



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

Health and Social Care

Assessment Unit AS 5

assessing

Adult Service Users

[SHC51]

WEDNESDAY 17 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)

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Empowerment

Examples of suitable points to be included in definition

- 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 responses will be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

Adults in need of protection

Examples of suitable points to be included in definition

- 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 care 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 responses will be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

(b) Describe how the following three stages of the care planning cycle may be implemented to support this process. (AO1, AO2)

Assessment

Examples of suitable points to be included in description

- assessment may enable service users with learning disabilities to demonstrate eligibility for services and therefore get access to the help they need to improve their care when they move to supported living, one professional may be responsible for this, e.g. care manager
- service users and their families will be involved in the process to ensure a comprehensive assessment is carried out, so gaining a full understanding of needs, helping to support the service user and reassure their family

- a range of professionals will be involved to enable a holistic assessment of their physical, social, emotional, psychological and communication needs enabling the plan to be comprehensive
- the care plan developed will be based on the assessment made at this stage
- involves assessment of risks service users may face, and their strengths

All other valid responses will be given credit

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

(1 × [3])

[3]

Planning

Examples of suitable points to be included in description

- a care plan is drawn up on the basis of the assessment which should address the needs of service users with learning disabilities for the transfer to supported living
- the plan is written down in format that service user with disabilities can understand enabling them to be clear about what has been agreed and what will happen and when it will happen; each professional will have written down their role and how they will support the service user whilst maintaining confidentiality
- the written care plan enables good communication between the service user, their family and the professionals looking after them when they are living more independently
- when the care plan is completed there will be a review date to enable the service user with disabilities, their family and other members of the team to check if the plan is working.

All other valid responses will be given credit

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

(1 × [3])

[3]

Monitoring

Examples of suitable points to be included in description

- all professionals involved are responsible for checking that their aspect of the care plan is working effectively so the service user with disabilities and their family can feel reassured that the plan is being checked regularly, which is important when they move to supported living
- the care manager will have overall responsibility to ensure that regular checks are completed and recorded so that any problems can be identified quickly and rectified. This helps the service user with disabilities and their family to have a person to contact through the monitoring process which provides them with reassurance at a stressful time
- the service user and their family will also be involved in the monitoring stage as they know how effectively the plan is working and if it is being implemented as agreed
- monitoring may be completed by telephone contact or agreed meetings so helping the service user with disabilities and their family to have ease of contact should problems arise.

All other valid responses will be given credit

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

(1 × [3])

[3]

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(c) Name **two** other stages of the care planning cycle. (AO1)

Answers must identify **two** of the following:

- implementation
- evaluating
- modifying

(2 × [1])

[2]

(d) Describe how the following needs may be met by support workers for an individual with a learning disability living in supported accommodation. (AO1, AO2)

Physical needs:

medication; nutrition; shelter; warmth; exercise; personal hygiene.

Examples of suitable points to be included in description

- medical needs by support workers checking they have taken or giving them prescribed medication or by taking them to GP or hospital appointments
- nutritional needs by helping them to plan their weekly meals and to shop and cook the meals
- shelter needs by reporting any problems with the fabric of the house so they can be fixed quickly or helping the individual to budget so enabling them to pay their rent every week
- warmth needs by helping them to attain fuel allowances in winter, or manage their budget so they can afford oil or coal, to make sure their home is warm enough
- mobility/exercise needs by helping them to join a local gym or taking them out to the park or shopping or by encouraging them to become active with friends
- hygiene needs by encouraging them to wash and clean, shower regularly, wash their clothes.

All other valid responses will be given credit

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

(1 × [3])

[3]

Emotional needs:

self-esteem needs; need to feel loved, valued and respected; needs to express emotions appropriately.

Examples of suitable points to be included in description

- encouraging them to attend the day centre or local voluntary groups so they can meet new people or maintain old friendships
- letting them know they are valued by praising their achievements
- spending time with them, talking to them and encouraging them, building their self-esteem and enabling them to feel positive about themselves
- encouraging them to express their emotions.

All other valid responses will be given credit

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

(1 × [3])

[3]

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- (e) Discuss the content of a whistle-blowing policy and how it promotes a high standard of care for service users with learning disabilities. (AO1, AO2, AO3)

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Examples of suitable points to be included in discussion

- outlines situations when the policy should be followed, e.g. misconduct or poor practice which could place service users at risk, financial malpractice, danger to health and safety so staff know when they can use it aware so protecting service users
- states clearly the responsibility of staff to report poor care so enabling early detection
- states that any failure of staff to report poor care will lead to disciplinary action, encouraging greater vigilance and so reducing risk of poor practice
- sets out procedures staff must follow in reporting poor care so staff know what action they need to take
- outlines the investigative process so staff are aware of each stage of the process which should be speedy to enable poor care to be stopped
- as policy must be regularly reviewed and updated managers are aware of importance of keeping staff's training updated so reminding them of their responsibilities so encouraging a high quality of care to service users
- policy may also refer to the role of regulatory/outside bodies in deterring and detecting serious malpractice so highlighting consequences if poor practice not acted upon, so staff aware not just an 'in house' issue adding greater protection for service users
- policy identifies protection for staff who raise concerns internally (if possible, depending on nature of issue) so making staff more willing to use the policy providing safety and security for service users
- policy makes it clear to staff that silence is not an option, so encouraging the highlighting of poor practice
- policy offers channels for staff to gain advice such as Public Concern at Work or trade unions or professional bodies such as NISCC, NMC so helping staff to use a range of ways to highlight concerns so keeping service users safe.

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

- basic knowledge and understanding of the content of a whistle-blowing policy and how it promotes a high standard of care
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the content of a whistle-blowing policy and how it promotes a high standard of care
- 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 content of a whistle-blowing policy and how it promotes a high standard of care
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the content of a whistle-blowing policy and how it promotes a high standard of care
- answers which focus on only one aspect of the question cannot achieve more than six marks
- 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

- competent knowledge and understanding of the content of a whistle-blowing policy and how it promotes a high standard of care
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss the content of a whistle-blowing policy and how it promotes a high standard of 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]

- (f) Name **two** other policies that also support staff in providing a high standard of care to service users with learning disabilities in residential homes. (AO1)

Examples of suitable policies to be named:

- confidentiality policy
- safeguarding adults policy

(2 × [1])

[2]

- (g) Examine **two** difficulties families might experience. (AO1, AO2)

Examples of suitable points to be examined

- 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

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- 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 young person, 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 responses will be given credit

[1] basic examination, [2] adequate examination, [3] competent examination
(2 × [3]) [6]

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2 (a) Name **one** voluntary organisation that might be able to offer Joan support. (AO1)

Suitable examples

- Samaritans
- PIPS
- Depression Alliance
- Action Mental Health
- Praxis
- Aware – Defeat Depression
- Northern Ireland Association for Mental Health
- MIND

All other valid responses will be given credit

(1 × [1])

[1]

(b) Explain **three** ways voluntary providers may be funded. (AO1, AO2)

Examples of suitable points to be explained

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

[1] basic explanation, [2] competent explanation

(3 × [2])

[6]

(c) Describe **three** ways the psychiatrist may support Joan. (AO1, AO2)

Examples of suitable points to be described

- provides assessment of her mental health, i.e. her symptoms
- provides diagnosis of her condition and helps Joan to understand her condition
- develops a care plan which they are responsible for monitoring
- prescribes medication/medical treatment for Joan
- provides therapies and counselling support for Joan
- writes reports/update records on Joan's condition, e.g. for her GP
- works as part of a multi-disciplinary team to provide a holistic assessment and care plan for Joan
- refers her to other health professionals, organisations or support groups, e.g. community mental health nurse
- provides specialist and up to date care for Joan based on own and others' research
- can be involved in detaining Joan under mental health legislation, if her condition deteriorates and she meets the conditions of the Order
- provides information about mental health issues to her family, so helping Joan to explain her situation to them
- suggest alternative coping strategies.
- enables her to return to the community, under guardianship after an extended time in hospital

All other valid responses will be given credit

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

(3 × [3])

[9]

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(d) Explain **one** way the advocate might help Joan. (AO1, AO2)

Examples of suitable points to be explained

- either on behalf or with Joan, try to make clear her needs and how they can be met when in discussion with a range of professionals involved in her care
- help Joan to talk to her family and friends about her needs and wants, developing understanding within families
- help Joan to express her own opinions about her wishes or requirements, enabling her to feel in control of her care or that she has a voice in her treatment
- a legal advocate will represent Joan in disputes, e.g. in court, if necessary
- work to address Joan's benefit entitlement, or other forms of financial advocacy
- check or oversee the implementation of decisions agreed
- give Joan advice on her rights, e.g. to see a specialist
- represent Joan at multidisciplinary team meeting if she asks them to
- lobby politicians to get Joan the services she is entitled to, if required
- enable Joan to use self advocacy skills so she can have her needs met, e.g. asking for a second opinion
- enable Joan to access work opportunities, or supports her to change her job or reduce her hours.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(1 × [2])

[2]

(e) Discuss **three** advantages and **three** disadvantages of receiving care from a voluntary provider. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion

Advantages

- the voluntary sector may increase the choice of services/supports available to service users and their families including services not available from the statutory sector
- these services may be shaped to meet the particular needs of the service users within a community – can be flexible and adjust service provision at short notice
- may be easy access for service users as they can refer themselves and not depend on professionals to refer them; this may also mean they get the help when they are most in need
- may be staffed by volunteers from the local or surrounding community who have a genuine interest and specialist knowledge in the service user group or who know the family and want to support them
- services are normally free or at a small charge enabling those who require the service to access it – this is important as many people may lack or have very limited funds
- may be more accessible, e.g. provision for outlying communities, such as bus services, mobile clinics, clinics at local health centres rather than service users having to travel large distances
- may be very responsive to local needs, e.g. set up and provide support fairly quickly
- staff may be highly trained in the most up-to-date methods of providing care, e.g. Marie Curie

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Disadvantages

- can be difficult for service users to call them to account as voluntary organisations are often subject to less public scrutiny and are less accountable for their actions than statutory ones
- could cause harm as staff may not be trained
- services may be unreliable, poor or inconsistent, perhaps due to funding difficulties
- may be problems accessing services as there is an uneven spread of services, so where you live can dictate whether services are offered – this may leave those in more rural areas without support
- may be a lack of trust as service users may feel that their information is not kept confidential in the voluntary sector
- some people may feel there is a stigma attached to using voluntary service, e.g. feel they are taking charity
- there may be patchwork provision, e.g. some services available only in major cities.

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

- basic knowledge and understanding of the advantages and disadvantages of receiving care from a voluntary provider
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the advantages and disadvantages
- may only list advantages or disadvantages or discuss one or two
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is lost.

Level 2 ([5]–[8])

Overall impression: adequate

- displays adequate knowledge and understanding of the advantages and disadvantages of receiving care from a voluntary provider
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the advantages and disadvantages
- there is adequate discussion of three advantages and three disadvantages or competent discussion of at least two advantages and two disadvantages 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.

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Level 3 ([9]–[12])

Overall impression: competent

- competent knowledge and understanding of three advantages and three disadvantages of receiving care from a voluntary provider
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss the advantages and disadvantages
- there is competent discussion of all three advantages and three disadvantages to achieve 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. [12]

- (f) Explain **three** disadvantages of service provision by private providers. (AO1, AO2)

Examples of suitable points to be explained

- it may be too expensive for service users who do not have the money or savings
- may be unreliable, e.g. 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 consistent as there may be a high turnover in staff, e.g. home care workers,
- service users may be open to exploitation, e.g. overcharged or mistreated
- the quality of care may not be as good as the owners of services/facilities are trying to make as much profit as possible
- availability may be an issue, e.g. for some service users who live in rural areas/access problems
- vulnerable service users or their families 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 responses will be given credit

[1] basic explanation, [2] competent explanation

(3 × [2])

[6]

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- 3 (a) Examine **two** ways the Carers and Direct Payments Act (NI) 2002 aims to support carers. (AO1, AO2)

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Examples of suitable points to be examined

- entitles carers to an assessment of their own needs and their ability to care
- it allows a plan of services and supports to be developed in accordance with the family's wishes
- 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 so they can go out or meet friends, which gives them a much needed break
- allows financial support to be given to carers to help them with costs incurred in their caring role.

All other valid responses will be given credit

[1] basic examination, [2] competent examination

(2 × [2])

[4]

- (b) Discuss **three** advantages of informal care for adult recipients. (AO1, AO2, AO3)

Examples of suitable points to be discussed

- they feel more comfortable having family take care of their needs such as hygiene needs
- enables recipient to remain in their own home instead of going into care
- they can feel cared for and loved/relationships are strengthened
- they may be more likely to tell a family member/friend if they are not feeling well or are worried, and so have their needs more fully met
- the quality of care they receive from their family may be very good, as informal carers want to support their loved one, this helps the individual to feel secure and remain in better physical and mental health;
- informal care usually takes place in their own home; as they are familiar with these surroundings this can reduce confusion, help them retain independence and keep in contact with people in their own community
- informal carers are very flexible and can be available at times to suit the recipient
- informal carers often undertake tasks that paid carers don't do, so needs are more likely to be met
- informal carers have a greater understanding of the individual's needs and wants, so specific needs are more likely to be met
- care is usually free
- may reduce the risk of abuse as recipient is being cared for by people who care 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: basic

- basic knowledge and understanding of the advantages of informal care
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the advantages
- may 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

- adequate knowledge and understanding of the advantages of informal care
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the advantages
- there is 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

- competent knowledge and understanding of three advantages of informal care
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss the advantages
- there is competent discussion of all three advantages 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. [9]

- (c) List **two** factors that reflect the need for change in the Transforming Your Care strategy document. (AO1, AO2)

Examples of suitable factors to be listed

- a growing and ageing population
- increase in prevalence of long-term conditions
- increased demand for and over-reliance on hospital beds
- clinical workforce supply difficulties
- need for greater productivity and value for money.

(2 × [1])

[2]

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(d) Explain what is meant by the term integrated care partnerships. (AO1, AO2)

- the full range of health and social care services in each local area including GPs, community health and social care providers, hospital specialists and representatives from the independent and voluntary sector to enable consistently high standards of care for their patients

[1] basic explanation, [2] competent explanation

(1 × [2])

[2]

(e) Explain **three** ways a home care worker may support a service user within his/her own home. (AO1, AO2)

Examples of suitable points to be explained

- may provide for service user's physical care for example, making sure they receive three meals a day and supports them to eat their meals, if required; helps them to bath or shower; makes sure they are dressed for the weather conditions and they are warm at night; changes their bed; helps them with mobility if required; giving them prescribed medication as required
- may provide them with opportunities for social interaction, for example may encourage family to visit and try to make sure they can talk in privacy; encourages them to talk when they are in on their visits
- may provide them with emotional support, for example, the same care worker/s will be responsible for their care and so they get to know them and to help them feel cared for within the home; helping them to feel valued and cared for through positive contact
- may provide opportunities for mental stimulation, for example, by encouraging them to watch the news or documentary programmes; talking to them about their past life; encouraging them with hobbies such as crosswords or knitting
- may provide for their communication needs, for example by talking slowly and clearly to them; making sure their hearing aid works (if they have one), using picture cards or other communication devices
- may provide for their spiritual needs, for example, arranging for minister/priest/religious leader to call.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(3 × [2])

[6]

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Total

100

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