



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2015**

Health and Social Care

Assessment Unit AS 5

assessing

Unit 5: Adult Service Users

[A3H51]

WEDNESDAY 20 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) Define the following terms. (AO1, AO2)

AVAILABLE
MARKS

Vulnerable Adult

Answers may address some of the following points:

- an adult who is, or may be, in need of community care services or a resident in a continuing care facility by reason of mental or other disability, age or illness
- an adult who is, or may be, unable to take care of themselves or unable to protect themselves against significant harm or exploitation
- 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
- adults with particular need for protection as a result of disadvantage related to language, cultural or communication barriers
- a person with a physical or mental need which affects their 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, physical impairment, some elderly service users
- people with a common culture which contrasts with that of the majority of the population, e.g. Polish people living in Northern Ireland.

All other valid points will be given credit

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

(1 × [2])

[2]

Empowerment

Answers may address some of the following points:

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

All other valid points will be given credit

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

(1 × [2])

[2]

- (b) Explain three ways a district nurse supports patients such as John during home visits. (AO1, AO2)

AVAILABLE
MARKS

Answers may address any three of the following:

- assessing the care needs of patients such as John and their families and monitoring the care they receive through their care plan
- giving medical care such as cleaning and dressing wounds or giving medication and pain control; Wound management such as pressure sore prevention and leg ulcer management and prevention for patients such as John
- helping patients such as John to learn to care for themselves, e.g. manage their medication
- supporting patients' families or carers and teaching them care techniques
- making referrals to other medical professionals
- working as part of a multidisciplinary team to monitor the patient's health and share any changes in his condition with relevant others
- talking to the patients such as John – inform them about their condition and proposed treatment, empowering them to be involved in decisions about their care
- advising patients such as John and their families about healthy lifestyles
- liaising with other health workers, social workers, housing officers, voluntary agencies and other services to make sure patients have the support they need
- clinical observations of patients such as John – blood pressure, blood sugar, oxygen level in blood, urine testing, blood tests, assessment of circulation in lower limbs
- urinary catheter management
- bowel care management
- supporting patients such as John emotionally – counselling skills
- advocating on behalf of a patient with a range of agencies or professionals
- keeping records updated and write reports for continuity of care
- provide patients with information on the complaints policy, so they feel able to report poor performance
- carrying out risk assessments, e.g. on moving and handling of patients by domiciliary carers.

All other valid responses will be given credit

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

(3 × [2])

[6]

- (c) Explain three ways the statutory sector may be funded. (AO1, AO2)

Answers may address three of the following points:

- taxpayers / distributed by DHSSPSNI
- National Insurance Contributions
- payment by service users, e.g. for meals
- direct payments from benefits, e.g. for domiciliary care
- additional contributions from the public or community, e.g. fundraising and donations

All other valid responses will be given credit

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

(3 × [2])

[6]

- (d) Analyse three advantages of service users such as John remaining at home, rather than moving into a care home. (AO1, AO2, AO3, AO4)

AVAILABLE
MARKS

Answers may address three of the following points:

- 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 the home where they have spent their lives and so feel happy, content and in control
- they can make food choices, this encourages them to eat well and keep healthy
- they may attend a day centre or other community activities to help them keep mobile and active
- they 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
- they can decide which programmes to watch on television or listen to on 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

- Displays limited knowledge and understanding of the advantages of an individual being cared for in their own home
- May only list advantages 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 lost.

Level 2 ([4]–[6])

Overall impression: adequate

- Displays adequate knowledge and understanding of the advantages of an individual being cared for in their own home
- Adequate discussion of three or competent discussion of at least two advantages to reach 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

- Displays competent knowledge and understanding of three advantages of an individual being cared for in their own home
- A competent discussion of all three advantages at the top of 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. [9]

**AVAILABLE
MARKS**

27

- 2 (a) Discuss how a whistleblowing policy can help maintain high standards of care in a nursing home. (AO1, AO2, AO3, AO4)

AVAILABLE
MARKS

Answers may address some of the following points:

- poor care, whether physical, emotional or mental, is more likely to be reported by staff as they have been trained in their responsibilities under the policy so service users are better protected
- as staff can be disciplined under the policy it is more likely to encourage them to practise according to CVB
- staff feel empowered to report poor practice therefore improving quality of care offered, so reducing the risk of poor practice
- clear and simple procedures in place so staff recognise the importance of their responsibility to protect service users, therefore more likely to report, stopping poor care practices
- managers aware of their responsibility to regularly update staff training in whistle-blowing and making sure staff comply, so more likely to identify and eradicate poor practice
- recognises role of regulatory/outside bodies can and do play in deterring and detecting serious malpractice so highlighting consequences if poor practice not acted upon
- provides protection for workers who raise concerns internally, so making staff more willing to use policy to report poor standards
- ensures workers are aware that silence is not an option, so encouraging the highlighting of poor practice

All other valid points will be given credit

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

Level 1 ([1]–[2])

Overall impression: basic

- displays limited knowledge of how a whistle-blowing policy can help maintain high standards of care
- basic discussion

Level 2 ([3]–[4])

Overall impression: adequate

- displays adequate knowledge of how a whistle-blowing policy can help maintain high standards of care
- adequate discussion

Level 3 ([5]–[6])

Overall impression: competent

- displays a very good knowledge of how a whistle-blowing policy can help maintain high standards of care
- competent discussion

[6]

- (b) Discuss how staff in a nursing home could apply the following principles in their day to day caring role. (AO1, AO2, AO3)

Promote anti-discriminatory practice

Answers may address some of the following:

- avoiding discriminating against residents, e.g. never treating some residents in the home less well than others on grounds of age, gender, disability, religion
- identifying and eliminating any type of discriminatory practice by reporting it to management, e.g. physical abuse, verbal abuse, neglect, exclusion, avoidance, devaluing
- ensuring residents and their families know how to report any discriminatory behaviour;
- explaining the complaints policies to all residents and their families when they come into the home and displaying a user friendly copy on a prominent notice board
- adhering to policies on anti-discriminatory practice, e.g. vulnerable adults policy
- attending training on anti-discriminatory practice and putting learning into practice
- learning about the needs of residents from different cultures who may be living in the home
- enabling service users to take part in any cultural or religious events
- attending meetings between staff and residents to discuss any concerns regarding discrimination so poor practice can be quickly identified and eradicated
- senior staff supervising new staff to help them develop anti-discriminatory practice
- making residents aware of their right to equal and fair treatment
- acting as key workers who spend time with residents, developing a relationship that will enable the resident to discuss any concerns they have about either themselves or others being discriminated against
- providing residents with information in a way that meets their needs, e.g. different languages, different fonts, in braille, etc.
- using advocacy services to enable an individual's rights to be addressed, e.g. for residents with disabilities or inviting a representative from Age NI to visit the home regularly
- encouraging residents to report discrimination, e.g. providing suggestion boxes, so challenging any discriminatory practice.

(1 × [3])

[3]

AVAILABLE
MARKS

Promote effective communication

Answers may address some of the following:

- using appropriate methods of communication so residents are involved and can develop their interests and abilities, e.g. makaton, speaking clearly and slowly
- using listening skills to hear what the residents want and how they may be involved in more community activities such as shopping, going to church, bowling, etc.
- encouraging residents to interact with other residents so they can make friends and develop confidence
- meeting with the residents' families so they can build up a comprehensive picture of the residents' talents and needs in order to help their personal development
- providing residents with relevant information, in a format or language they understand, and encouraging them to be involved in decision-making
- making use of communication aids to involve the residents in their personal development and improving the quality of their lives
- using verbal and non-verbal skills to show empathy
- minimising barriers that get in the way of good communication in the home such as too much noise, taking residents to a quiet room when speaking to them individually; trying to make sure there are no interruptions when they are speaking with the resident
- conveying warmth and a non-judgemental attitude when working with residents as this shows interest and encourages the resident to share their hopes and concerns, e.g. through body language, eye contact, gestures
- keeping records and inform other staff of residents' needs
- making use of or referring to services which can help to meet communication needs, e.g. speech and language therapy, advocacy services, interpreters, translators.

All other valid points will be given credit

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

[3] for full discussion

(1 × [3])

[3]

(c) Write down the other three principles of the care value base. (AO1)

- Maintain confidential information
- Promote service users' rights and choices
- Respect individuals' identity and beliefs

(3 × [1])

[3]

AVAILABLE
MARKS

- (d) Discuss two advantages and two disadvantages of private sector provision for older service users. (AO1, AO2, AO3, AO4)

AVAILABLE
MARKS

Answers may address some of the following:

Advantages

- they may receive treatment more quickly as they do not have to wait for statutory services
- professionals may be more specialised leading to better diagnosis and treatment, e.g. dementia or arthritis
- may be better quality of care as there may be competition, e.g. in private care homes
- service users may feel they have more choice within the private sector and they can choose what services they wish to have, e.g. home care workers, nurses or care homes
- service users and their families may feel empowered as they feel they are part of the decision making process as they are paying for the service themselves
- can choose when to see professionals, and usually do not have to wait for a GP referral
- greater flexibility, e.g. making appointments at times that suit them, e.g. later in the morning or early afternoon is often better for older people
- service users may have greater privacy, e.g. own room, where they can take their family when they visit and not be disturbed

Disadvantages

- it may be too expensive for service users who do not have the money or savings so they may feel upset as they feel they are 'second class' citizens
- service users may have to leave a care home they have lived in a long time if the owner decides it is no longer profitable and decide to close down- this can be very upsetting for older people
- the service may not be reliable as there may be a high turnover in staff, e.g. home care workers,
- service users may feel vulnerable as they depend on private providers to be honest and trustworthy, however they may sell them equipment they may not need so older people may be open to exploitation
- the quality of care may not be as good as the owners of services/facilities are trying to make as much profit as possible, so older people may come to feel they are a burden
- availability may be an issue, e.g. for some service users who live in rural areas/access problems
- older service users may feel angry that they are having to pay for a service privately when they feel they have paid for their entitlement to free health care through their taxes

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

- displays limited knowledge and understanding of the advantages and disadvantages of private care provision for older service users
- may only list advantages and/or disadvantages
- 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

- displays adequate knowledge and understanding of the advantages and disadvantages of private care provision for older service users
- at least three points must be discussed 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

- displays competent knowledge and understanding of the advantages and the disadvantages of private care provision for older service users
- a competent discussion of two advantages and two disadvantages at the top of this band
- to achieve at this level, there should be clear application to older service users
- 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]

- (e) Describe three examples of advocacy for vulnerable service users.
(AO1, AO2, AO3)

Examples may include any three of the following:

- an advocate will talk to the health and social care professionals, such as a GP either on the service users' behalf or with them to enable them to make their case about their needs and how they can be met
- an advocate may help service users to talk to their family and friends about their needs and wants, developing understanding within families
- an advocate may help service users to express their own opinions about their care in a situation where a disability may mean the service user may not be understood
- a legal advocate may represent a service user in disputes, e.g. in court
- an advocate may work to address benefit entitlement, or other forms of financial advocacy
- an advocate may check or oversee the implementation of decisions agreed, e.g. that the care plan is being adhered to
- an advocate will give service users advice on their rights, e.g. to see a specialist
- an advocate may represent a service user at a multidisciplinary team meeting
- advocacy services lobby politicians to get individuals the services they

AVAILABLE
MARKS

- are entitled to
- an advocate may enable service users to use self advocacy skills so they can have their needs met, e.g. asking for a second opinion
 - an advocate may enable a service user to access educational opportunities, e.g. attending college
 - an advocate may represent service users from different cultures or religious backgrounds to access their rights, e.g. right to practise their religion in a care setting

All other valid points will be given credit

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

(3 × [2])

[6]

AVAILABLE
MARKS

33

- 3 (a)** Analyse Paul's physical, emotional and communication needs and how they may be met. (AO1, AO2, AO3, AO4)

Answers may include:

Physical: medication; nutrition; shelter; warmth; exercise; personal hygiene

- meeting medical needs by nurse or GP monitoring Paul's health and providing him with medication; his family will also make sure Paul gets his medication and monitor any side effects
- meeting nutrition needs by provision of regular meals by his family, especially food he enjoys so he stays healthy
- meeting his shelter needs by his family continuing to look after him in the family home or organising for him to go into sheltered or residential accommodation or hospital if necessary
- meeting his warmth needs by attaining fuel allowances in winter to help with heating and his family making sure the home is warm enough;
- meeting mobility/exercise needs by his family taking him out for walks, to the swimming pool or to the park; or by taking Paul to the day centre so he can become active with his friends
- meeting hygiene needs by his family helping him to wash and clean his teeth

Emotional: self-esteem needs, need to feel loved, valued and respected, needs to express emotions appropriately

- family taking extra time with him to let him know he is valued, sitting in his bedroom with him while he relaxes with sensory stimulation so he does not feel alone; telling him how much they love him
- talking to him, building his self-esteem and enabling him to feel positive about himself, e.g. staff in a day centre
- care workers, professionals or family teaching him to express his emotions
- he may be provided with therapy sessions such as CBT

Communication: talking to people, having others listen, be supported to interact with others

- care workers/professionals spending time with him, e.g. at the day centre to try to understand his concerns and needs
- advocacy services being provided, through organisations such as Autism NI
- family learning to use makaton or using picture cards to improve communication
- care workers and professionals using straightforward language to talk

- about his condition and options
 - professionals, care workers or family members encouraging him to take part in more activities in the community, e.g. recreational activities, craft, drama, art or support groups so he can talk to others and develop his communication skills
- All other valid points will be given credit

Level 1 ([1]–[4])

Overall impression: basic

- displays limited understanding of Paul's PEC needs and how they may be met
- answers which focus on one type of need cannot achieve beyond this level
- little or no evidence of analytical writing
- 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

- displays adequate knowledge and understanding of Paul's PEC needs and how they may be met
- answers which focus on two types of need cannot achieve beyond 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

- displays a competent knowledge and understanding of Paul's PEC needs and how they may be met
- at the top of this level there must be a competent analysis of all three types of needs **and** how they may be met
- answers at this level must demonstrate understanding of the particular needs of adults with learning disabilities
- 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 response not worthy of credit

[12]

AVAILABLE
MARKS

- (b) Outline two ways this legislation may help Mr and Mrs Kerr to continue to provide support for their son. (AO1, AO2, AO3)

Answers may address two of the following:

- it makes clear their legal right to an assessment and they can challenge the Trust if they are not provided with an assessment so helping the family to get support to care for Paul
- it allows a plan of services and supports to be developed in accordance with the family's wishes to enable them to care for Paul
- they can request services such as respite breaks and other forms of support so they can continue to care, e.g. a sitter to stay with their son while they go for a meal together or to meet friends, which gives them a much needed break
- direct payments allows a financial package to be allocated to Paul's parents as his carers to enable them to have time to themselves, e.g. a break thus supporting them to continue with their caring role
- allows flexibility in terms of who they employ to help provide care, e.g. hours of employment and duties

All other valid points will be given credit

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

(2 × [2])

[4]

- (c) Discuss two difficulties often experienced by informal carers who provide care and support to their loved one. (AO1, AO2, AO3)

Answers may address two of the following:

- may have to give up their job or education due to time commitment of caring
- financial pressures, do not get paid/benefits are very limited/causing resentment/affecting quality of care
- isolation/no appreciation of stress they are under
- may find it difficult to get any support so may feel trapped
- can become exhausted – often it is a 24 hour job; may not get enough sleep
- may receive little or no training, e.g. in moving and handling or in terms of awareness of services which may cause them great anxiety
- their own relationships and family life may start to break down due to the responsibilities involved in caring
- their own physical health may deteriorate – they can become ill themselves or harm themselves carrying out physical tasks
- suffer from guilt as they feel they cannot do more, yet feel their loved one is not getting the quality of care or time they need
- their mental health may be affected due to the pressures, e.g. depression
- where the informal carer is a child, he or she may miss out on education and social life and may mature more quickly
- may find it difficult to deliver personal care, but feel they have no choice
- may feel resentful and abuse the person in some way, e.g. verbally
- find it difficult to get time for themselves, e.g. to go on holiday.

All other valid points will be given credit

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

(2 × [3])

[6]

AVAILABLE
MARKS

- (d) Identify three other services provided by the voluntary sector and explain how each service supports either Paul or his parents. (AO1, AO2, AO3)

AVAILABLE MARKS

Answers may address some of the following:

Services

- day centres
- sport/games meeting, e.g. Special Olympics
- support groups
- supported living homes/developments/sheltered housing
- respite
- telephone help lines
- information via the internet for Paul's family
- transport
- aids & equipment
- counselling services
- holistic therapies
- advocacy services
- social outings/events
- specialist care, e.g. physiotherapists
- nursing and home care
- youth clubs
- supported employment

(1 × [3])

[3]

How the service supports Paul or his parents

- attending a day centre will enable Paul to meet and interact with new people, or meet up with friends he had at school or to take up new hobbies, having his PIES met and his well-being monitored and give his family a break
- taking part in sport will help to improve Paul's mobility and fitness and increase his self-esteem
- attending a support group will enable Paul to meet others who are suffering from the same or a similar disability while also helping his parents to reduce their isolation and so gain emotional, and often practical support
- sheltered housing may enable Paul to live independently if he no longer wishes to live with his family or help his family to prepare Paul for when they can no longer care for him
- respite services gives both Paul and his family a holiday, either separately or together so reducing pressure and stress
- telephone helplines can give his parents valuable information and someone to talk to for emotional support
- up-to-date information on the internet that Paul's family can access about disability, services, latest research
- volunteer drivers can take Paul to appointments if his parents are unable to go
- aids and equipment may help Paul remain independent or to help the family cope, e.g. sensory aids for his bedroom so he can feel relaxed
- counselling services can help his parents if they are feeling stressed or upset, they can talk to others who know what it is like to be in their position, either through experience or training
- holistic therapies may help to reduce stress for both Paul and his family, e.g. aromatherapy, yoga etc
- advocacy services can support Paul so he can communicate his wishes

- regarding how he wants to spend his day or where he wants to live or for the family when they talk to professionals
- arranging social gatherings and events may help Paul and his family meet others in a similar position or just give them an event where Paul will be cared for while the family can enjoy the entertainment
 - services such as physiotherapy can help to keep Paul's joints and muscles flexible
 - nursing and home care can help Paul if he becomes ill and helps his parents to care for him in this situation
 - youth club could meet Paul's social needs and give his parents a break
 - supported employment may enable Paul to access part/full time work, so helping to build his self-esteem.
- All other valid points will be given credit
[1] for key phrase (s), [2] for adequate discussion, [3] for full discussion
(3 × [3]) [9]

- (e) Discuss how the following two stages in the care planning cycle may be used to improve the care offered to Paul and his family. (AO1, AO2, AO3)

Assessment

- assessment may enable Paul to demonstrate eligibility for services and therefore get access to the help he needs to improve his care
 - involving Paul and his family in the assessment process means a comprehensive assessment will be carried out, so his needs will be met more fully
 - involving a range of professionals means a holistic assessment of his physical, social, emotional, psychological and communication needs can be identified and met
 - an assessment enables an agreed care plan to be devised that can help to improve the care and support offered to both Paul and his family
- [1] for key phrase(s) [2] for adequate discussion [3] for full discussion
(1 × [3]) [3]

Modifying

- if the original plan is failing to meet Paul's needs it can be changed to provide any additional services required
 - enables an increased package of care if it is noticed that his physical and mental health are deteriorating, so that his needs are not being met by the original plan
- All other valid points will be given credit
(1 × [3]) [3]

Total

AVAILABLE
MARKS

40

100