



ADVANCED
General Certificate of Education
2018

Health and Social Care

Assessment Unit A2 9

assessing

Unit 9: Providing Services

[A6H31]

MONDAY 11 JUNE, MORNING

**MARK
SCHEME**

General Marking Instructions

Introduction

Mark schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

- 1 (a) Discuss reasons for the increased life expectancy of older people in Northern Ireland. (AO1, AO2, AO3, AO4)

AVAILABLE
MARKS

Answers may address some of the following points:

- widespread availability of health professionals and improved access to health care
- better living conditions such as those related to improvements in housing
- improved working conditions leading to fewer industrial illnesses/accidents
- improvements in nutrition
- improvements in technology leading to improvements in diagnosis and treatments
- advances in medicine – discovery of new drugs and vaccinations
- better education and greater awareness of health – more awareness of risk factors for disease and so can reduce these
- increase in use of health services so problems identified and dealt with
- improvements in lifestyle – walking groups
- improved preventative care programmes such as screening for bowel cancer
- wider availability of health and fitness facilities leading to improvements in physical health
- access to community care means their needs can be assessed and a package of care can be put in place which can prolong life

All other valid responses will be given credit.

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

Level 1 ([1]–[2])

Overall impression: basic

- Displays limited knowledge of reasons for the increasing numbers of older service users in Northern Ireland
- There is limited discussion.

Level 2 ([3]–[4])

Overall impression: adequate

- Displays adequate knowledge of reasons for the increasing numbers of older service users in Northern Ireland
- There is adequate discussion.

Level 3 ([5]–[6])

Overall impression: competent

- Displays very good knowledge of reasons for the increasing numbers of older service users in Northern Ireland
- Answers at the top of this mark band will discuss in detail the reasons for the increasing numbers of older service users in Northern Ireland.

[6]

(b) Explain two ways private nursing homes are funded. (AO1, AO2)

Answers may address any two of the following points:

- payment by family members
- payment by service user
- payment by statutory sector/government contracts
- private investment/bank loan
- donations, e.g. to patient comfort fund
- bequests

All other valid responses will be given credit.

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

(2 × [2])

[4]

(c) Using one example of each type of need, discuss how staff in a private nursing home could meet the needs of older service users. (AO1, AO2, AO3, AO4)

A physical need

Answers may include discussion of any of the following points:

- Physical needs may include hygiene needs, medical care and/or medication, mobility, warmth, clothing, shelter and nutritional needs, personal care. These needs may be met through personal assistance with washing and dressing, provision of aids and adaptations, rehabilitation, e.g. OT, provision of meals, drinks etc., provision of prescribed medication and medical care such as contacting GP if service user is unwell.

All other valid responses will be given credit.

[1] for key phrase/s, [2] for adequate discussion, [3] for a fuller discussion of how needs can be met

(1 × [3])

[3]

An intellectual need

Answers may include discussion of any of the following points:

- Intellectual needs may include the need for stimulation, the need for knowledge and the need for understanding and learning new skills. These needs may be met through activities like reading, hobbies and games, conversations with staff, providing access to newspapers and TV, conversations with other service users, the use of information technology, e.g. internet access, iPads etc.

All other valid responses will be given credit.

[1] for key phrase/s, [2] for adequate discussion, [3] for a fuller discussion of how needs can be met

(1 × [3])

[3]

An emotional need

Answers may include discussion of any of the following points:

- Emotional needs include esteem needs, the need for a sense of belonging, the need for a sense of autonomy, or emotional well-being and the need to feel respected. These can be met by providing counselling, by key workers talking to them

AVAILABLE
MARKS

and listening to them, by involving service users in decisions about their care thus giving them a sense of control – through empowerment and provision of advocacy support, treating people with dignity, through staff spending time talking and listening, through the provision of spiritual care, e.g. access to religious services/personnel and flexible visiting hours to ensure adequate access to family and friends, by having personal items like photographs and ornaments in their rooms.

All other valid responses will be given credit.

[1] for key phrase/s, [2] for adequate discussion, [3] for a fuller discussion of how needs can be met

(1 × [3]) [3]

A social need

Answers may include discussion of any of the following points:

- Social needs include the need for communication or interaction with others. This can be met by having areas where service users have opportunities to mix with others, by encouraging visits from family and friends or by providing group recreational activities such as reminiscence therapy. Participation in hobbies such as painting, sewing, gardening can address social needs as can organising social outings – taking time to converse and share stories with service users can also meet social needs.

All other valid responses will be given credit.

[1] for key phrase/s, [2] for adequate discussion, [3] for a fuller discussion of how needs can be met

(1 × [3]) [3]

- (d) Discuss three advantages and three disadvantages for older service users of receiving health and social care services from the private sector. (AO1, AO2, AO3, AO4)

Advantages of receiving health and social care services from the private sector

Answers may address any three of the following points:

- greater choice for service users
- creates competition between service providers and so may contribute to raising standards of care provided
- service users can receive treatment sooner
- service users can receive one-to-one care
- flexibility is better, e.g. appointment times
- environment may be more pleasant, e.g. room in private hospital
- may be able to provide very specialist care and advanced technology
- subject to regulation unlike informal care and some voluntary providers

Disadvantages of receiving health and social care services from the private sector

Answers may address any three of the following points:

- operates to make a profit so standards of care may not be as high as they should be
- need for profit may mean low ratio of staff to patients/residents which may negatively impact on the quality of care
- some private sector organisations may not be as well regulated as the statutory sector
- can be very expensive for service users/cost can be prohibitive
- can be unreliable – may “pull” provision if it becomes unprofitable

All other valid responses will be accepted.

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

Level 1 ([1]–[3])

Overall impression: basic

- Displays limited knowledge of the advantages and disadvantages of receiving health and social care services from the private sector
- There is limited discussion
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate

- Displays adequate knowledge of the advantages and disadvantages of receiving health and social care services from the private sector
- Answers which focus only on the advantages or **only** on the disadvantages for older service users of receiving care services from the private sector cannot achieve beyond this band
- There is adequate discussion
- 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 good knowledge of the advantages and disadvantages of receiving health and social care services from the private sector
- At the top of this mark band candidates should discuss three advantages and three disadvantages of private sector care for older service users
- There is competent discussion

AVAILABLE
MARKS

- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([10]–[12])

Overall impression: highly competent

- Displays very good to excellent knowledge of the advantages and disadvantages of receiving health and social care services from the private sector
- At the top of this mark band candidates should discuss in some detail three advantages and three disadvantages of private sector care for older service users
- There is highly competent discussion
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear. [12]

AVAILABLE
MARKS

34

- 2 (a) Discuss how an informal carer might support an older person. (AO1, AO2, AO3)

Answers may discuss any of the following points:

Informal carers can support an older person in a wide range of ways including; shopping, cleaning, doing laundry, providing help with personal care such as bathing and showering, dressing and undressing, toileting, getting up and putting to bed, lighting fire, collecting benefits, providing transport to appointments or to social outings, administering medication, making appointments, e.g. for doctor, optician or dentist, contacting social services, ordering and collect prescriptions, preparing meals, advocacy.

All other valid responses will be given credit.

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

Level 1 ([1]–[2])

Overall impression: basic

- Displays limited knowledge of how an informal carer might support an older person
- There is limited discussion.

Level 2 ([3]–[4])

Overall impression: adequate

- Displays adequate knowledge of how an informal carer might support an older person
- There is adequate discussion.

Level 3 ([5]–[6])

Overall impression: competent

- Displays very good knowledge of how an informal carer might support an older person
- Answers at the top of this mark band will discuss in detail how an informal carer might support an older person. [6]

- (b) Explain four ways a social worker might support informal carers who help to look after older people. (AO1, AO2)

Answers may address any four of the following points:

- may organise respite care for older person
- may arrange training for carer such as manual handling
- may advise carer with regards benefit entitlement, provide help with completing forms
- many provide access to counselling support or provide a listening ear
- may arrange day care for older person
- may put carer in touch with support groups
- may liaise with other service providers such as OT, district nurse to support the informal carer
- may complete a carer's assessment

All other valid responses will be given credit.

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

(4 × [2])

[8]

AVAILABLE
MARKS

- (c) Discuss three disadvantages for older service users of care in the community. (AO1, AO2, AO3, AO4)

AVAILABLE
MARKS

Answers may address any three of the following points:

- patchwork provision can mean care provided in the community is piecemeal and so often the needs of the older service users are not being properly met – in some areas service users have much better provision than in others
- lack of support for older service users in the community due to problems with implementation of care packages. The case-loads for some staff are so large that often appointments are postponed or visits are too short to provide adequate support leading to failure to provide adequate support to service users in the community – too many service users and not enough staff
- for those living in their own homes, greater likelihood for accidents to happen which can result in hospitalisation for older service users and even earlier death as a result of complications, e.g. MRSA
- service users may experience isolation – those living in the community who may live alone may be very isolated and some see only carers in any one day – this isolation can lead to loneliness and depression
- older people living in their own homes in the community are at increased risk of abuse – many older service users are vulnerable as a result of frailty or illness which can make them easy targets of crime
- due to the limited care packages available to many older service users, family end up burdened with the caring role. This can often cause older service users to report feelings of guilt at the burden they place on their family and friends which can cause unhappiness for them

All other valid responses will be given credit.

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

Level 1 ([1]–[3])

Overall impression: limited

- Displays limited knowledge and understanding of the disadvantages for older service users of care in the community
- There is limited discussion
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate

- Displays adequate knowledge and understanding of the disadvantages for older service users of care in the community

- Must address at least two disadvantages to achieve in this level
- There is adequate discussion
- 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 very good to excellent knowledge and understanding of the disadvantages for older service users of care in the community
- Must address three disadvantages to achieve in this level
- There is competent discussion
- 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]

- (d) Discuss three advantages and three disadvantages for older people of receiving informal care. (AO1, AO2, AO3, AO4)

Advantages of informal care for older people may include:

- the older person can remain in their own home which is perhaps where they have lived all their life and so they can avoid the emotional distress of having to leave their own space which can be a major trauma, for some people
- informal care is generally very cost effective; much less expensive than other forms of care
- there is a great degree of flexibility, often the informal carers can come when the older person needs them and not at set times as can be the case with formal care package provision
- one-to-one attention can often be given by family and friends who understand the needs of the older person more fully and this can lead to a greater degree of contentment
- consistent care is more likely as often the same person or people are providing the care over a long period of time – this also makes it more likely that needs will be met as a sense of trust is established between the older person and the carer
- the familiar surroundings of an older person's own home can reduce anxiety and promote a sense of happiness and well-being
- there is less risk of contracting diseases like MRSA that can be easily picked up in other care settings such as nursing homes
- living in their own home can support the older person to retain their sense of independence and autonomy which can enhance self-esteem and so increase sense of happiness and well-being

AVAILABLE
MARKS

- the older person is perhaps in a better position to maintain regular contact with their family and friends because they live in their own home, in their own community and so this can promote a sense of well-being and happiness
- older people are being looked after by people they know and love and this may be a lot less stressful for them than having to take up residence in a nursing home surrounded by strangers
- informal carers perform a range of tasks to meet a variety of needs which perhaps visiting carers who come as part of formal care packages may not do such as cutting grass or cleaning windows

Disadvantages of informal care for older people may include:

- due to the nature of informal care it is largely unregulated – meaning checks are not usually carried out on the quality of care provided which can result in poor care being delivered
- no requirement for criminal check so greater potential for neglect or abuse of older people
- informal carers are often untrained and so may not be equipped to provide quality care consequently the needs of the older person may not be appropriately met
- older people may miss out on opportunities to socialise with others as they would be able to do while receiving care in other sectors of the mixed economy and so can feel isolated and lonely
- this type of care may be unreliable – there may be no back up if carer becomes ill or needs time off and so the older service user may be left without the help and support they need
- the home environment may be unsafe and so older people may be increasingly at risk of being victims of crime such as robbery and physical assault
- carers often experience stress and may find it difficult to cope with caring responsibilities alongside other responsibilities and so the standard of care provided may suffer

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 the advantages and disadvantages of informal care for older people
- There is limited discussion
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

- Displays adequate knowledge of informal care for older people

- Answers which focus **only** on the advantages **or only** on the disadvantages of informal care for older people cannot achieve at the top of this level
- There is adequate discussion
- 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 good knowledge of informal care for older people
- At the top of this level candidates should discuss three advantages and three disadvantages of informal care for older people
- There is competent discussion
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([13]–[15])

Overall impression: highly competent

- Displays very good to excellent knowledge of informal care for older people
- At the top of this level candidates should discuss all three advantages and all three disadvantages in detail with application to older people
- There is highly competent discussion
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear. [15]

AVAILABLE
MARKS

38

3 (a) Explain three ways older service users gain access to the services they require. (AO1, AO2)

- self-referral – service user may refer themselves via phone or in person, e.g. make an appointment with own GP or social worker
- third-party referral, e.g. referral to services by a relative or friend
- professional referral, e.g. referral to a specialist by a GP or social worker
- recall – receiving a letter from a service provider for a review or a check up
- emergency referral, e.g. by police or ambulance
- compulsory referral, e.g. for mental health problems such as dementia

All other valid responses will be given credit.

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

(3 × [2])

[6]

(b) Explain one way the barrier of geographical location to accessing services might be broken down for older service users. (AO1, AO2)

Geographical location

Answers may address one of the following points:

- via telephone where service users (as appropriate) and/or their relatives may get advice about issues they are facing
- via information on the internet, in chat rooms – giving advice about issues of concern
- via provision of transport to facilities such as day centres, hospital appointments etc., e.g. free taxi service or bus provision
- by provision of healthcare in service users own home, e.g. visits from OT in own home
- via helplines which operate 24/7 to provide advice and support to service users
- by provision of healthcare in own community, e.g. use of local hospitals by visiting consultants

All other valid responses will be given credit.

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

(1 × [2])

[2]

AVAILABLE
MARKS

- (c) Explain two different ways each of the following practitioners might support older service users living in their own homes. (AO1, AO2, AO3)

The occupational therapist

Answers may address any two of the following points:

- responsible for assessing needs and providing care relevant to promoting independence
- organises suitable activities following needs assessment
- may recommend changes to service users' homes to accommodate needs, e.g. walk-in shower
- may provide aids to support daily living, e.g. hoist, stair lift, cutlery
- may make referrals to other professionals for extra support, e.g. to social worker

All other valid responses will be given credit.

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

(2 × [2])

[4]

The district nurse

Answers may address any two of the following points:

- may provide nursing care, e.g. direct care such as change dressings, empty catheters
- may take blood and urine samples
- may check vital signs such as blood pressure, pulse or temperature
- may administer medication via injection or orally
- may prescribe medication if qualified to do so
- responsible for the care planning cycle including monitoring, evaluating and updating the nursing care plan
- may liaise with other health care professionals, e.g. social worker or GP
- may provide family and carers with health promotion advice
- may be involved in advising re: accident prevention in the home

All other valid responses will be given credit.

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

(2 × [2])

[4]

- (d) Discuss four ways codes of practice should influence the work of those who provide care for older service users. (AO1, AO2, AO3, AO4)

Answers may address any four of the following points:

- codes of practice clearly set out the conduct and behaviour that is expected of health and social care practitioners and inform service users and the public about the standards of conduct they can expect so they can do something about care which falls below standards expected
- codes of practice regulate professional practice – codes of practice require health and social care practitioners to follow rules and regulations and those who do not can be disciplined and may lose their job thus helping to ensure appropriate standards of care are provided

AVAILABLE
MARKS

- codes of practice help to promote fair treatment for all individuals – codes require health and social care practitioners to treat service users in their care equitably and not show favour or give preferential treatment to any one person
- codes of conduct reflect legislative requirements for appropriate standards of care, e.g. the need to maintain confidentiality as outlined in the Data Protection Act and health and social care practitioners who do not adhere can again be disciplined and may lose their job
- all health and social care practitioners are expected to know their role and responsibilities as outlined in their code of practice and so this in turn should result in appropriate standards of care being provided
- health and social care practitioners are required, through their code of practice to review their own standards of practice and update knowledge and skills where necessary – this should lead to the delivery of appropriate care.

Also accept discussion of specific points from codes

- respect patients/service users as individuals
- obtain consent before giving treatment or care
- protect confidential information
- co-operate with others in teams
- maintain professional knowledge and competence
- be trustworthy
- minimise risk to service users
- promote the independence of service users while protecting them as far as possible from danger or harm
- honour work commitments, agreements and arrangements and, when it is not possible to do so, explain why to service users and carers
- require staff to maintain confidential information
- be accountable for the service they provide
- take responsibility for maintaining and improving their knowledge and skills

All other valid responses will be given credit.

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

Level 1 ([1]–[4])

Overall impression: limited

- Displays limited knowledge and understanding of how codes of practice should influence the work of those who provide care for older service users
- There is limited discussion
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

- Displays adequate knowledge and understanding of how codes of practice should influence those who provide care for older service users
- To achieve at this level at least two ways must be addressed
- There is adequate discussion
- 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 very good to excellent knowledge and understanding of how codes of practice should influence those who provide care for older service users
- To achieve at this level all four ways must be addressed
- There is competent discussion
- To achieve in this mark band candidates should discuss four ways codes of practice can help to ensure appropriate standards of care for older service users requiring care
- 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]

28

Total**100**AVAILABLE
MARKS