



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2013**

Health and Social Care

Assessment Unit AS 5

assessing

Unit 5: Adult Client Groups

[A3H51]

THURSDAY 16 MAY, MORNING

**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) (i) Using the information in the scenario, explain one type of need that was not being met for Mr B. (AO1, AO2)

Answers may address the following:

Physical needs including: medication, nutrition, shelter, hygiene.
Also accept emotional or psychological needs or relevant examples of them.

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

[2]

- (ii) Suggest two different ways this need could have been met.

Answers may address any two of the following:

- meeting medical needs by nurse or GP monitoring his physical and mental health and providing medication
- meeting nutrition needs by provision of meals on wheels, care worker or family providing meals, or through respite care
- meeting shelter needs by having a social worker who would assess his living conditions and could provide a home care worker or helping Mr B to think of supported or other housing options or residential care if he could not cope at home
- meeting personal hygiene needs by domiciliary care worker providing assistance with washing, cleaning the home
- any of these needs could be met through advocacy.

The response must be related to the need identified

All other valid points will be given credit

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

[4]

- (b) Explain the following terms: (AO1)

Vulnerable adult

Answers may address some of the following points:

- an adult who is considered vulnerable through “illness, frailty or disability” and who is, or may be, in need of community care services or is a resident in a continuing care facility by reason of mental or other disability, or age or illness
- adult “in need” according to legislative definitions: this can include needs such as illness, mental health problems, physical disability, sensory impairment and learning disability
- adult “at risk” due to any form of actual or suspected abuse (“abuse” can include financial, institutional, physical, sexual, emotional and psychological abuse and neglect)
- person with complex health and social needs, who is or maybe unable to take care of him or herself
- adults with particular need for protection as a result of disadvantage related to language, cultural or communication barriers

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- a person with a physical or mental need which affects ability to carry out daily living activities.

All other valid points will be given credit

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

(1 × [2])

[2]

Minority group

Answers may address some of the following points:

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

All other valid points will be given credit

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

(1 × [2])

[2]

- (c) The CMHT failed to review Mr B's care, assess in-depth his mental state, capacity or risk, or act on concerns raised about his welfare. Discuss how the following aspects of the care planning cycle could have been implemented for Mr B. (AO1, AO2, AO3)

Assessment

Answers may address some of the following points:

- Mr B's needs should have been assessed as an unique individual so that a "needs-led" assessment was completed rather than one driven by what services the organisations were willing to provide
- Mr B should have been invited to be fully involved in the assessment so that the risks and opportunities were clearly identified; he may then have felt he was contributing and agreeing to the assessment process and so more likely to comply
- assessment may enable Mr B to demonstrate eligibility for services and therefore get access to the help he needed
- the assessment could have involved Mr B's family and carers to gain a more comprehensive assessment of his needs
- professionals needed to assess not only his physical and mental health but also his social, emotional and communication needs, reviewing documents such as medical notes
- the outcome of a thorough assessment is the drawing up of an agreed care plan that could have improved the quality of Mr B's life.

All other valid points will be given credit

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

(1 × [3])

[3]

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Planning

Answers may address some of the following points:

- a package of care tailored to Mr B's needs was drawn up as the multidisciplinary team agreed what each professional would do to support him
- as the plan would have been written down, agreed and probably signed by Mr B and the social worker which would have helped in aiding its successful implementation, as everyone understood their role
- the written plan could have allowed Mr B and his family to hold the team accountable for the provision of care within the care plan
- the plan could also have helped to enable less waste and overlap in care provision as it is a contract between the professionals, the family and Mr B
- staff should have worked in partnership with Mr B so that the care plan meets his needs.

All other valid points will be given credit

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

Monitoring

Answers may address some of the following points:

- staff would have given Mr B opportunities to comment on how his plan was operating so he could have quickly voiced his concerns if it was not working
- staff would have consulted professionals and family to check if Mr B was not accessing services, e.g. letting home care workers into his home
- staff would have identified any new needs and a multidisciplinary meeting could have been called.

All other valid points will be given credit

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

Modifying

Answers may address some of the following points:

- staff would have changed the care plan so services that were no longer needed could be withdrawn, e.g. if Mr B's health improved
- staff could also have introduced an increased package of care when it was noticed that his physical and mental health were deteriorating, so reducing risk and providing care required
- the modified changes would be made in writing so professionals, family and Mr B were kept updated and were in agreement with the changes.

All other valid points will be given credit

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

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- (d) The trust and council apologised to Mr B's cousin. In order to stop this type of tragedy happening again it is important that organisations train staff. Discuss how a staff training policy could help to maintain high standards of care in the community. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

Staff training

- 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 who have mental illnesses and can identify deterioration and know who to contact
- keeps staff up to date with changes and developments so they can change working practices so benefiting the service user
- use of staff identification systems so service users can feel safe and knows clearly who is a member of staff
- 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, demonstrating respect for culture and diversity
- improves knowledge of policies and procedures, promoting rights such as the right to safety
- staff understand their own role and those of others which leads to better team working so information about any changes in service users' health will be passed on quickly to the right professionals who can organise relevant changes to their care
- helps to minimise the risk of abuse and accidents so service users are protected from harm in their own homes
- 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 a service user needs to be detained the required professionals know how to follow the legal requirements so mistakes are not made that could negatively affect care
- promotes confidence in carers and service users, e.g. new staff who are mentored by experienced staff can learn their new role quickly and effectively
- staff are aware that service users or their families have the right to make complaints which if upheld could lead to disciplinary action and to perhaps staff losing their jobs or their name being taken off the care register so they cannot work with vulnerable adults in the future
- helps to ensure service users are cared for safely, e.g. use of equipment in the service users house or giving of medications
- staff also can feel safe, if they require more than one worker to carry out calls this can be organised, or protected through lone working policy which staff are trained in and are aware of their responsibilities

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- helps staff to understand administrative responsibilities, e.g. record keeping which means others can make use of accurate information to provide appropriate care.

Candidates should use examples to demonstrate how a staff training policy promotes high standards of care in the community

All other valid points will be given credit

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

(1 × [6])

[6]

Level 1 ([1]–[2])

Overall impression: basic understanding

- displays limited knowledge of how staff training policy can help to maintain high standards of care in the community
- little or no evidence of analytical writing.

Level 2 ([3]–[4])

Overall impression: adequate knowledge

- displays adequate knowledge of how staff training policy can help to maintain high standards of care in the community
- some evidence of analytical writing.

Level 3 ([5]–[6])

Overall impression: competent knowledge

- displays a very good knowledge of how staff training policy can help to maintain high standards of care in the community
- clear evidence of analytical writing.

- (e) Explain three ways a community psychiatric nurse (CPN) can support service users such as Mr B. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

- talk to the service user – inform them about their mental health condition and proposed treatment from the psychiatric team and discuss any fears or concerns they might have
- administer medication as prescribed by the GP or can prescribe if specialist nurse practitioner
- monitor medication and suggest changes; assess compliance with medication
- liaise with or refer to other health professionals, such as GP or mental health social worker to ensure service user receives best care
- assess the service user's mental health needs in their own home or supported living environment
- implement and monitor a care plan relevant to their diagnosis, signed by the service user
- support service users emotionally – counselling skills, e.g. CBT
- advocate on behalf of the service user, e.g. other agencies such as the housing executive

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- empower service users to talk to other health care professionals about their fears and concerns
- keep updated records and write reports, making sure all records are regularly updated and shared with appropriate professionals
- attend weekly community meetings to share with the multidisciplinary team the progress or deterioration in the patient's mental health
- contribute to case conferencing
- inform the service user of a range of services available to support them, e.g. day centres, employment schemes or opportunities to meet others
- carry out planned activities, e.g. support groups such as anxiety management
- help service users to return to community care from hospital care, e.g. by monitoring their progress
- supports families of service users with mental health problems.

All other valid points will be given credit

[1] for key phrase(s) [2] for explanation
(2 × [3])

[6]

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- 2 (a) The majority of care homes are now provided by the private sector. Explain two ways the private sector may be funded. (AO1, AO2)

Answers may address two of the following points:

- private payment by service user or family
- private health insurance
- contracts, e.g. with NHS or social services
- business/bank loan
- investors.

(2 × [2])

[4]

- (b) The voluntary sector also provides a number of care homes. Discuss two **different** ways the voluntary sector may be funded. (AO1, AO2)

Answers may address two of the following points:

- fundraising – sponsored walks, coffee mornings, etc.
- commercial sponsorships – large companies supporting a nominated charity, e.g. Iceland supports prostate cancer
- contracts with government agencies, e.g. beds secured for palliative care in hospice
- donations made by individuals, companies or churches, e.g. donations in lieu of flowers
- bequests/wills, e.g. service user may leave money if they have appreciated the service
- street collections – boxes, buckets, badges
- lottery funding – apply for support, e.g. person applying for funding for a specific project
- high street outlets – charity shops.

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

(2 × [3])

[6]

- (c) Discuss two strengths and two weaknesses of the private sector providing health and social care. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

Strengths

- reduces hospital and specialist waiting lists – takes pressure off the statutory sector
- allows people who want to spend their own money on their health to do so – so giving them independence and choice
- people with health concerns don't need to depend on referral from a GP, for example, to be seen – they can refer themselves and so benefit from urgent assessments and treatment
- gives individuals greater privacy to have their health care needs assessed and examined within an environment in which they feel their confidence can be maintained

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- greater choice for service users as they can decide where to go for treatment, at times that suit their lifestyle and may also decide on which professionals who are involved in their care, e.g. go to a specific named professional whose reputation they have heard of
- good for the economy as it generates wealth as service users are spending their private wealth on their health care, generating jobs and services particular to their needs
- as private sector is in competition for service users the organisations tend to spend money on their service provision, creating clean, modern facilities with the latest technology, and a high quality of treatment
- flexibility is improved, e.g. appointment times to suit service users, not service providers
- reduces costs for government as the private sector use their own money to provide health and social care services, so often trusts will withdraw their service provision
- professionals may be more specialist and so can offer a higher quality of care
- service user and their family may feel empowered as they feel they are part of the decision making process.

Weaknesses

- creates a two tier society as the rich can afford the services they require to meet their health and social care needs and the poor are totally reliant on government provision which can be limited
- private sector is driven by profit, not best practice or treatment for service users – may close if unprofitable care homes or day facilities at short notice, leaving many service users with no care options; the service can also be unreliable
- gives power to professionals – service users may be open to exploitation as they may feel there is a lack of accountability or may not be sure if diagnosis and treatment is the best for them, or is a way of the professional making more money
- may not be as well regulated as statutory sector, leading to poor standards, e.g. environment, care, staff training
- stigma attached to those who cannot afford private care
- may not be available to some service users who live in rural areas/access problems
- can be very expensive, e.g. service users may be forced to spend savings which were intended for retirement or families feel they have no option but to club together to pay for an operation for a parent, leaving them in financial difficulties
- competition may lead to closures in statutory sector so many services that are well liked and proven to provide excellent care are cut so the trust can save money
- trusts may have to sort out problems caused by an unscrupulous private practitioners or services, e.g. provide aftercare or cover for mistakes

- often service users become annoyed as they feel they are paying twice for a service – as individuals they have already paid for their health care through the tax system and are now having to pay privately.

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 understanding of the provision of care by the private sector
- points may be listed rather than discussed or only one advantage/disadvantage may be discussed
- 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 of provision of care by the private sector
- answers that focus on either strengths or weaknesses but not both cannot achieve more than [6]
- discussion is adequate
- 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 of the provision of care by the private sector, with two strengths and two weaknesses very well discussed at the top of 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]

- (d) Social care professionals are emphasising the importance of service users having control of their life goals as part of the care value base. Discuss how staff in a day centre could apply the following two principles in their day to day work. (AO1, AO2)

Promote service users' rights and choices

- by staff asking service users what they want to eat, or what activities they would like to take part in, service users can feel more confident that staff are valuing and so empowering them to live their lives in the way they want to
- by staff using appropriate communication methods so service users can have a say in their care, e.g. Makaton
- by staff using interpreters or translations of written information, service users can feel they are fully informed and so can be empowered to have their rights respected and make individual choices
- by having a key worker who spends time getting to know them and so can convey their wishes to other staff and carers working with them
- by developing good relationships with family members
- listening and responding when service users ask for resources to help them to be independent, perhaps aids/appliances/transport/ different activities
- listening to and accommodating service users with their care plan, even when there may be risks, e.g. remaining at home rather than going into care as this is what they want to do
- by explaining rights to service users, e.g. the right to complain or make choices.

All other valid points will be given credit

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

Maintain confidential information

- only share information on a need to know basis, e.g. with another key worker
- adhere to the confidentiality policy and the codes of practice by following procedures for the storage of files
- use the secure systems provided at work to retain privacy of information, e.g. use passwords
- don't complete reports at home or transport files, e.g. carry data on a memory stick
- do not discuss service users with people outside of the day centre, i.e. do not gossip
- try to ensure privacy for service user who wants to discuss sensitive information, e.g. go to private room.

All other valid points will be given credit

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

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- (e) The informal sector is essential in enabling many individuals to remain at home, rather than moving into institutional care. Write down four jobs an informal carer may perform. (AO1)

Answers may address any three of the following:

- shopping
- cleaning the house
- helping with washing clothes
- helping with service user's personal hygiene
- helping with dressing
- helping with toileting
- manage financial matters, e.g. pay bills, collect pension
- talking/keeping company
- making appointments to see doctor/dentist, etc.
- attending appointments
- cooking meals
- helping in and out of bed
- buying them newspapers and books
- collect prescriptions
- give medicine
- social visits or outings
- supporting mobility
- feeding
- lighting fires, checking house is heated.

All other valid points will be given credit

(4 × [1])

[4]

- (f) Discuss three advantages of an individual being cared for in their own home. (AO1, AO2, AO3, AO4)

Answers may address any three of the following:

- 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
- they may be able to attend social or community events such as going to bingo, cinema, concerts, helping them to feel involved 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
- family may give them food choices that they like and so 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

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- they can see programmes on television or listen to radio which helps them to feel empowered and in control of their lives
- 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]–[3])

Overall impression: basic understanding

- displays limited knowledge and understanding of the advantages of an individual being cared for in their own home
- may list advantages or discuss only one
- 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 ([4]–[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge and understanding of the advantages of an individual being cared for in their own home
- adequate discussion of three advantages or competent discussion of three achieves at the top of 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 competent knowledge and understanding of three advantages of an individual being cared for in their own home
- highly competent discussion of three achieves at the top of 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.

[9]

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- 3 (a) Explain two ways the Department of Health and Public Safety for Northern Ireland (DHSSPSNI) Social Services carries out its duties under the Health and Personal Social Care (Reform) Act (Northern Ireland) 2009.

Answers may address two of the following:

- develops policies to secure the improvement of the health and social well being of, and to reduce health inequalities between, people in Northern Ireland, all Trusts and departments must then follow these policies, e.g. infection control policies, and vulnerable adults policy
- determines priorities and objectives in relation to health and social care needs, e.g. reducing the number of people who smoke or young people who drink alcohol
- allocates financial resources available for integrated health and social care services, e.g. deciding how much to spend on disease prevention or acute care, e.g. closure of facilities, opening of new services, i.e. cancer care in Londonderry
- sets standards for the provision of health and social care, e.g. using feedback from the Patient and Client Council
- prepares a framework document setting out the main priorities and objectives of health and social care bodies in carrying out their functions, e.g. the bereavement strategy
- secures the commissioning and development of programmes and initiatives conducive to the improvement of the health and social well being of, and the reduction of health inequalities between, people in Northern Ireland, e.g. Investing for Health Strategy.
- monitors and holds to account the Regional Board, the Regional Agency, RBSO and HSC trusts in the discharge of their functions
- makes and maintains effective arrangements to secure the monitoring and holding to account of the other health and social care bodies in the discharge of their functions, e.g. RQIA (Regulation and Quality Improvement Authority).

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

(2 × [2])

[4]

- (b) All nurses and social workers must be registered with the relevant regulatory bodies. Discuss three ways codes of conduct can guide professional practice.

Answers may address three of the following points:

- code of conduct sets standards – promotes good quality of care
- code of conduct informs service users about what they can expect to receive – allows action to be taken against poor practice
- code of conduct regulates practice within a profession – promotes high standards
- code of conduct informs and guides practice – promotes standards
- failing to follow codes of conduct may lead to disciplinary action
- code of conduct help to ensure fair treatment for all individuals

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- code of conduct helps to define roles and responsibilities of professional workers.

Accept specific examples found in codes of conduct, NISCC or NMC, e.g. confidentiality and anti-discriminatory practice, if linked to provision of quality care award

All other valid points will be given credit

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

(3 × [3])

[9]

- (c) Although the government has a strategy to improve the early identification of carers so that they can be offered support, the reality is that many carers are placed in a situation of increasing personal demands. Analyse four ways providing informal care may have a negative impact on the carer. (AO1, AO2, AO3, AO4)

Answers may address four of the following:

- carers may have to give up their job or education to provide intensive care for their loved one and so may lose out financially/intellectually/emotionally in their own lives
- they do not get paid/benefits are very limited so putting increased financial strains on both the carers and their own families
- may cause resentment as carers feel the quality of their own lives has been negatively affected as they have to provide intensive or 24/7 care
- carers may feel isolated and unappreciated as the person they care for may take them for granted and expect them to give up their time to provide care
- carers may feel trapped as with budget cuts there is little provision to support the carer which means they feel obligated to continue in their caring role, no matter what pressures they are under
- carers may become exhausted – often it is a 24 hour job; may not get enough sleep – this can affect the quality of care
- carers may feel out of their depth because of a lack of training, e.g. in moving and handling or in terms of awareness of services
- 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 and possibly even lead to abuse
- can suffer physically – they can become ill themselves – making their loved one feel guilty and affecting care delivery
- carers may feel guilty they cannot do more, as may be limited in their ability to provide care due to other commitments
- may suffer from stress or depression due to the pressure they are under
- may feel uncomfortable delivering personal care so may affect their ability to do the task or increase their feelings of anxiety.

All other valid points will be given credit

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

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Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited understanding of the ways providing informal care may have a negative impact on an individual
- may list four ways or analyse one in detail
- 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 lost.

Level 2 ([5]–[8])

Overall impression: adequate knowledge

- displays adequate knowledge of the ways providing informal care may have a negative impact on an individual
- adequate analysis of four ways or competent of three ways will achieve at the top of this band
- adequate analysis
- 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

- displays competent knowledge of the ways providing informal care may have a negative impact on an individual
- a highly competent analysis of four ways will achieve at the top of this band
- competent analysis
- 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]

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Total**100**AVAILABLE
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