



Rewarding Learning

ADVANCED
General Certificate of Education
2013

Health and Social Care

Assessment Unit A2 9

assessing

Unit 9: Providing Services

[A6H31]

THURSDAY 13 JUNE, 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) Write down three **different** ways each of the following practitioners might support pre-school children. (AO1)

A health visitor

Answers may address three of the following:

- responsible for ensuring immunisation schedule is carefully maintained
- monitors growth and development and recording all relevant data in the child's health record book
- provides support and guidance to parents on a range of topics including nutrition for children and immunisation
- may make referrals
- liaise with other members of the multi-disciplinary team
- reports any concerns regarding a child to his/her GP
- may carry out home visits to gain a fuller picture of children's family experience
- responsible for following child protection procedures
- provides health education, e.g. at playgroups
- visits child in own home.

(3 × [1])

[3]

An educational psychologist

Answers may address three of the following:

- monitors child's progress in learning
- reports any concerns to other professionals, e.g. social worker
- make referrals to other professionals, e.g. dietician, psychiatrist, paediatrician
- advises and guides teachers and parents about education
- establishes individual educational plans in conjunction with teachers and parents
- writes reports on children's educational progress
- carries out observations to enable diagnosis or monitoring
- psychological testing, e.g. IQ testing
- involved in diagnosing/producing "statements"
- liaises closely with the SENCO to meet children's educational needs.

(3 × [1])

[3]

AVAILABLE
MARKS

- (b) Identify one example of each of the following needs of children and explain how it could be met by staff working with children in a SureStart playgroup. (AO1, AO2)

AVAILABLE MARKS

An emotional need

Example

[1] for appropriate example such as self-esteem, sense of stability and belonging, feeling valued, feeling safe and secure, feeling cared for.
(1 × [1]) [1]

Explanation

[1] for key phrase(s), [2] for fuller explanation of how the need identified could be met. Explanation of how need could be met **must** be appropriate to the need identified:

- by providing therapy services where necessary, e.g. play therapy
- by supporting the child to make their own decisions
- by reassuring the child that he/she is safe and secure in the setting
- by encouraging the development of friendships with other children within the setting
- by supporting the child to maintain and develop a relationship with his or her biological family
- through praise and encouragement of children's efforts
- by spending time with the child, talking and listening
- providing opportunity for children to express concerns, e.g. worry box.

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

A physical need

Example

[1] for appropriate example such as the need for medical care or treatment, e.g. medication, need for warmth and shelter, nutritional needs, hygiene needs, need for exercise.
(1 × [1]) [1]

Explanation

[1] for key phrase(s), [2] for fuller explanation of how the need identified could be met. Explanation of how need could be met **must** be appropriate to the need identified:

- by providing a safe environment
- by providing appropriate food and drink
- by administering medication where necessary and where authorised
- by reporting any concerns regarding physical well-being to appropriate personnel, e.g. parents, social services, educational psychologist, health visitor
- by assisting children with toileting requirements/changing nappies where appropriate
- by providing clothing where necessary
- by providing exercise activities to promote development of gross and fine motor skills.

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

A social need

Example

[1] for appropriate example such as the need for interpersonal interaction, friendship and relationships with others.

(1 × [1])

[1]

Explanation

[1] for key phrase(s), [2] for fuller explanation of how the need identified could be met. Explanation of how need could be met **must** be appropriate to the need identified:

- by encouraging the children to mix with others in the setting
- by organising a range of activities which engage the children with others
- by talking to the children and spending time with them
- by encouraging children to engage in social activities where they need to use social skills taking turns, sharing
- by communicating with families of children and involving them in organised events where they get to meet other children and families.

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

(1 × [2])

[2]

- (c) Explain two ways services for children in the voluntary sector are funded. (AO1)

Answers may address two of the following:

- lottery – through application process
- street collections
- bequests
- fundraising events
- government contracts
- sponsorships
- donations
- proceeds from charity shops
- grants from businesses or government.

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

(2 × [2])

[4]

AVAILABLE
MARKS

- (d) Discuss **three** strengths and **three** weaknesses of statutory sector provision. (AO1, AO2, AO3, AO4)

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MARKS

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited knowledge of the strengths and weaknesses of statutory sector provision
- 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.

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of the strengths and weaknesses of statutory sector provision
- there is adequate discussion
- candidates who discuss only strengths or only weaknesses cannot achieve beyond 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 ([7]–[9])

Overall impression: competent knowledge and understanding

- displays very good knowledge of the strengths and weaknesses of statutory sector provision
- 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 statutory sector provision
- 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

- reliable – much less likely to close down – unlike voluntary and private sector services
- well regulated through inspections, etc. this helps to maintain quality
- trained staff
- accountability to service users
- free of charge at the point of delivery therefore no financial burden for service user or family
- available to all and used by all service users irrespective of social class so no stigma associated with it unlike voluntary sector which can leave service users feeling stigmatised
- requirement for policies and procedures to be in place to guide and inform staff
- not run for profit so emphasis on care of individual
- availability – 24/7, e.g. in emergency situations support will be available.

Weaknesses

- long waiting lists – service users may deteriorate while waiting to see specialists
- care and treatment may be lengthy in comparison to the private sector
- reduced funding may mean rationing of services for some service users and also staffing issues
- can be very impersonal – due to size and scale
- may not be continuity of care provision – for example, may not always see the same doctor or psychologist whereas in private sector service user can request access to staff
- very bureaucratic which can impact on care and services provided
- many services difficult to access and/or qualify for.

All other valid responses will be accepted

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

[12]

31

AVAILABLE
MARKS

- 2 (a) Discuss **one** way the quality of service provision is measured in a children's home. (AO1)

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Answers may address any of the following ways:

- complaints – number and nature of complaints – if same complaint made by different service users then may be an indication of issues relating to quality of service provision and investigation would be necessary to resolve issue. Provides a route to highlight problems/issues so they can be addressed
- inspections – inspections will focus on quality of service delivered and reports from inspectorate will highlight any issues noted – this may relate to management of service or to service providers or to both and remedial action may be required with follow up inspection to determine if problem has been resolved
- feedback from children and their parents/guardians via suggestion boxes or face to face meetings, discussion forums or through questionnaires where service users get the opportunity to comment on service provision – analysis of feedback used to measure satisfaction and quality of service
- meeting targets, e.g. for improving education of children who are in care, or for enabling children to “move on” – measurement of whether targets met will indicate quality of the service
- feedback from staff/self-assessment, e.g. staff questionnaires, interviews, forums for discussion, self-reflection to determine if environment is conducive to good care – this may highlight issues regarding management of service that may need to be addressed to improve care provision for children such as staffing levels.

All other valid responses will be given credit

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

(1 × [3])

[3]

- (b) Discuss how the following principles of The Children (NI) Order 1995 promote the appropriate care and treatment of children. (AO1, AO2, AO3)

Answers may address the following points:

The paramouncy principle – promotes the appropriate care and treatment of children because this principle means:

- the welfare of the child is paramount – the child is placed firmly at the heart of the proceedings and the child’s welfare is the most important factor when courts make any decisions regarding the upbringing of a child. It is the welfare of the child that is most important, not what is convenient for parents or social services
- courts should only make an order about a child’s care if to do so is better than making no order at all – some cases may be able to be resolved without a court order and this may be less traumatic for the child
- the child’s feelings and wishes are taken into account when decisions relating to the child’s future are being made – this means a child’s opinion about where he/she wishes to live will be considered when the decision is being taken – he/she will be given an opportunity to make his/her feelings known
- there is a checklist of factors that the Order requires to be taken into account when decisions relating to a child’s future are being made – all these factors will have to be considered in the child’s best interests
- courts are encouraged to act with expediency.

All other valid responses will be given credit

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

Parental responsibility promotes the appropriate care and treatment of children because this principle means:

- wherever possible and consistent with the well-being of the child he/she should be brought up and cared for within their own family – this promotes the child’s sense of identity and self-esteem
- parents should continue to have responsibility for their children even when their children are no longer living with them either because they are separated or because their children have been taken into care – this ensures parents are considered to still be in charge and so will be consulted about issues like health and education and again this promotes communication and contact with the child’s birth parents and is more likely to promote positive self-esteem for the children
- unmarried fathers can obtain parental responsibility by agreement with the mother – which means children have a better chance of being associated with both parents even when the parents are unmarried and this is thought to be in the best interests of the children as they can have the benefit of both role models
- parents can challenge decisions about their children’s welfare through the courts

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- parental responsibility is only lost when the child is given up for adoption – the aim of this is to support relationship between the child and his or her biological parents and again this promotes the child’s sense of identity and self-esteem.

All other valid responses will be given credit

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

[6]

- (c) Discuss how the following policies help to ensure the provision of quality care in a children’s home. (AO1, AO2, AO3)

Child Protection policy can contribute to ensuring quality care provision as it:

- requires staff to be checked by police and social services in order to avoid vulnerable children being exploited
- outlines what is meant by abuse – gives staff a better understanding of what constitutes abuse in order to minimise the chances of it occurring
- identifies the signs and symptoms of different types of abuse so that relevant staff will be able to identify abuse of children and take appropriate action
- sets out clear lines of responsibility and reporting so that staff know exactly what to do if they suspect a child is being abused – protects children from danger
- requires a designated person in place who is properly trained to manage the process.

Complaints policy can contribute to ensuring quality provision as it:

- helps to ensure best practice as problems can be identified and addressed
- gives children and parents an opportunity to voice concerns or inform managers about anything they are not happy with
- helps to identify bad practice so that it can be dealt with
- makes children feel safe and that their opinion is valued
- defines the standard of care children can expect to receive
- provides a route for redress.

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Staff training policy can contribute to ensuring quality provision as it means staff are more likely to:

- know about children’s rights and try to ensure they are met
- promote anti-discriminatory practice – treat children equally
- be aware of signs and symptoms of abuse and be able to act to safeguard children in care
- prevent accidents happening so that children are safe from harm
- provide better care, e.g. through team working
- have improved knowledge and understanding of children’s needs and how they can be met
- contributes to staff morale which impacts positively on children in care
- helps to ensure staff are appropriately trained to do their jobs so children should experience best care
- allows for up-skilling of staff so children get best possible care and support
- should mean staff are familiar with policies, procedures and legislation that impact on care being provided.

Whistle blowing policy can contribute to ensuring quality provision as:

- it provides staff with a framework for doing something about practice which is not appropriate
- it gives staff the confidence to report poor practice as it becomes a legal obligation
- it helps to eliminate bad practice and so children experience appropriate care and treatment
- staff know inappropriate behaviour is likely to be reported.

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

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

(4 × [3])

[12]

AVAILABLE
MARKS

- (d) Discuss **four** benefits of effective interagency co-operation for at risk children. (AO1, AO2, AO3, AO4)

AVAILABLE
MARKS

Answers may include the following points:

- children's needs may be more fully met as a result of dealing with a range of professionals and agencies
 - children and families may not need to wait on referral process as team is already established so professionals only a phone call away
 - care is less likely to be duplicated by practitioners or agencies and so costs may be reduced
 - problems may be identified and dealt with more quickly as structures are already in place so practitioners know who to contact
 - children are less likely to suffer abuse including neglect due to involvement with many practitioners – some of professionals/agencies involved likely to notice problems
 - children are less likely to be cared for in an inappropriate environment as practitioners are closely involved in monitoring progress
 - information can be passed on more easily and appropriate help and support given
 - avoids repetitive questioning of children which may be confusing, frustrating and upsetting
 - helps to achieve seamless care – clients less likely to fall through the net
 - families with vulnerable children are more likely to receive help and support needed
 - resources can be shared between agencies so children will benefit.
- All other valid responses 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 of the benefits of effective interagency co-operation for at risk children
- there is limited discussion
- candidates may list benefits or discuss one in detail
- 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 benefits of effective interagency co-operation for at risk children
- there is adequate discussion
- answers at the top of this mark band will discuss at least **three** benefits of effective interagency co-operation for at risk children. Answer which discuss two benefits in detail cannot score beyond [6]
- 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 benefits of effective interagency co-operation for at risk children
- there is competent discussion
- answers at the top of this mark band will provide a competent discussion of all **four** benefits of effective interagency co-operation for at risk children
- 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]

33

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- 3 (a) Identify three barriers to accessing services which children might face and discuss how the barriers identified might be broken down. (AO1, AO2, AO3)

Answers may address any three of the following:

Psychological barriers, e.g. afraid in case an abuser finds out, embarrassed to admit what's happening to them, afraid of being removed from home – **may be broken down by** providing opportunities for children to make disclosures in environments where they feel comfortable, providing children with clear information about what will happen and how they will be protected if disclosures of neglect and abuse are made, providing reassurance to children that abuse is not their fault, reassuring children that aim is to help and support, providing telephone numbers that are not traced on bills.

Physical barriers, e.g. transport – unable to drive, unable to use telephone, no access to telephone, no money to pay for phone calls – **may be broken down by** organisations, professionals and agencies coming to places where children are, for example to schools and youth clubs, providing free phone numbers, making sure staff caring for small children are clear about what to do if they suspect abuse.

Communication barrier, e.g. literacy barriers, children not being able to read or to express themselves verbally, not being able to understand – **may be broken down by** staff not using jargon, having on-line facilities, agencies and organisations which aim to protect children, encouraging third party referral and by relevant agencies encouraging staff working with children to be vigilant, e.g. early years worker, health visitor.

Knowledge barrier, e.g. having no awareness of the services available or ways to access them – **may be broken down by** providing information in a child-friendly way, e.g. using cartoon characters in literature or posters which attract the attention of young children, advertising services during children's television programming when large numbers of children will see them, education in schools – designated teachers, visits from outside agencies, e.g. NSPCC, Childline, advertising in places children attend, e.g. schools, youth clubs, providing helplines.

Geographical, may be broken down by help lines where children and/or their relatives may get advice or by making information available on the Internet about health and care and access to services or by provision of transport services, e.g. free taxi or bus service for or by provision of care in service users own home or community, for example sure start programmes and after school clubs.

Financial, may be broken down by providing care and support free at point of delivery as in voluntary and statutory services.

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Cultural, may be broken down by ensuring literature about services is made available in different languages, by providing advocacy services, e.g. interpreters, by involving family, by ensuring staff providing service reflect cultural variations and understand children's cultural backgrounds and influences, training staff in diversity.

Language, may be broken down by child being accompanied by an advocate or a speech therapist helping a child to improve spoken communication if there is a problem or by training healthcare workers to be vigilant regarding abuse, etc. or by using pictures so children can communicate their needs.

All other valid points will be given credit

[1] for identification of barrier

[1] for key phrase(s), [2] for explanation, [3] for fuller discussion of how the barriers identified may be broken down

(3 × [1])

[3]

(3 × [3])

[9]

- (b) Discuss **three** ways codes of practice promote the appropriate care and treatment of children. (AO1, AO2, AO3)

Answers may address three of the following points:

- codes of practice expect staff to respect children as individuals
- codes of practice expect staff to obtain consent before giving treatment or care
- codes of practice expect staff to protect children's confidential information
- codes of practice expect staff to co-operate with others in teams to care for children
- codes of practice expect staff to maintain professional knowledge and competence of working with children
- codes of practice expect staff to be trustworthy
- codes of practice expect staff to act to identify and minimise risk to children
- codes of practice reduce confusion among staff about expected behaviours
- codes of practice set ethical standards for practice in working with children
- codes of practice allow for disciplinary proceedings to be initiated where standards are not met
- codes of practice identify children's rights
- codes of practice require workers to promote equality and prevent discrimination
- codes of practice promote positive communication with children
- codes of practice respect diversity in culture and values.

Discussion of specific examples of stipulations taken from a code of practice are also acceptable

All other valid responses will be given credit

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

(3 × [3])

[9]

- (c) Discuss **four** advantages and **four** disadvantages of relying on the informal sector to provide care and support for children.
(AO1, AO2, AO3, AO4)

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MARKS

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of the advantages and disadvantages of relying on the informal sector to provide care and support for children
- there is limited discussion
- candidates may list advantages and disadvantages or only discuss one or two
- 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 advantages and disadvantages of informal sector to provide care and support for children
- there is adequate discussion
- answers which focus **only** on the advantages **or only** on the disadvantages of relying on the informal sector to provide care and support for children cannot achieve beyond this band (mark will be a maximum of [7])
- at the top of this mark band candidates should discuss at least two advantages **and** two disadvantages of relying on the informal sector to provide care and support for children in some detail
- 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 advantages and disadvantages of relying on the informal sector to provide care and support for children
- at the top of this mark band candidates should discuss at least three advantages **and** three disadvantages of relying on the informal sector to provide care and support for children – there must be a clear focus on children to score in this band

- 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 advantages and disadvantages of relying on the informal sector to provide care and support for children
- at the top of this mark band candidates should provide a highly competent discussion of four advantages **and** four disadvantages of relying on the informal sector to provide care and support for children – there must be a clear focus on children to score in this band
- 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.

Answers may include the following points:

Advantages of informal sector providing care and support for children:

- a sense of trust is established between the child and the carer
- familiar surroundings reduce anxiety for children
- cost effective – a lot less expensive than private child care
- flexibility, e.g. no opening and closing times
- promotes good relationships between the child and the carer 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 child
- consistency – the same person or people providing care for the child over a long period of time, unlike in private creches where staff turnover can be high. Less risk of contracting infections which can be picked up in formal settings
- children are being looked after by people they know and love, e.g. grandparents
- informal carers willing to perform a range of tasks to meet a variety of needs which may not be the case in formal settings
- even when children are sick they can attend carer which means less disruption for family
- carers may be more likely to notice if child is “out of sorts” – private creches may be very busy and problems may not be noticed.

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Disadvantages of informal sector providing care and support for children

- unregulated – no checks on the quality of care provided
- no requirement for Access NI check so greater potential for neglect or abuse of children
- carers are often untrained – may not be equipped to provide quality care for children – for example, may not know best ways to develop children intellectually
- children may miss out on opportunities to interact with others as they may be able to do while being cared for in private sector and so aspects of child’s development may be affected
- may be unreliable – there may be no back up if carer becomes ill and so parent may have to take day off work
- environment may be unsafe – lack of security may mean accidents are more likely to occur
- children may not have access to the variety of games or equipment which promote child development that may be available in the private sector.

All other valid responses will be given credit

[0] will be awarded for responses not worthy of credit [15]

Total

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MARKS

36

100