



**ADVANCED SUBSIDIARY (AS)  
General Certificate of Education  
2017**

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**Health and Social Care**

**Assessment Unit AS 5**

*assessing*

**Unit 5: Adult Service Users**

**[A3H51]**

**WEDNESDAY 17 MAY, MORNING**

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**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.

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Vulnerable adult (AO1, AO2)

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 ability to carry out daily living activities

All other valid points will be given credit

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

(1 × [2])

[2]

Disability (AO1, AO2)

Answers may address some of the following points:

- 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

All other valid points will be given credit

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

(1 × [2])

[2]

## (b) Identify three practitioners who could be involved in providing Saanvi with support and discuss one different way each of them may support her. (AO1, AO2, AO3)

Practitioners

Answers may include three of the following practitioners:

Psychiatrist, community psychiatric nurse (CPN), social worker, General Practitioner, occupational therapist (OT), advocate

All other valid responses will be given credit

(3 × [1])

[3]

One way the practitioner may support Saanvi

Answers must relate to the role of the practitioner in supporting Saanvi:

Psychiatrist:

Answers address one of the following points:

- provides mental health assessment of Saanvi to make a diagnosis of her condition
- develops care plan which suits her individual needs and monitors implementation of plan
- prescribes medication/medical treatment
- provides therapies and counselling support

- writes reports/update records on Saanvi's condition
- works as part of a multi-disciplinary team so they can provide a holistic assessment and care plan
- refer Saanvi to other health professionals or organisations, e.g. community mental health nurse
- can be involved in detaining Saanvi under mental health legislation, if her condition deteriorates and she meets the criteria of the Order
- provides information about mental health issues to Saanvi, her partner and family (if relevant)
- enables Saanvi to return to live in the community under guardianship arrangements if appropriate

All other valid points will be given credit

[1] basic discussion [2] adequate discussion, [3] competent discussion  
(1 × [3])

Community psychiatric nurse:

Answers may address one of the following points:

- talks to Saanvi to inform her about her mental health condition and proposed treatment from the mental health team and discuss any fears or concerns she might have
- administers medication as prescribed by the GP or can prescribe if specialist nurse practitioner
- monitors medication and suggests changes; assesses compliance with medication
- liaises with or refers to other health professionals, such as GP or mental health social worker to ensure Saanvi receives best care
- assesses Saanvi's mental health needs in her own home – tries to enable her to remain at home
- implements and monitors a care plan relevant to her diagnosis
- supports Saanvi emotionally – counselling skills, e.g. CBT
- advocates on behalf of Saanvi, e.g. with other agencies such as the housing executive
- empowers Saanvi to talk to other health care professionals about her fears and concerns
- keeps updated records and writes reports, making sure all records are regularly updated and shared with appropriate professionals, to support Saanvi's care
- attends regular community mental health team meetings to share with the multidisciplinary team, the progress or deterioration in Saanvi's mental health
- contributes to case conferencing where Saanvi's needs can be discussed with the community team, and Saanvi and her family
- informs Saanvi of a range of services available to support her, e.g. day centres, employment schemes or opportunities to meet others
- carries out planned activities that Saanvi can attend, e.g. support groups such as anxiety management
- supports Saanvi's family

All other valid points will be given credit

[1] basic discussion [2] adequate discussion, [3] competent discussion  
(1 × [3])

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Social worker:

Answers may address one of the following points:

- identifies and assesses Saanvi's needs, e.g. her social needs if she is isolated
- problem solves, e.g. supports Saanvi finding a job or structure to her day
- advocates on behalf of Saanvi, especially with her family
- talk to Saanvi to help her to manage her life more easily
- draws up a plan of care for Saanvi which she feels meets her needs
- liaises with the multidisciplinary team, e.g. organises meetings
- liaises with relevant agencies, e.g. with voluntary organisation – inter-agency workings
- provides counselling and therapeutic interventions
- manages care plans (also accept any aspect of care planning process)
- writes reports
- accesses financial support for Saanvi
- supports Saanvi in other ways, e.g. provides information
- could be involved in detaining Saanvi under the mental health legislation

All other valid points will be given credit

[1] basic discussion [2] adequate discussion, [3] competent discussion  
(1 × [3])

General practitioner:

Answers may address one of the following points:

- provides advice about her mental health issues and any associated physical problems
- writes prescriptions/repeat prescriptions for medication she may need to support her mental health
- assesses/identifies Saanvi's holistic needs
- can refer Saanvi to specialist services, e.g. psychiatrist or mental health social worker
- liaises with the multidisciplinary team
- provides assessment and treatment for illnesses or side effects of medication
- listens to Saanvi's concerns/counselling role
- liaises with family members as/if required
- writes up medical notes both in her home and in the surgery
- writes reports as required
- provides a call out service to her home
- may be involved in detaining Saanvi under the mental health legislation if she becomes very ill

All other valid points will be given credit

[1] basic discussion [2] adequate discussion, [3] competent discussion  
(1 × [3])

Occupational therapist:

Answers may address one of the following points:

- provides needs assessment of Saanvi, e.g. of her ability to complete independent living tasks such as cooking
- supports and teaches skills needed for maximum independence, e.g. personal hygiene
- liaises with multi-disciplinary team

- designs an individualised programme for Saanvi to promote her independence, e.g. employability
- contributes to the care planning process to support Saanvi to remain at home
- writes reports and monitors her progress

All other valid points will be given credit

[1] basic discussion [2] adequate discussion, [3] competent discussion

Advocate:

Answers may address one of the following points:

- either on behalf or with Saanvi, explains her needs and how they can be met when in discussion with a range of professionals involved in her care
- helps Saanvi to talk to her family and friends about her needs and wants, developing understanding within families
- helps Saanvi to express her own opinions about her wishes or requirements, enabling her to feel in control of her care or that she can have a voice in her treatment
- a legal advocate will represent Saanvi in disputes, e.g. in court or if she felt she was detained illegally
- works to address Saanvi's benefit entitlement, or other forms of financial advocacy
- checks or oversees the implementation of decisions agreed
- gives Saanvi advice on her rights, e.g. to see a specialist
- represents Saanvi at multidisciplinary team meeting
- lobbies politicians to get Saanvi the services she is entitled to
- enables Saanvi to use self advocacy skills so she can have her needs met, e.g. asking for a second opinion
- enables Saanvi to access educational opportunities, e.g. attending college
- represents Saanvi who is from a different culture and religious background to access her rights

All other valid points will be given credit

[1] basic discussion [2] adequate discussion, [3] competent discussion

(3 × [3])

[9]

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

Answers may address any three of the following points:

- fundraising activities, e.g. 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 on the high street

All other valid points will be given credit

[1] basic explanation [2] competent explanation

(3 × [2])

[6]

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- (d) Analyse four other weaknesses of community care for those with mental illness and their families. (AO1, AO2, AO3, AO4)

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Answers may address any four of the following points:

- support services in the community for those with mental illness may be patchwork, e.g. those in rural areas have limited services compared to those in urban areas
- lack of funding for community care, so limited support to service users with mental illness; and often families feel they have no help
- services provided may be unreliable, e.g. they may rely on volunteers who may leave with no notice
- only limited services have been provided by the independent sector (i.e. private and voluntary organisations) leaving many service users with mental illness feeling unsupported and a burden on their families
- families may find that they have not been properly trained by community services to provide for some of the complex needs of their loved ones so could put their loved ones at risk, e.g. may not recognise the side effects of medication
- families may feel so stressed by 24/7 caring that it may affect their own health and so they may only be able to provide limited help, or may give up the caring role
- vulnerable service users with mental illness often face discrimination by the local community and so have felt isolated in their own homes with little support from community services
- isolation and loneliness could be experienced by both individuals and their families due to the stigma and pressure they experience
- may be vulnerable to other forms of abuse, e.g. verbal or financial abuse
- people with mental illnesses may find it difficult to cope in the community if support is weak, particularly if there has been poor risk assessment of the capability of a service user with complex needs

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

- Displays limited knowledge of weaknesses of community care for those with mental illness and/or their families
- May list weakness or discuss only one
- Little or no evidence of analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

### Level 2 ([5]–[8])

Overall impression: adequate

- Displays adequate knowledge of weaknesses of community care for those with mental illness and/or their families
- Answers which address only two weaknesses may not score above six marks
- Adequate analysis of four weaknesses or competent analysis of three can 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 a very good knowledge of weaknesses of community care for those with mental illness and their families
- Competent analysis of four weaknesses to achieve at the top of this level
- Answers at this level must focus on both individuals and their families
- 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]

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- 2 (a) Discuss three advantages of an individual being cared for at home. (AO1, AO2, AO3)

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Answers may address any three of the following points:

- they can have regular contact with family, friends and neighbours which helps them to feel valued and helps to keep their minds active
- a family member may live with them which helps them to feel safe and secure
- they may be able to attend social or community events such as going to bingo, cinema, concerts, helping them to feel involved and cared for
- they may feel empowered as they are in their home where they have spent their lives and so feel happy, content and in control
- family may give them food choices that they like and so encourages them to eat well and so keep healthy
- may be able to keep mobile and active, e.g. they may go to the park, day centre or other community activities to help them keep mobile and active
- they may feel in control of their finances as they get benefits to enable them to buy in care to help support them and their family in living at home
- they feel more comfortable having family take care of their personal tasks and so helps them to feel cared for, and more likely to tell someone if they are not feeling well or are worried
- they may feel they have more choices and a sense of autonomy
- they feel empowered and in control of their lives, e.g. when they can see programmes on television or listen to radio
- 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
- there can be flexibility in the timing of care provision – not just allocated a particular slot

All other valid points will be given credit

[1] basic discussion, [2] adequate discussion, [3] competent discussion

(3 × [3])

[9]

- (b) Outline three ways the voluntary sector may provide support to service users and/or their families. (AO1, AO2, AO3)

Answers may address any three of the following points:

- provides 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
- provides counselling sessions
- provides lunch clubs so people can meet others in similar positions, so reducing their isolation
- provides befriending services where someone will call with each week to take them out or spend time with them
- provides support groups so they do not feel alone
- provides advocacy services
- provides respite care for some service users who require this type of service

- provides practical help such as food parcels, toys and financial help
- provides information such as how to cope with bereavement – often through good web sites so individuals feel supported
- provides 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
- provides a range of complementary therapies
- provides day centres where people can go to meet other people and feel they are provided with a range of activities that develop their confidence
- provides 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

All other valid points will be given credit

[1] basic outline [2] competent outline

(3 × [2])

[6]

- (c) Discuss how a confidentiality policy in a voluntary organisation may help to create trusting relationships. (AO1, AO2, AO3)

Answers may address some of the following points:

- restricts sharing of information with appropriate people and withholding it from others in respect of the wishes of the service user, so they will be consulted before information is shared, so protecting their personal information
- provides for times when information, given in confidence, must be passed on to others on a need to know basis, either to protect the service user or others, so this will be explained to service users, creating openness
- means that staff are not able to talk about service users inappropriately or outside the organisation, so helping service users to feel safe and in control of their care
- specifies internal procedures for ensuring confidentiality, providing reassurance for service users and guidance for staff, e.g. with regard to safe storage of information including computer files and paper records
- the staffs' contract of employment/or voluntary agreement may stipulate that non-adherence to confidentiality policy can be a dismissible offence, enabling service users to feel confident about their working relationship
- service users can complain if they feel that staff have breached their right to confidentiality

[1] basic discussion [2] adequate discussion [3] competent discussion

All other valid points will be given credit

(1 × [3])

[3]

- (d) Discuss how they could apply the following principles in their daily work with vulnerable service users. (AO1, AO2, AO3)

Promote service users' rights and choices

Answers may include some of the following points:

- responding to the individual needs of vulnerable service users, accepting that their needs may be very different from other service users of the same age or with the same disability or difficulties
- encouraging service users to make their own decisions
- discussing any risks associated with their choices, but this does not mean they should be prevented from making their own decisions
- enabling them to be as independent as possible, e.g. in the tasks of daily living

- encouraging service users to develop their own unique selves to enable them to develop their confidence
- sharing needs and decisions only with those who need to know, so maintaining their right to confidentiality
- reporting service users' choices to the care manager

[1] basic discussion [2] adequate discussion [3] competent discussion

All other valid points will be given credit

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

(1 × [3])

[3]

Respect individuals' identity and beliefs

Answers may address some of the following points:

- listening to and acknowledging service users' beliefs and facilitating their right to exercise their beliefs, as far as possible
- listening to their cultural needs and trying to facilitate these as much as possible, e.g. dress, food, modesty
- respecting the service users' views and give them an opportunity to discuss them when necessary
- showing support and care for their beliefs and identity using listening skills, body language and making constructive comments
- encouraging service users to keep up hobbies and interests that are part of their identity, e.g. playing musical instruments
- enabling access to religious practices

[1] basic discussion [2] adequate discussion [3] competent discussion

All other valid points will be given credit

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

(1 × [3])

[3]

- (e) Outline two standards from the Northern Ireland Social Care Council (NISCC) Standards of Conduct and Practice for Social Care Workers. (AO1, AO2, AO3)

Answers should address two of the following points:

- protect the rights and promote the interests and well-being of service users and carers, e.g. by treating service users with respect and respecting diversity and different cultures and values
- strive to establish and maintain the trust and confidence of service users and carers, e.g. being honest and trustworthy, communicating in an appropriate, open, accurate and straightforward way; respecting confidential information, being reliable and dependable
- promote the autonomy of service users while safeguarding them as far as possible from danger or harm, e.g. encourage them to make own decisions about where they live
- respect the rights of service users while seeking to ensure that their behaviour does not harm themselves or other people, e.g. decisions they make re. housing or health
- uphold public trust and confidence in social care services, e.g. not getting involved in illegal activities
- be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills, e.g. keeping clear records or attending training

All other valid examples will be given credit

[1] basic outline [2] competent outline

(2 × [2])

[4]

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- 3 (a) Explain two ways John's family could help to meet each of the following types of needs for John. (AO1, AO2, AO3)

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#### Physical

Answers may address any two of the following points:

Physical: medication; nutrition, shelter; warmth, exercise

- meeting his medical needs by family members monitoring his health and giving him prescribed medication at the required times and in the required dosage; also taking him to medical appointment
- meeting his nutritional needs by family members providing him with meals he enjoys and that are healthy and suitable for this level of physical activity; and making sure he can eat the food given to him
- meeting his need for shelter by supporting him to remain at home rather than having to go into hospital or care home
- meeting his need for warmth by making sure the house is kept warm, that they have fuel and checking if he needs blankets for extra warmth both at night and during the day
- making sure he has suitable clothing to keep him warm
- meeting his mobility needs by his family taking him out or encouraging him to stay mobile; asking professionals such as OTs or physiotherapists for mobility aids

All other valid points will be given credit

(2 × [2])

[4]

#### Intellectual

Answers may address two of the following points:

Intellectual: stimulation through learning activities, hobbies; knowledge about his condition

- spending time with him and encouraging him to keep his mind active, doing crosswords, watch news programmes together
- encouraging hobbies
- encouraging him to become interested in the internet to find out more information about his condition or support groups on the internet that he can be in contact with, perhaps discussing his condition/treatment or getting advice through forum sites
- encouraging him to talk with his family about his condition and perhaps discuss future plans
- encouraging him to join courses at the local college so he can learn new skills

All other valid points will be given credit

(2 × [2])

[4]

#### Social needs

Answers may address two of the following points:

Social: building and maintaining relationships; friendship; routine

- taking him on outings, perhaps shopping so he can keep in contact with the local community
- encouraging him and take him to local church group to enable him to keep up his contacts
- encouraging him to attend a support group for people suffering from cerebral palsy so he can meet people who are going through the same experience and develop a social network
- encouraging him to join the local reading group in the library so he can reduce his isolation and develop new friendships

- encouraging him to join the local college so he can make new friends
- [1] basic explanation [2] competent explanation  
All other valid points will be given credit  
(2 × [2])

[4]

- (b) Discuss three ways John may use his direct payments. (AO1, AO2, AO3, AO4)

Answers may address any three of the following points:

- pay his family members to care for him
- organise other carers to provide him with support at times that suit his needs
- organise respite or holiday breaks
- buy equipment, e.g. PenFriend auto labeller
- develop routines and hobbies that suit his needs, e.g. go to gym and employ personal trainer; go to library; theatre; attend courses at college
- pay for transport or driving lessons if appropriate
- buy extra support services, e.g. private physiotherapist
- pay for a college course

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 ways John may use his direct payments
- May discuss only one way or list three ways
- 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]–[7])

Overall impression: adequate

- Displays adequate knowledge and understanding of ways John may use his direct payments
- Discussion of at least two ways direct payments may help John to improve his care package 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 ([8]–[9])

Overall impression: competent

- Displays very good knowledge and understanding of ways John may use his direct payments
- Very good to excellent discussion of three ways to achieve at this level
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of

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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]

- (c) (i) List the first five stages of the care planning cycle in sequential order. (AO1)

Assessment [1]

Planning [1]

Implementation [1]

Monitoring [1]

Evaluation [1]

(5 × [1])

[5]

- (ii) Analyse how the six stages of the care planning cycle could apply to John. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

**Assessment**

- it is holistic as information gathered from a range of relevant professionals so John feels he can hear and see what each professional has to say about his condition and treatment
- as it is 'person centred' they must consult John and see him as central to the care plan, taking his wishes into account
- as family are also consulted their needs are considered so helping John to know they can access supports if required
- the assessment is balanced between John's strengths and needs which are recorded
- John sees the assessment in writing and knows it is shared with all necessary parties
- one professional compiles the assessment (i.e. social worker or care manager) giving John one point of contact during the assessment process

**Planning**

- following assessment a care plan should be drawn up which will be tailored to John's specific needs helping John to check the plan
- as the plan should be written in a way that John can understand it this should help him to feel part of process
- as the plan states John's assessment needs and who is going to meet each need and how they will meet it John should be very clear about his daily care
- contact numbers are written into the plan so in the future John 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
- aims and objectives of his plan are noted so that they can be checked at the review stage

**Implementation**

- John's 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

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- each time the care worker completes a visit they will record it in the care plan so implementation is clear to John and his family so enabling them to highlight if carers have not called or have not carried out the agreed task
- candidates may give examples at this stage to highlight how this stage enables John's needs to be met

### **Monitoring**

- all professionals involved are responsible for checking that their aspect of the care plan is working effectively
- the care manager has overall responsibility to ensure that weekly or monthly checks are completed and recorded so that any problems can be identified quickly and rectified
- John and his 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 John to have his say

### **Evaluation**

- as it is carried out by a designated person, at a date and time agreed from the outset of the care plan this enables John to have a formal evaluation of his plan therefore he can help to identify any problems and have them formally addressed
- professionals, John and his family will examine the aims and objectives of the care plan and check if they are being achieved, so involving John in the overall review
- it will also analyse any new or ongoing risks and changes in John's condition and recommend any necessary changes so that John is kept fully informed
- involves John's 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 that John's identified needs are being met successfully
- plan may be evaluated on a 6 monthly basis, after the initial one so helping John to know he will not be forgotten and his plan adjusted as required as it is ongoing
- candidates may give examples of the evaluation process and how it should enable John to have his needs met

### **Modification**

- if problems are 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 John and his family. This should enable John to contribute to any suggested changes
- candidates may give examples of changes and how they may enable John's needs to be met

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- any modifications are written up so that all professionals, carers, John and his family are clear and agreed with the adaptations made to keeping John informed

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 of how the six stages of the care planning cycle could apply to John
- 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

- Displays adequate knowledge of how the six stages of the care planning cycle could apply to John
- 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

- Displays a very good knowledge and understanding of how the six stages of the care planning cycle could apply to John
- Competent discussion – must discuss in detail all six stages of the care planning cycle as applied to John 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.

[12]

38

**Total**

**100**

AVAILABLE  
MARKS