honest, act with integrity and uphold the reputation of their profession
- nurses are personally accountable for actions and omissions in their practice and must always be able to justify their decisions, e.g. record all decisions
- nurses must always act lawfully, whether those laws relate to nursing professional practice or personal life.

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

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- (b) Explain three ways a nurse can contribute to the care of patients within the hospital setting. (AO1, AO2)

Answers may address any three of the following:

- can provide direct physical care – toileting, wound treatment, etc.
- can talk to the patient – inform them about their condition and proposed treatment
- can liaise with other health professionals to ensure patient receives best care
- can assess the patient’s needs and implement and monitor a care plan
- can support patients emotionally – counselling skills
- can advocate on behalf of a patient
- can empower patients by giving treatment choices
- can administer medication
- can identify and report ill treatment
- can keep records updated and write reports for continuity of care
- can liaise with the family to discuss condition and treatment
- carries out tests, observations and screening
- can run support groups so patients can meet and talk to others with similar problems or undergo therapeutic interventions
- can provide patients with information on the complaints policy, so they feel able to report poor performance.

[1] for use of key phrase, [2] for full explanation of each way identified
(3 × [2]) [6]

- (c) The family of a pensioner treated at the hospital where “appalling” levels of care were secretly filmed has pledged its support for the nurse struck off for making the programme.

Adapted from: <http://www.telegraph.co.uk/health/healthnews/5178028/Family-of-hospital-patient-praise-whistleblower-nurse.html>

Discuss three ways the vulnerable adults’ policy protects service users.
(AO1, AO2, AO3, AO4)

Level 1 ([0]–[3])

Overall impression: basic understanding

- displays limited knowledge and understanding of the importance of vulnerable adults’ policies within health and social care
- limited, if any, attempt to analyse vulnerable adults’ policies
- 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 ([4]-[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge and understanding of the importance of vulnerable adults' policies within health and social care
- adequate analysis of vulnerable adults' policies
- must include at least two ways 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 ([7]-[9])

Overall impression: competent knowledge and understanding

- displays a very good knowledge and understanding of the importance of vulnerable adults' policies within health and social care
- good evidence of analysis of vulnerable adults' policies to achieve at this level
- must include three ways 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:

- helps professionals and carers to identify abuse
- outlines procedure for reporting abuse
- promotes sense of security for service users/families, e.g. they will feel they can report abuse and so will be protected
- allows for legislation to be implemented so protecting the service user
- helps to prevent abuse
- consequences of abusive practice are outlined, e.g. disciplinary procedures
- gives a route for redress for victims of abuse
- defines the term "vulnerable adult" so staff identify and protect service users at risk of abuse.

All other valid points will be given credit

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

[9]

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- (d) Families often want to care for their loved ones at home. Discuss how the Carer and Direct Payments Act (NI) 2002 enables carers to support their loved ones and service users to remain in their own homes. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

- carers' rights to have an independent assessment of their needs means they feel valued by social services for the support they provide and helps them to feel their needs will be taken seriously
- this assessment means that Trusts must consider the carers ability to provide and to continue to provide care for the person and what services, if any, can be provided to the carer so the carer will have a written assessment and will be fully informed of the action the Trusts will take, i.e. such steps as are reasonably practicable to make information available
- strengthens their position to request services and support in their own right as they have a legal right to an assessment
- carers can request services such as respite breaks and other forms of support so they can continue to care, e.g. a sitter to stay with their loved one while they go shopping or to meet friends, which gives them a much needed break and enables them to continue to care
- direct payments allows a financial package to be allocated to the service user to enable them to purchase their own support package following an assessment of their needs, so enabling them to take control of how their care is organised
- carers can also be awarded an annual grant to support them in the caring role
- gives service users more choice of how they want to use payments to buy in their care, i.e. go to course in technical college rather than day centre, fund a course, driving lessons, go on holiday or short breaks with the support of carers
- allows service users more flexibility, i.e. who they employ, times when employees come to them so deciding what time they get up or go to bed
- can develop their own tailor-made and more responsive service because they are in control which gives service users more freedom and convenience and over which they have control
- in addition, direct payments can be used to support the carer in her/his caring role or help maintain the carer's own health and well being.

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge and understanding of how the legislation enables carers to support their loved ones and service users to remain in their own homes
- limited, if any, discussion of the legislation and may focus on either service users or carers
- 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 and understanding of how the legislation enables carers to support their loved ones and service users to remain in their own homes
- evidence of an understanding of how the legislation enables both service users and carers to get into 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 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 a very good knowledge and understanding of how the legislation enables carers to support their loved ones and service users to remain in their own homes
- evidence of a detailed understanding of how the legislation enables both service users and carers to be 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.

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

[12]

30

3 (a) E was cared for within the statutory sector. Explain two ways the statutory sector may be funded. (AO1, AO2)

- taxpayers/system of national taxation/funds controlled by central government – Chancellor of Exchequer identifies available funding which comes from taxpayers/VAT
- National Insurance contributions
- payment by service users, e.g. for meals
- direct payments from benefits, e.g. for domicillary care
- private donations.

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

[4]

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- (b) Voluntary organisations also provide care for service users. Explain two **different** ways a voluntary organisation may be funded. (AO1, AO2)

Answers may include:

- fundraising – sponsored walks, coffee mornings, street collections, charity shops
- commercial sponsorships
- contracts with government agencies
- donations made by individuals, companies or churches
- bequests/wills
- lottery funding
- payment by clients, e.g. luncheon clubs, counselling.

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

(2 × [2])

[4]

- (c) Discuss three different ways the voluntary sector could meet the needs of adult service users. (AO1, AO2, AO3, AO4)

Answers may address any some of the following points:

- provision of care homes for vulnerable adults to enable them to live with support in the community or full time care in a home which will meet their needs
- provision of day centres which will enable them to meet and interact with new people, take up new hobbies, having their PIES met and their well-being monitored
- provides support groups for service users so they can meet people who have suffered or are suffering from the same or a similar condition/illness so they can share their experiences
- provides support groups for carers so they can talk to others who are under similar pressures and so gain emotional, and often practical, support
- provides befriending services so service users can meet new people and often go out with them so reducing their isolation
- provides respite services so service users can have a holiday or families can have a break
- provides drop in centres where service users can call when it suits them and talk to volunteers who will provide them with someone to talk to and emotional or practical support
- provides lunch clubs so the vulnerable adults have access to a cooked meal and can meet with others
- provides telephone help lines that ring service users in the morning to check they are safe and well and if there are any concerns they will visit them
- provides up-to-date information on the Internet that service users and their families can access about illnesses, services, latest research
- voluntary organisations raise awareness of the needs of adult service users and their families, e.g. run campaigns or have charity events to raise awareness

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- provide transport, e.g. drivers to take service users to appointments
- provide aids or equipment for people with medical conditions
- provides counselling services, e.g. for bereavement, family problems, illness, drug and alcohol problems
- often lobbying government is an important part of their work, in order to improve service provision
- research is often conducted or funded by voluntary organisations to aid in the provision of new treatments or services
- provide holistic therapies
- provide free screening, e.g. for breast cancer
- provide financial support, e.g. money for heating oil
- provide advocacy services
- provide opportunities for social events/outings
- provide shelter and housing
- provide meals on wheels
- provides specialist care, e.g. Macmillan nurses, physiotherapists.

All other valid points will be given credit

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

(3 × [3])

[9]

- (d)** All health and social care organisations and professionals must adhere to the care value base. Discuss two different ways each of the following principles of the care value base could be applied by care workers in residential settings.

(AO1, AO2, AO3)

- (i)** Promotes anti-discriminatory practice

- avoiding discrimination, e.g. never treating some service users in the home less well than others on 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 service users and their families know how to report any discriminatory behaviour; explaining the complaints policies
- adhering to policies on anti-discriminatory practice, e.g. vulnerable adults policy
- attending training on anti-discriminatory practice and putting learning into practice
- enabling service users to take part in any cultural or religious events
- attending meetings between staff and residents to discuss any concerns regarding discrimination so poor practice can be quickly identified and eradicated
- senior staff supervising new staff to help them develop anti-discriminatory practice

- providing service users with information in a way that meets their needs, e.g. different languages, different fonts in braille, etc.
- developing significant relationships with service users so service users feel able to talk about any discrimination they may be suffering from
- using advocacy services to enable an individual's rights to be addressed, e.g. for a service user with a learning disability
- encouraging service users to report discrimination, e.g. providing suggestion boxes, so challenging any discriminatory practice.

(2 × [3])

[6]

Promotes service users' rights and choices

Answers may include some of the following points:

- treating each service user as an individual as their needs may be very different from other service users, e.g. service users with similar learning disabilities will often have differing needs
- encouraging service users 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 service users from making their own choices
- respecting service users' right to be free from discrimination and taking action to protect them
- protecting the right to safety and security while in the residential setting and when going into the community
- protecting service users from harm by staff or other service users in the residential setting, e.g. by challenging aggressive behaviour
- respecting and valuing service users in the residential home so they can develop their personal confidence
- respecting service users' right to confidentiality
- using service users' preferred names
- informing service users about their rights, e.g. right to complain
- respecting individuals right to privacy, e.g. when being provided with treatment or personal care
- right to have access to written records, care workers should always share with service users any information they are writing about them to keep them informed
- involving service users in drawing up plans for their care.

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

All other valid points will be given credit

Marks will not be awarded where candidates repeat points

(2 × [3])

[6]

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(ii) Write down the three other principles of the care value base.

[1] for each of the following:

- maintain confidential information
- respect individuals' identity and beliefs
- promote effective communication.

(1 × [3])

[3]

(e) Explain three ways an advocate can support a service user such as E.

Answers may address any three of the following points:

- an advocate will talk to the health and social care professionals, either on the service users' behalf or with them to enable them to make their case about their needs and how they can be met – reduces stress on service users and their families
- an advocate may also help service users to talk to their family and friends about their needs and wants, developing understanding within families
- the advocate may 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
- an advocate may work to address benefit entitlement, or other forms of financial advocacy
- an advocate will check or oversee the implementation of decisions agreed
- an advocate will give service users advice on their rights, e.g. to see a specialist
- an advocate may represent a service user at multidisciplinary team meeting
- advocacy services lobby politicians to get individuals the services they are entitled to
- an advocate may enable service users to use self advocacy skills so they can have their needs met, e.g. asking for a second opinion
- an advocate may enable a service user to access educational opportunities, e.g. attending college
- an advocate may represent service users from different cultures or religious backgrounds to access their rights.

All other valid points will be given credit

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

(3 × [2])

[6]

Total

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38

100