



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2014**

Health and Social Care

Assessment Unit AS 5

assessing

Unit 5: Adult Service Users

[A3H51]

FRIDAY 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) Explain the following terms: (AO1, AO2)

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Answers may include 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

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

(1 × [2])

[2]

Empowerment

Answers may include some of the following points:

- enabling a person or group of people to speak on their own behalf
- supporting a person or 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 users and carers in the planning and/or decision-making processes regarding the services they use
- giving service users power to be involved in or make decisions which affect them
- working in total partnership with service users and sharing or handing over power traditionally held by professionals
- developing needs-led service user-centred services
- encouraging service users to make decisions to take control of their lives

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 key phrase(s) [2] for full explanation

(1 × [2])

[2]

(b) Discuss three ways a social worker might offer support to Sarah and her family (AO1, AO2, AO3)

Answers may include any three of the following:

- identifying and assessing Sarah's needs, e.g. housing/providing advice and support regarding accommodation
- problem solving, e.g. supporting Sarah finding a job or supported work placement
- advocating on behalf of Sarah, especially with her parents
- enabling Sarah and her family to manage their lives more easily, e.g. counselling
- drawing up a plan of care for Sarah which she feels meets her needs
- liaising with the multidisciplinary team, e.g. organise meetings
- liaising with or referring to relevant agencies, e.g. voluntary organisations – inter-agency workings
- providing of counselling and therapeutic interventions
- managing care plans

- writing reports
- organising respite service for Sarah
- accessing financial support for Sarah
- providing information, e.g. about voluntary organisations
- providing advice and support with employment.

All other valid responses will be given credit

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

(3 × [3])

[9]

- (c) Discuss how Sarah's parents might help to meet her needs, using the following headings. (AO1, AO2, AO3)

Answers may include:

Social needs: building and maintaining relationships; friendship; routine

- taking her on outings so she can meet other people and feel part of the local community
- encouraging her to join local clubs/day centres so she can meet like-minded people who enjoy similar interests and come from a similar background and are at a similar stage in life
- encouraging her to get a job or go to college and by taking her everyday so she has good attendance and can cement new friendships
- supporting her towards independent living so she can reduce her isolation and develop new friendships or build on old ones
- encouraging her to go out with other people her own age so she can build up a social network

Emotional needs: esteem needs, need to feel loved, valued and respected

- regularly telling her how much they care about her and showing her they love her through words and deeds
- encouraging her friends to visit so they can spend time together, helping her to feel happy
- taking her to events in local community so she develops confidence in herself and is able to talk to people and make new friends
- encouraging her cousins and other family members to visit regularly so she feels valued/feels she can confide in them
- enabling her to practise her faith by taking her to religious services
- promote her independence by enabling her to make her own decisions therefore increasing her self-confidence
- ask for Sarah to be referred to a counsellor so she can talk about her hopes and worries so improving her self-confidence

Intellectual needs: stimulation, learning; knowledge about her condition

- encouraging her to watch the news or documentaries or programmes that she enjoys so they can talk to her about them later
- asking for a referral to a befriending service to encourage activities to keep her mind active, e.g. crosswords, taking her to bingo, encouraging hobbies such as crafts
- taking her to a day centre to encourage intellectual development, e.g. to take part in hobbies, quizzes,
- encouraging her to go to college to achieve a qualification, e.g. ICT, cookery
- helping her to apply for a job or placement

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- talk to Sarah about her condition, so she has an understanding of her situation, as well as discussing plans for the future

All other valid points will be given credit

[1] for use of key phrase(s), [2] for discussion, [3] for fuller discussion
(3 × [3]) [9]

- (d) Discuss how the social worker could maintain the following standards when working with Sarah. (AO1, AO2, AO3)

‘As a social care worker, you must respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people.’

Answers may include:

- recognising that Sarah has the right to take risks and helping her to identify and manage potential and actual risks to herself and others;
- following risk assessment policies and procedures to assess whether Sarah’s behaviour presents a risk of harm to herself or others;
- taking necessary steps to minimise the risk of Sarah doing actual or potential harm to herself or other people;
- ensuring that relevant colleagues and agencies are informed about the outcomes and implications of risk assessments.

(1 × [3]) [3]

‘Must strive to establish & maintain the trust & confidence of service users & carers’

Answers may include:

- being honest and trustworthy with Sarah and her family so they know the social worker is working in their best interests;
- communicating in an appropriate, open, accurate and straightforward way, e.g. using language that is not jargonised and which Sarah can understand
- respecting confidential information and clearly explaining agency policies about confidentiality to Sarah and her parents;
- being reliable and dependable, e.g. making sure she attends appointments at the agreed time or carries out any actions she has agreed to do
- honouring work commitments, agreements and arrangements and, when it is not possible to do so, explaining why to Sarah and her family;
- declaring issues that might create conflicts of interest and making sure that they do not influence her judgement or practice;
- adhering to policies and procedures about accepting gifts and money from Sarah and her family

All other valid points will be given credit

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

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- 2 (a) Consider how the six stages of the 'care planning cycle' are used to enable service users needs to be met. (AO1, AO2, AO3, AO4)

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Answers may include the following:

Assessment

- Holistic as information gathered from a range of relevant professionals
- Service user's view point is taken into consideration so 'person centred'
- Family are consulted so their needs can be considered so helping service user to know they can access supports if required
- Assessment is balanced so strengths of service user also recorded to enable service users to feel the assessment is a positive process
- Assessment should be in writing and shared with all necessary parties so service users can show their agreement with it by signing it
- Usually one professional completes the assessment (i.e. Social worker or care manager) which gives the service user one point of contact during the process

Plan

- Following assessment a care plan should be drawn up
- The plan will be tailored to the specific needs of the service user
- The plan should be written in a way that the service user can understand it so feeling part of process
- Plan states the assessment needs and who is going to meet each need and how they will meet it so service user is very clear
- Contact numbers on the plan so the service user can contact the care manager to state for example that a care worker is not doing what is agreed in the plan so the problem can be addressed quickly and effectively
- Care plans are normally signed and this helps service users to show their agreement with the plan
- Most care plans will have overall aims and objectives so their effectiveness can be regularly reviewed by the service user & other relevant parties

Implementation

- The plan is put into action on an agreed date with each professional being fully informed through the care planning process what is expected of them and when and how they have to carry out their responsibilities so the service user feels fully informed and so empowered by the process
- Candidates give examples at this stage to highlight how this stage enables a service users needs to be met
- Each time the care worker completes a visit they will record it in the care plan so implementation is clear to everyone involved so enabling the service user to highlight carers have not called or have not carried out the agreed task

Monitoring

- All professionals involved are responsible for checking that their aspect of the care plan is working effectively so the service user can feel reassured that the plan is being checked regularly
- The care manager will have overall responsibility to ensure that weekly or monthly checks are completed and recorded so that any problems can

be identified quickly and rectified. This helps the service user to have a person to contact through the monitoring process which provides them with reassurance

- The service user and their family will also be involved in the monitoring stage as they know how effectively the plan is working and if it is being implemented as agreed so keeping them involved and feeling valued in the process
- Monitoring may be completed by regular telephone contact or agreed meetings so helping the service user to have their say

Evaluation

- Is carried out by a designated person, normally the care manager and a date for the first review will be agreed when the care plan is drawn up. This enables the service user to have a formal evaluation therefore they can identify any problems and have them formally addressed
- Professionals and service users and their families examine the aims and objectives of the care plan and check if they are being achieved, so involving the service user
- Candidates may give examples of the evaluation process and how it enables service users needs to be met
- It will also analyse any new or ongoing risks and changes in the service users' condition and recommend any necessary changes so the service user is kept fully informed
- Involves the service users' family so everyone is kept fully informed, creating open channels of communication, helping everyone to air any concerns so changes can be made
- The evaluation involves the multidisciplinary team to check the plan is working effectively and continue to provide the same level of services or they may agree that adjustments need to be made, whereby the modification stage will take place so the service user's identified needs are being met successfully
- The care plan is therefore refreshed or changed to make sure it is doing the job of managing the need
- Plan may be evaluated on a 6 monthly basis, after the initial one so helping the service user to know they will not be forgotten and their plan adjusted as required as it is ongoing

Modification

- If problems identified in the evaluation process changes will be made and a new care plan drawn up. This stage helps to make sure the care planning process is on-going and cyclical. The care provision may either be increased or decreased depending on the needs, abilities and wishes of the service user and their carers. This enables service users to contribute to any suggested changes
- Candidates may give examples of changes and how they enable service users needs to be met
- Any modifications are written up so that all professionals, carers, the service user and the family are clear and agree with the adaptations made to keeping service users informed

All other valid points will be given credit

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Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of how the ‘care planning cycle’ enables service users to have their needs met
- little or no evidence of 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 ([5]–[8])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how the ‘care planning cycle’ enables service users to have their needs met
- adequate discussion of the six stages of the care planning cycle or competent discussion of four to achieve 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 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays a very good knowledge and understanding of how the ‘care planning cycle’ enables service users to have their needs met
- competent discussion – must discuss in detail all six stages of the care planning cycle to achieve at the top of 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]

- (b)** Explain two reasons why it is important that health and social care staff adhere to the care value of ‘respect individuals’ identity and beliefs’.
(AO1, AO2, AO3)

Answers may include some of the following points:

- service users feel valued – that their culture or religion is valued
- service users are empowered, e.g. feel that they can make requests based on beliefs, such as having a religious leader visit
- service users can develop a sense of belonging – feel that they are accepted in the setting
- prevents discrimination against service users, e.g. they are offered dietary choices that fit with their beliefs
- enables staff to adhere to policies and procedures, e.g. staff training

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- policy
- helps staff to work within the law, e.g. equality legislation
- enables staff to adhere to their code of conduct

All other valid points will be given credit

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

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

(2 × [2])

[4]

- (c) Write down three other care values that health and social care staff adhere to in their daily work (AO1)

[1] each for any three of the following:

- maintain confidential information
- promote effective communication
- promotes anti-discriminatory practice
- promotes service users rights and choices

(3 × [1])

[3]

- (d) Analyse four difficulties informal carers may face when caring for a loved one at home. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

- carers have very little or no time off from caring, feeling trapped and stressed
- carers can become exhausted – often it is a 24 hour job – this can affect the quality of care they are able to provide
- carers may feel isolated, often having no one to talk to except the person they are caring for, often losing contact with friends
- little satisfaction with the help they receive from their family and others as they often feel they have been left to do it on their own and so unappreciated, causing resentment
- unhappy with service provision as they may only have formal carers for 15 minutes in the morning and evening and find it difficult to access respite care or other support
- frustration with lack of recognition of their role and contribution, feel taken for granted
- find it difficult to know what help is available to them and how to access help
- may have given up their job or gone part time and now have financial problems which causes them great worry as government provided very little financial support
- carers generally are untrained and so can sometimes cause harm inadvertently, e.g. manual handling, which can be distressing both for the informal carer as well as the person they are caring for, may feel guilty
- carers often suffer in their own relationships and family life due to the responsibilities involved in caring, e.g. stress of caring causes family disputes – resentment can affect the caring relationship and quality of care
- carers can suffer physically – they can become ill themselves – making the person they are caring for feel guilty and affecting care delivery
- carers can suffer depression due to the pressure they are under

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- as carers can be stressed there is a greater potential for abuse
- carers may feel guilty that they are neglecting other family members, e.g. their children
- if carer is a young person could negatively affect their education, e.g. poor attendance, achievement.

All other valid points will be given credit

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited understanding of the difficulties informal carers may face when caring for a loved one at home
- limited, if any, analysis of the difficulties informal carers may face
- 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 difficulties informal carers may face when caring for a loved one at home
- evidence of an understanding of at least two difficulties informal carers may face to achieve at this level
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays very good knowledge and understanding of the difficulties informal carers may face when caring for a loved one at home
- evidence of four difficulties informal carers may face 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.

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

[12]

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- 3 (a) Name a voluntary organisation that provides support to individuals who are vulnerable. (AO1)

Examples are:

- Samaritans
- The Northern Ireland Hospice
- Marie Curie
- PIPS
- Mencap
- Depression Alliance
- Action Mental Health
- Praxis
- Cancer Focus NI
- Aware-Defeat Depression
- Northern Ireland Association for Mental Health

Candidates may use examples other than those above – these will be accepted as long as they are relevant.

(1 × [1]) [1]

- (b) Explain three ways a voluntary organisation may be funded. (AO1, AO2)

Answers may address any three of the following points:

- fundraising – sponsored walks, events such as coffee mornings, street collections
- commercial sponsorship
- contracts with government agencies
- government grants
- donations made by individuals or companies
- bequests / wills
- lottery funding
- partly paid for by service users or their families
- charity shops

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

(3 × [2]) [6]

- (c) Discuss how a confidentiality policy in a voluntary organisation helps to maintain high standards of care. (AO1, AO2, AO3)

Answers may address some of the following

- helps to ensure that information is not shared with unnecessary people
- protects service users' confidential information so they are more likely to talk openly to staff
- as it encourages disclosure it means that service users are more likely to access the treatment that best meets their needs
- it promotes trust and confidence between staff and service users so service users are more likely to keep attending for support and help, so improving their longer term prognosis
- promotes mutual respect as information is only shared with the service users' consent and knowledge, unless serious risk to self or others
- helps service users to feel safe as they know staff will be disciplined and perhaps even sacked if they breach the confidentiality policy
- ensures that staff are adhering to their legislative responsibilities i.e. Data Protection Act

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- promotes service users' rights in terms of access to written or computerised files

All other valid points will be given credit

Level 1 ([1]–[2])

Overall impression: limited understanding

- displays limited knowledge of how a confidentiality policy in a voluntary organisation helps to maintain high standards of care
- little or no evidence of discussion.

Level 2 ([3]–[4])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how a confidentiality policy in a voluntary organisation helps to maintain high standards of care
- some evidence of discussion.

Level 3 ([5]–[6])

Overall impression: competent knowledge and understanding

- displays a very good knowledge of how a confidentiality policy in a voluntary organisation helps to maintain high standards of care
- good evidence of discussion.

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

[6]

- (d) Discuss three ways a voluntary organisation may provide support to vulnerable individuals. (AO1, AO2, AO3)

Answers may address any three of the following points:

- provide drop in services so individuals can call if they need to talk to someone about their feelings and someone will listen to their worries when they feel most in need
- provide counselling sessions
- provide lunch clubs so people can meet others in similar positions, so reducing their isolation
- provide befriending services where someone will call with individuals each week to take them out or spend time with them
- provide support groups so they do not feel alone
- provide advocacy services for individuals
- provides respite care for some service users who require this type of service
- provide specialist equipment, e.g. special telephone for adults with hearing/visual impairments
- provide information such as how to cope, e.g. with bereavement – often through good web sites so individuals feel supported
- provide 24 hour help lines or mobile support services so that people in rural areas can access support, so easy access to support new treatments for older people who are suffering from depression
- provide a range of complimentary therapies
- provide day centres where people can go to meet other people and feel they are provided with a range of activities that develop their confidence
- provide specialist staff who can help those with more complex needs
- may organise health checks, and people may attend these more readily, rather than go to their GP
- provide meals on wheels
- practical help, e.g. by providing food/food vouchers, clothing, furniture,

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fuel etc.

- accompany/provide transportation for an individual to appointments
- provides supported/other accommodation

All other valid points will be given credit

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

(3 × [3])

[9]

- (e) Explain three ways the psychiatrist might offer support to Jeffrey.
(AO1, AO2)

Answers address any three of the following points:

- provides medical assessment
- develops a care plan which they are responsible for monitoring
- prescribes medication/medical treatment
- provides therapies and counselling support
- writes reports/update records on patient's condition
- works as part of a multi-disciplinary team to provide a holistic assessment and care plan
- refers to other health professionals or organisations, e.g. community mental health nurse
- provides specialist and up to date care for Jeffrey based on own and others' research
- can be involved in detaining service users under mental health legislation, if Jeffrey's condition deteriorates and he meets the conditions of the Order
- provides information about mental health issues to Jeffrey and his family
- enables Jeffrey to return to community through Guardianship process.

[1] for key phrase/s, [2] for full explanation

(3 × [2])

[6]

- (f) Explain two advantages for Jeffrey of paying for a private appointment with a psychiatrist.(AO1, AO2)

Answers may address two of the following points:

- may receive an appointment quickly and so does not have to wait for months to be seen, as his condition may deteriorate if he is on a long waiting list
- is more likely to see a consultant, rather than a junior doctor as might be the case in the health service and so his family may feel he will receive better care
- he and his family can choose which psychiatrist to see, rather than having no choice as in the health care service, so the family may be able to access a consultant who comes highly recommended and so feel more confidence in his care
- he and his family may feel empowered as they feel they are part of the decision making process and can take an active part in treatment plans
- he and his family may feel their privacy is more protected as they may see the doctor in a private hospital or consulting unit, rather than the local psychiatric unit
- greater flexibility with appointments, e.g. Saturdays and evenings may be available
- enabling Jeffrey to see the same psychiatrist at each visit providing

continuity of care

All other valid points will be given credit

[1] for key phrase/s [2] for full explanation:

(2 × [2])

[4]

- (g) Discuss three responsibilities the trusts have under this Order.
(AO1, AO2, AO3, AO4)

Answers may address any three of the following points:

- provide an integrated service designed to promote both the health and social care of their population (i.e. good physical and mental health), e.g. access to GP, nursing, social work services, hospital and day care services
- make arrangements for prevention of illness and care and after care of ill persons, e.g. Well Women's clinics, health visitors, screening facilities, community-based facilities, GP services
- provide advice, guidance and assistance to those requiring health or social care and adequate arrangements for discharge of duty of care, e.g. provide assessments and care plans both in hospital and for those in the community and making sure the relevant services are provided, e.g. home care visits
- provide equipment and materials, e.g. aids and appliances
- provide accommodation and medical services, e.g. psychiatric hospitals, medical and nursing services
- provide information relating to the promotion and maintenance of health and the prevention of ill health, e.g. from the Public Health Agency
- recovering such charges as DHSS considers appropriate regarding assistance, help or facilities, e.g. charging for services
- make arrangements or provide facilities for enabling people in need of suitable work, e.g. training schemes or centres for adults with learning disabilities
- make arrangements for care, including in particular the medical and dental care of expectant and nursing mothers
- give assistance to a person in need, usually in kind or, in emergencies, in cash, e.g. a social worker supporting a family who have no money for food or fuel
- provide transportation for those suffering from severe physical defect or disability to and from hospital for treatments such as kidney dialysis
- allow access to enable inspections of premises and records and carrying out improvements required.

All other valid points will be given credit

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited understanding of the responsibilities the trusts have in providing for the health and well being of their service users under this Order, may only discuss one responsibility
- limited, if any, discussion
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of

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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 responsibilities the trusts have in providing for the health and well being of their service users under this Order
- discussion of at least two responsibilities 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 very good knowledge and understanding of the responsibilities the trusts have in providing for the health and well being of their service users under this Order
- discussion of at least three responsibilities 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.

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

[9]

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Total

100

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