



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2016**

Health and Social Care

Assessment Unit AS 5

assessing

Unit 5: Adult Service Users

[A3H51]

WEDNESDAY 15 JUNE, AFTERNOON

**MARK
SCHEME**

General Marking Instructions

Introduction

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

The Purpose of Mark Schemes

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

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

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

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

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

1 (a) Define the following terms. (AO1, AO2)**Disability**

Answers may include the following:

- loss or reduction of functional ability
- the lack or loss of ability to carry out activities or functions
- anatomical, physiological, intellectual or psychological dysfunction
- 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 full explanation

(1 × [2])

[2]

Concept of 'need'

Answers may include the following:

- essential requirement which should be met in order to ensure that the individual reaches a state of health and social well-being – may include physical, social, emotional, intellectual, cultural and spiritual needs, e.g. may include a safe environment, communication, mobilising, sleeping.

All other valid points will be given credit

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

(1 × [2])

[2]

(b) Discuss three ways the occupational therapist might offer support to patients such as Brian. (AO1, AO2, AO3)

Answers may address any three of the following:

- provides a needs assessment of the patient, e.g. of their ability to cope with life skills such as cooking, socialising, budgeting
- supports and teaches skills needed for maximum independence, e.g. dressing
- assesses patient's home and identifies need for adaptations, e.g. hand rails or chair ramp
- provides aids, e.g. special cutlery, dressing aids, bathing aids
- gives patients information on support groups so they can meet people who are in similar situations
- liaises with multi-disciplinary team
- designs individualised programmes to promote independence, e.g. employability/help with phased return to work
- contributes to the care planning process
- writes reports and monitors progress
- may speak to the family about how to support Brian's recovery
- may make referrals to other health and social care professionals.
- may provide information on grants available for adaptations

All other valid points will be given credit

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

(3 × [3])

[9]

(c) Name two other statutory services that people with disabilities may use. (AO1)**Statutory services**

Answers may include any two of the following services:

- day centres
- GP surgeries

- nursing services (CPN/district nursing)
- ambulance services
- social services
- residential homes
- nursing homes
- home care services
- training centres
- transportation services
- other allied health professional services, e.g. dietician, OT, speech therapy.

All other valid responses will be given credit

(2 × [1])

[2]

(d) Explain two ways statutory services may be funded. (AO1, AO2)

Answers may address any two of the following points:

- taxpayers/system of national taxation, funds controlled by central government
- national insurance contributions
- payment by service users, e.g. for meals
- fundraising, e.g. by families
- donations, e.g. by groups such as ‘friends of hospital’.

All other valid responses will be given credit

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

(2 × [2])

[4]

(e) Discuss four advantages for Brian of using the private sector. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

- may be seen more quickly so avoiding having to spend months or even years on a waiting list, with his depression perhaps deteriorating
- may recover more quickly as he has received treatment when his condition is less advanced
- may feel in control of his care and how he receives care, as he can make choices, e.g. which counsellor he sees or what type of counselling will best suit his needs
- may feel happier with the service, as it is more flexible and he can choose appointments that suit his needs, giving him a sense of empowerment
- does not need a referral from his GP as he can refer himself, so benefiting from prompt assessment and treatment
- may feel he has greater privacy within an environment while he feels his confidentiality can be maintained more easily
- may feel the quality of counselling he receives is of a higher standard, e.g. more pleasant environment, a more highly qualified practitioner with more experience, more frequent or longer sessions.

All other valid responses will be given credit

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

Level 1 ([1]–[4])

Overall impression: basic

- displays limited understanding of advantages for Brian
- points may be listed rather than discussed or only one or two advantages may be discussed
- 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 of four advantages for Brian
- answers that focus on only two advantages cannot achieve beyond 6 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

- displays a very good knowledge of four advantages for Brian
- competent discussion of all four advantages achieves at the top of this level
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form of style and writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [12]

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- 2 (a) Explain two ways the protection from abuse of vulnerable adults policy attempts to safeguard patients from harm. (AO1, AO2, AO3)

Answers may address some of the following points:

- requires staff to attend training and also to have their training updated which should enable them to understand who a vulnerable adult is, the definition of different types of abuse, including the signs and symptoms, so they can identify any abusive behaviour towards vulnerable adults and take steps to report it
- sets out clear procedures that staff must take in reporting abuse, i.e. who to contact, forms to complete, so helping to make staff accountable and therefore act in the interests of their patients to protect them from harm
- outlines clear time limits for, and states which professionals must be involved, in the investigations so that situations are treated seriously and with speed to protect the vulnerable person
- sets out to ensure that staff are fully aware of the consequences of not adhering to the policy, i.e. they may be disciplined, lose their job, lose their registration with their professional body, so makes it more likely that they will report suspicions
- may make reference to requirement for Access NI checks, meaning staff cannot be employed until police and social service records have been checked, which helps to protect service users from coming into contact with adults with a history of abuse

All other valid points will be given credit

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

(2 × [2])

[4]

- (b) Identify one example of each of the other types of need for older people and explain one way it could be met by hospital staff. (AO1, AO2, AO3)

Needs

Intellectual: stimulation, knowledge and understanding, e.g. of their condition

Emotional: esteem needs, need to feel cared for, valued and respected, feel secure

Communication: talking and listening, interaction, understand others, be understood by others

All other valid points will be given credit

(3 × [1])

[3]

One way it could be met by hospital staff

Answers may include:

Intellectual

- encouraging them to keep their minds' active, e.g. doing crosswords, watching news, reading books or magazines, watching television programmes
- talking to them about their condition and treatment, answering questions and giving them reading material to help them understand their health problems/needs
- discussing information about other practical issues, e.g. benefits or service

Emotional

- encouraging family to visit regularly so they feel cared for and loved by people important to them in their lives
- allocating named nurses for all patients who in turn take time to get to know the individual patient and their needs/requirements
- encouraging patients to interact with one another to keep their spirits up, e.g. can encourage them to go to the day room
- explaining their health care needs clearly and in a way they can understand and involving them in their care plan so they have a sense of autonomy
- showing respect, e.g. by using appropriate forms of address can help patients feel valued
- taking time to chat with patients and listen to them can give them a sense of belonging
- acting as advocates to promote their wishes so they feel empowered
- providing information on progress can help patients feel involved and encouraged to look towards the future
- preserving their dignity in personal care can help patients feel respected and valued

Communication

- spending time with them to try to understand their thoughts, concerns, needs
- providing advocacy services
- providing translator services
- consulting with family to make sure they have understood the patient correctly
- using straightforward language to talk about the patients' condition and treatment
- using any communication aids that might benefit the patient, e.g. making sure the patient is wearing their hearing aid and that it is working
- encouraging patients to interact with each other
- use non-verbal communication skills to interact with patients.

All other valid points will be given credit

[1] for use of key phrase(s), [2] for discussion, [3] for fuller discussion

(3 × [2])

[6]

- (c) Analyse how nurses could implement the five care values in the hospital. (AO1, AO2, AO3, AO4)

Answers should include each of the following care values with examples of how they can be applied:

- Promote anti-discriminatory practice, e.g. by checking on dietary requirements linked to religious practices
- Maintain confidential information, e.g. by keeping records secure
- Promote service users' rights and choices, e.g. by obtaining consent for treatment
- Respect individuals' identity and beliefs, e.g. by contacting relevant religious leaders
- Promote effective communication, e.g. by making sure an individual has their hearing aid

Level 1 ([1]–[4])

Overall impression: basic

- displays limited knowledge of how nurses could implement the five care values within the hospital setting
- may only address one or two care values
- 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 how nurses could implement the five care values within the hospital setting
- adequate analysis
- evidence of an understanding of how nurses could implement at least three care values 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 ([9]–[12])

Overall impression: competent

- displays a very good knowledge and understanding of how nurses could implement the five care values within the hospital setting
- analysis of how nurses could implement all five care values within the hospital setting to achieve at 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.

[0] is awarded for a response not worthy of credit [12]

- (d) Discuss three advantages of community care for older people such as Mrs Peterson. (AO1, AO2, AO3, AO4)

Answers may address three of the following points:

- individuals can continue to live in familiar surroundings in their own homes, with their family around them for support
- they can have regular contact with friends and neighbours, the people around them that care for them
- they can continue to keep their routines that add value to their lives, e.g. having a cup of tea before they get up in the morning, watching certain programmes or listening to the radio, going to a day centre
- they can attend local clubs such as luncheon clubs, bowling etc.
- retain their sense of self with their favourite furniture and personal possessions around them

- they can maintain privacy and the dignity that it brings
- the individual may be enabled to be as independent as possible, e.g. by receiving the services of support workers, befrienders etc.
- they can have control over their life, e.g. use their benefits as they see fit, such as direct payments to get help to go to the cinema, bingo, swimming pool or on holiday
- they may feel more accepted as community care helps to de-stigmatise the care of older people
- may receive more holistic care due to multidisciplinary teams being involved in care planning and delivery
- social care agreed by the Trust is free for the older person

All other valid points will be given credit

[1] for use of key phrase(s), [2] for discussion, [3] for fuller discussion of each way identified

(3 × [3])

[9]

- (e) Discuss how domiciliary care workers may support older people like Mrs Peterson to live at home. (AO1, AO2, AO3)

Answers may address some of the following points:

- provide personal care, e.g. helping to get up and dressed in the morning and prepared for bed at night
- may undertake household tasks, e.g. fire lighting, meal preparation
- provide emotional support by talking and listening to service users, who are often lonely
- may help with medication, e.g. collecting prescriptions, checking medication has been taken
- occasionally may take them to doctor or hospital appointments
- liaise with social workers and other health professionals if there are any changes in the service users' condition or health and social care needs
- write up notes in service users' home as a record of care given and of service user's condition
- encourage independence by supporting the older person to develop confidence and skills in the tasks of daily living.

All other valid responses will be given credit

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

Level 1 ([1]–[2])

Overall impression: basic

- displays limited knowledge and understanding of how domiciliary care workers may support older people like Mrs. Peterson to live at home.

Level 2 ([3]–[4])

Overall impression: adequate

- displays adequate knowledge and understanding of how domiciliary care workers may support older people like Mrs. Peterson to live at home.

Level 3 ([5]–[6])

Overall impression: competent

- displays competent knowledge and understanding of how domiciliary care workers may support older people like Mrs. Peterson to live at home.

[6]

- (f)** Explain three ways an advocate could support service users like Mrs Peterson. (AO1, AO2, AO3)

Answers may address any three of the following points:

- an advocate could accompany them to appointments and talk to the health and social care professionals, either on the service users' behalf or with them to enable them to make their case about their needs and how they can be met
- an advocate may also help service users to talk to their family and friends about their needs and wants, developing understanding within families
- an advocate may represent a service user in disputes, e.g. a legal advocate in court
- an advocate may work to address benefit entitlement, or other forms of financial advocacy
- an advocate will check or oversee the implementation of decisions agreed, e.g. in the care planning process
- an advocate will give service users advice on their rights, e.g. an assessment of their needs
- an advocate may represent a service user at multidisciplinary team meeting
- an advocate may lobby politicians to get individuals the services they are entitled to
- an advocate may enable service users to use self advocacy skills so they can have their needs met, e.g. asking for a second opinion
- an advocate may enable a service user to access educational opportunities, e.g. attending college
- an advocate may represent service users from different cultures or religious backgrounds to access their rights, e.g. to a suitable meal at a day centre

All other valid points will be given credit

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

(3 × [2])

[6]

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- 3 (a)** Explain two ways each of the following pieces of legislation supports adult service users. (AO1, AO2, AO3)

The Health & Personal Social Services (NI) Order 1972 (Amended 1991 & 1994)

Answers may address two of the following points:

- provides integrated health and social care services so people can have access to a range of services including; GP services, nursing services, social work services, hospital and day care services
- enables people to have access to services that prevent ill health and also provide after care, e.g. Well Women's clinics, health visitors, screening facilities, community-based facilities, GP services
- requires provision of advice, guidance and assistance to people, e.g. providing assessments and care plans both in hospital and for those in the community and making sure the relevant services are provided, e.g. home care visits
- requires equipment and materials to be provided, e.g. aids and appliances
- requires accommodation and medical services to be provided, e.g. psychiatric hospitals, medical and nursing services

- requires information relating to the promotion and maintenance of health and the prevention of ill health to be provided, e.g. from the Public Health Agency
- requires help to be provided to people in need of suitable work, e.g. training schemes or centres for adults with learning disabilities
- makes arrangement for specialised care, including in particular the medical and dental care, of expectant and nursing mothers
- requires assistance to be provided to a person in need, usually in kind or, in emergencies, in cash, e.g. a social worker supporting a family who have no money for food or fuel
- provides for transportation for those suffering from severe physical defect or disability to and from hospital for treatments such as kidney dialysis
- enables inspections of premises and records of health and social care facilities such as hospitals and care homes to try to ensure high standards of care are provided and if any problems arise, they set target for improvement so enabling good quality of care to be provided to those in need

All other valid points will be given credit

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

(2 × [2])

[4]

Carers and Direct Payments Act (NI) 2002

Answers may address two of the following points:

- provides service users with money to enable them to purchase their own support package following an assessment of their needs, so giving them more choice of how they want to use payments to buy in their care, such as deciding on the level of personal care they need, or paying for short breaks.
- offers service users more flexibility, e.g. times when employees come to them, such as asking the carer to come in at 10 am to help get them up and not to come back until 10pm to put them to bed.
- enables service users to develop a tailor-made and more responsive service because they are in control and work with a range of professionals, and service providers
- gives service users more freedom and convenience to choose, for instance, family members to support them in their care, so their partner may be able to work part-time as they are now getting financial assistance to pay for care
- enables service users to choose who to employ as they interview staff and give them contracts of employment. It also means if they are unhappy with the care provided they can sack the employee and get someone more suitable

All other valid points will be given credit

(2 × [2])

[4]

- (b)** Discuss how the following stages of the care planning cycle should enable quality care to be provided.

Planning (AO1, AO2, AO3)

- should enable the service users to feel they are fully informed and working in partnership with professionals as following an assessment, a care plan is drawn up to meet their specific needs

- as the plan is written down, it is clear what has been agreed and what will happen and when it will happen; so each professional will be clear about their role and how they will be expected to support the service user, so this avoids confusion and should enable quality care to be provided
- the written care plan should help to ensure good communication between the service user and the professionals looking after them, aiding speedy identification of any problems or difficulties in the plan
- the plan is a confidential document so only those authorised to see it should see it, helping the service user to feel confident about their care, so aiding empowerment and respect
- as the care plan includes a review date, this should enable the service user or other members of the team to check if the plan is working, so trying to ensure the care of the person is good enough to fully meet their needs

Monitoring

Answers may address some of the following points:

- the team will have give the service user the opportunity to comment on how their plan is operating so they can quickly voice their concerns if it was not working, enabling changes to be made to improve the care if necessary
- the team will consult with professionals and family to check if the service user is accessing services, e.g. letting home care workers into their home, so identifying any issues for concern quickly
- the team will identify any new needs and a multidisciplinary meeting can be called urgently if required to ensure the service users needs are being met properly
- family are kept involved through the monitoring process so enabling professionals to pin point any changes in the service users' condition as soon as possible, so care is of a suitable quality

All other valid points will be given credit

[1] for key phrase(s), [2] for discussion, [3] for fuller discussion of each way identified

(2 × [3])

[6]

- (c) Discuss three difficulties informal carers may experience in caring for their loved one. (AO1, AO2, AO3)

Answers may address three of the following:

- may have to give up their job or education due to time commitment of caring
- financial pressures, do not get paid/benefits are very limited/causing resentment
- feel taken for granted and under pressure to continue
- isolation/no appreciation of stress they are under
- find it difficult to access support so may feel trapped
- can become exhausted – often it is a 24 hour job; may not get enough sleep
- receive little or no training, e.g. in moving and handling or in terms of awareness of services which may cause them injury or anxiety
- their own relationships and family life may start to break down due to the responsibilities involved in caring
- their own physical health may deteriorate – they can become ill themselves or exhausted 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 of caring, e.g. depression
- where the informal carer is a child, he or she may miss out on education and social life
- may find it difficult and distressing if their loved one is suffering and struggling to cope
- may find it difficult to deliver personal care, but feel they have no choice
- may feel resentful and feel regretful if they abuse the person in some way, e.g. verbally
- find it difficult to get time for themselves, e.g. to go on holiday.

All other valid points will be given credit

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

Level 1 ([1]–[3])

Overall impression: basic

- displays limited knowledge of difficulties informal carers may experience in caring for their loved one.
- may list points 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 not clear.

Level 2 ([4]–[6])

Overall impression: adequate

- displays adequate knowledge of difficulties informal carers may experience in caring for their loved one.
- an adequate discussion of all three.
- candidates who discuss only two difficulties cannot achieve beyond this level.
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent

- displays a very good knowledge of difficulties informal carers may experience in caring for their loved one.
- detailed discussion of all three may 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. [9]

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Total

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