



Rewarding Learning

ADVANCED
General Certificate of Education
January 2012

Health and Social Care

Assessment Unit A2 9

assessing

Unit 9: Providing Services

[A6H31]

THURSDAY 19 JANUARY, MORNING

**MARK
SCHEME**

- 1 (a) Explain two **different** ways each of the following three practitioners might support service users with physical disabilities caused by a stroke. (AO1, AO2)

[1] For key phrase(s) [2] for fuller explanation of how the practitioner identified might meet the needs of a client.

A physiotherapist

- will help service users to mobilise after stroke depending on extent of damage to brain tissue
- may give service users exercises to do to strengthen muscles and improve mobility
- may visit service users at home to check on progress regarding mobility
- will write reports on service users progress
- liaises with other professionals and informal carers
- assess mobility needs and provide care relevant to mobility
- contribute to careplan/package of care
- provide aids to support mobility, e.g. walking frame
- provides a range of treatments, e.g. pain relief and hydrotherapy
- provide advice about the importance of exercising
- motivate service users to do exercise activity.

(2 × [2])

[4]

An occupational therapist

- may help service users to relearn skills necessary for maximum independence, e.g. shaving and dressing or work related skills
- liaises with other professionals, e.g. GP
- may attend meetings to contribute to care planning for clients
- may do activities with service users, e.g. art therapy, memory games
- will write reports and document service users' progress
- may provide care and support relevant to improving independence
- may visit service users' homes and carry out an assessment of what needs to be done to facilitate living at home such as installing grab handles in a shower, stair lift, ensures safety
- help disabled people return to work/look for suitable employment
- may provide aids to support the activities of daily living, e.g. hoist, shower aids.

(2 × [2])

[4]

A district nurse

- may take over responsibility for service users' care planning following discharge from hospital
- may liaise with other health care professionals and informal carers regarding service users' care and progress, e.g. with GP or social worker
- may provide support and advice for home care workers, family and informal carers on best care practice for service users
- may administer treatments/medication, dress wounds, take bloods, change catheter (award marks for separate points)

- maintain care plan for client
 - may provide advice and information to service users regarding a range of issues
 - may take standard measures, e.g. blood pressure, temperature
 - may refer the service user to other professionals, services or agencies.
- (2 × [2]) [4]

No repetition allowed – candidates must make different points for each professional

- (b) Discuss how the following policies help to ensure the provision of quality care in a nursing home for service users with physical disabilities. (AO1, AO2, AO3, AO4)

[1] For key phrase(s), [2] for discussion of how it can contribute, [3] for fuller discussion of one or more ways each policy helps to ensure the provision of quality care in a residential home for adults with physical disability such as stroke

Staff training policy

- should help to ensure that staff know service users' rights
- should lead to anti-discriminatory practice
- should mean staff are aware of signs and symptoms of abuse and be able to act to safeguard service users
- should help to minimise risk of accidents happening and thus mean service users are safe from harm
- should lead to provision of better care, e.g. through team working
- should mean staff have improved knowledge and understanding of needs of service users and how they can be met
- should help to ensure staff are appropriately trained to do their jobs so service users experience best care
- allows for up-skilling of staff so service users get best care
- should mean staff are familiar with policies, procedures and legislation that impact on care being provided and so care standards should reflect this
- staff understand their own job roles and those of others – leads to better team working to meet service users' needs.

(1 × [3]) [3]

Whistle blowing policy

- helps to eliminate bad practice and so service users are much more likely to experience appropriate care and treatment
- staff know inappropriate behaviour is likely to be reported
- provides staff with a framework for doing something about practice which is not appropriate
- gives staff the confidence to report poor practice of colleagues
- creates a safe environment for service users.

(1 × [3]) [3]

- (c) Discuss four benefits of effective multi-disciplinary team working for physically disabled individuals living in their own homes. (AO1, AO2, AO3, AO4)

Answers may address four of the following:

- they can receive holistic care
- their needs can be more fully met/better care, e.g. key worker keeps both the team and the service user informed
- care is less likely to be duplicated by different agencies/practitioners
- cooperation between professionals means roles are understood, professionals less stressed and better care is delivered
- prevents them from “falling through the net”
- information can be passed on more easily through regular meetings
- avoids repetitive questioning which can be confusing for individuals
- expertise of range of professionals should lead to improved quality of care
- helps to achieve seamless care, e.g. care planning
- service users at less risk of abuse as dealing with a number of practitioners
- problems can be identified and dealt with more quickly through team meetings.

All other valid responses will be given credit.

[1] For key phrase(s) [2] for explanation [3] for fuller discussion.

(4 × [3])

[12]

- (d) Discuss how the needs of service users with physical disabilities or illnesses might be met by staff in a nursing home. (AO1, AO2, AO3, AO4)

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited knowledge of how the needs of service users with physical disabilities or illnesses might be met by staff in a nursing home
- 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 knowledge and understanding

- displays adequate knowledge of how the needs of service users with physical disabilities or illnesses might be met by staff in a nursing home
- 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 knowledge and understanding

- displays very good knowledge of how the needs of service users with physical disabilities or illnesses might be met by staff in a nursing home
- to achieve in this band all four (PIES) types of needs must be included, but there may be some variation in the quality of the discussion between the needs
- quality of written communication is competent.
- there is competent discussion
- 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 knowledge and understanding

- displays very good to excellent knowledge of how the needs of service users with physical disabilities or illnesses might be met by staff in a nursing home
- at the top of this mark band candidates should discuss all four PIES needs in detail giving examples of how these needs might be met
- quality of written communication is excellent
- there is excellent discussion
- 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.

Answers may include the following points:

- physical needs such as, nutrition, medication, mobility and safety needs and personal hygiene needs may be met through providing regular meals, medication, assistance with walking, assistance with washing and dressing and feeding, and good security in the setting
- intellectual needs such as need for stimulation can be met through providing activities like reading or hobbies based on service users' preferences, opportunities for games, availability of IT, learning new skills

- emotional/psychological needs such as the need for positive self-esteem, a sense of belonging, or emotional well being, sense of safety and security can be met by personalising own spaces bedrooms, showing respect through communication, for example in relation to terms of address, supporting service users to make their own decisions such as what to wear and choice of food, bedtime etc., reassuring service users with regards to safety and security of the building, positive reinforcement of progress, e.g. in learning new skills, facilitating worship to meet spiritual needs where appropriate, listening to service users who want to talk or providing more formal counselling
- social needs such as the need for communication and friendship can be met by providing service users with opportunities to socialise, have regular contact with own family if desired, e.g. through the visiting policy and to interact with others and develop friendships in the setting, go on day trips, providing picture cards, computers, etc.

All other valid responses will be given credit.

[12]

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AVAILABLE
MARKS

- 2 (a) Write down three ways the voluntary sector might provide support for service users with physical disabilities who live at home. (AO1)

Answers may include any three of the following points:

- meets nutritional needs through meals on wheels
- provides assistance with obtaining benefits
- supports employment opportunities
- provides financial support
- providing equipment
- provides direct care
- provides practical help, e.g. shopping and cooking
- provides counselling services
- provides advocacy services
- provides assistance with managing finances
- gives information and advice
- provides opportunities for service users to socialise, e.g. outings, support group
- provides emotional support, e.g. 24 hour helplines, befriending services
- supports service users with making and attending medical appointments
- befriending services
- respite services/holiday breaks
- provides assistance with transport, e.g. to and from appointments
- provides direct care
- provides practical help, e.g. shopping, cooking, etc.

(3 × [1])

[3]

- (b) Discuss three ways the Disability Discrimination Act 1995 (amended 2005)/the Disability Discrimination (NI) Order 2006 supports physically disabled people to live independently. (AO1, AO2, AO3, AO4)

[1] For key phrase(s) [2] for explanation [3] for full discussion of any three ways the DDA supports disabled people to live independently

- DDA gave disabled people rights in relation to accessing goods and services including health services – this meant that disabled people had to be accommodated in public places through transport, provision of ramps, lifts, accessible literature – this supported independence
- DDA gave disabled people the right to rent or buy land or property – this meant they could live independently – this supported independence
- DDA gave disabled people the right to access education and training – this meant disabled people had to be accommodated by schools, colleges and universities which offered them the opportunity to achieve qualifications which in turn would enable them to obtain better jobs – this supported independence

- DDA gave disabled people the right to equal opportunity in relation to employment and promotion in the work place – this meant that disabled people could improve their employment status and thus their income – this supported independence
- DDA gave disabled people a route for redress through the courts if discrimination occurred – this empowered them
- DDA requires reasonable adjustments to be made to accommodate people with disabilities, e.g. in the work place or in restaurants or shops.

(3 × [3])

[9]

- (c) Discuss four disadvantages of the informal sector providing care and support for people with physical disabilities and illnesses who are living in their own homes. (AO1, AO2, AO3, AO4)

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of the disadvantages of the informal sector providing care and support for people with physical disabilities and illnesses who are living in their own homes
- 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 knowledge and understanding

- displays adequate knowledge of the disadvantages of the informal sector providing care and support for people with physical disabilities and illnesses who are living in their own homes
- there is adequate discussion of at least two disadvantages to achieve in this band
- quality of written communication is adequate.
- the candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays very good knowledge of the disadvantages of the informal sector providing care and support for people with physical disabilities and illnesses who are living in their own homes
- there is competent discussion of at least three disadvantages to achieve in this band and of all four 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.

Answers may include a discussion of any four of the following points:

- care is unregulated – no checks on the quality of care provided
- greater potential for neglect or abuse, e.g. no Access NI checks
- carers are often untrained – may not be equipped to provide quality care can sometimes cause harm inadvertently, e.g. moving and handling incorrectly can cause injuries
- people with physical disabilities and illnesses may miss out on opportunities to interact with others, as they may be able to do while being cared for in other sectors and so may feel isolated
- may be unreliable – there may be no back up if carer becomes ill or has to work and so individuals may not receive care they need
- environment may be unsafe – lack of safety and security may mean accidents are more likely to occur or the individual may be more exposed to danger
- carers may not have access to equipment such as lifting aids which may help to reduce risk of accidents or injury
- carers may experience stress if the individual becomes difficult to care for and the quality of care provided may suffer
- individuals may feel guilty due to being a burden to family and friends
- either carers or the person with the disability might feel embarrassed about elements of personal care, so their needs may not be met
- informal caring can be very exhausting – often it is a 24 hour job – this can affect the quality of care
- carer may be over protective, diminishing independence
- often informal carers do not get paid and can't work and those who do get very little for the volume of work they do – causing resentment – affecting quality of care
- frustration may lead to abuse of the individual being cared for.

All other valid responses will be given credit.

[12]

24

- 3 (a) Explain three ways people with physical disabilities or illnesses may access services. (AO1, AO2)

[1] for key phrases [2] for full explanation of any three of the following ways clients can access services

- self referral, e.g. client ringing up to make an appointment for themselves
- professional referral, e.g. from social worker to GP
- third party referral, e.g. a family member contacting a professional or voluntary service
- emergency services referral, e.g. ambulance service taking an individual to hospital
- recall, e.g. client asked to return for a follow-up appointment.

(3 × [2]) [6]

- (b) Write down two different ways services for people with physical disabilities and illnesses are funded in the following sectors. (AO1)

The private sector

- direct payment by individuals
- through private insurance schemes
- government contracts
- voluntary sector organisations may pay for holistic treatments provided by private practitioners
- investment/bank loan.

(2 × [1]) [2]

The voluntary sector

- lottery
- bequests
- fundraising
- government funding
- sponsorships
- charges to service users
- government contracts
- donations
- income from high street outlets.

(2 × [1]) [2]

- (c) Discuss three factors which have contributed to the demographic trend of increasing numbers of people in society with physical disabilities or illnesses in society. (AO1, AO2, AO3)

[1] For key phrases up to [3] for full discussion of any three of the following factors which have contributed to increasing longevity

Answers may include the following points:

- increased survival rates at birth linked to improvements in medical care
- increased life expectancy is a factor as older people are more likely to have disabilities or illnesses
- improved access to preventative care and specialist care and services means people with physical disabilities are living longer
- early diagnosis leads to more people classified as having an illness or disability
- a change in attitudes/recognition of rights has led to improved care
- improvements in medication available for a range of conditions have led to an increased life expectancy, e.g. for people with strokes or cystic fibrosis
- positive lifestyle choices, which may be linked to health promotion, means people tend to live longer with their disability or illness
- advances in medical science have also led to increased life expectancy, e.g. treatments for heart disease
- poor lifestyle choices, e.g. poor diet has led to an increase in people with illnesses like diabetes
- increasing numbers of people living in poverty, which is linked to illness, e.g. asthma
- an increase in risk taking behaviours, e.g. drug taking, alcohol abuse, dangerous driving has contributed to illnesses and accidents
- an increase in numbers of soldiers and war wounded with disabilities
- improved standards of living, e.g. nutrition have increased life expectancy in turn morbidity rates.

(3 × [3])

[9]

Also accept answers that address the reasons for the increasing numbers of people with disabilities living in the community as opposed to institutions, e.g. community care.

Other valid responses will be given credit.

- (d) Analyse the impact of the Carers and Direct Payments Act (NI) 2002 on the lives of people with physical disabilities and illnesses **and** their carers. (AO1, AO2, AO3, AO4)

Level 1 ([1]–[4])

Overall impression: basic understanding

- displays limited knowledge of the impact of the Carers and Direct Payments Act on the lives of people with physical disabilities and illnesses and their carers
- there is limited 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 knowledge and understanding

- displays adequate knowledge of the impact of the Carers and Direct Payments Act on the lives of people with physical disabilities and illnesses and their carers
- there is adequate analysis
- answers which focus on only clients or carers cannot achieve beyond this band
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- displays very good knowledge of the impact of the Carers and Direct Payments Act on the lives of people with physical disabilities and illnesses and their carers
- there is competent analysis of the impact on both people with physical disabilities and carers to achieve in 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.

Level 4 ([13]–[15])

Overall impression: highly competent knowledge and understanding

- displays very good to excellent knowledge of the impact of the Carers and Direct Payments Act on the lives of people with physical disabilities and illnesses and their carers
- there is highly competent analysis
- 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.

Answers may address some of the following points:

Impact on people with physical disabilities and illnesses

- direct payments allow money to be given to the service user to enable them to purchase their own support package following an assessment of their needs.
- gives people with physical disabilities and illnesses more choice of how they want to use payments to buy in their care
- allow people with physical disabilities and illnesses greater flexibility regarding who they employ and when the help comes to them – allows for a tailor-made package of care
- enables people with physical disabilities and illnesses to design a more responsive service which meets their individual needs
- gives people with physical disabilities and illnesses greater sense of empowerment, autonomy and independence
- they may find they cannot get suitable carers or if carer sick they cannot replace them quickly
- auditing process required by Trusts can be very stressful for them – accounts must be kept which can be time consuming and difficult
- the ongoing process of qualifying for support can be stressful.

Impact on carers

- the legislation recognised the rights of carers and required their needs be taken into consideration when carrying out an assessment of needs for any client
- provided carers with a facility to request support such as respite care for the service users
- the legislation provided carers with the right to have an assessment of their own ability to provide care but this is not automatic – must be requested and so some do not get because they do not know
- trusts may not be able to or may not pay for services to meet the identified needs of the carer therefore critics argue the legislation is not effective.
- are being paid for work by the service user that they may have done previously without financial reward
- service users may be very demanding – expecting more from carers, leading to stress

[15]

AVAILABLE
MARKS

34

Total

100