

Mark Scheme (Results)

Summer 2016

Pearson Edexcel in GCE Health and Social Care (6944/01)
Unit 7: Meeting Individual Needs

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## **General Marking Guidance**

- All candidates must receive the same treatment. Examiners must mark the first candidate in exactly the same way as they mark the last.
- Mark schemes should be applied positively. Candidates must be rewarded for what they have shown they can do rather than penalised for omissions.
- Examiners should mark according to the mark scheme not according to their perception of where the grade boundaries may lie.
- There is no ceiling on achievement. All marks on the mark scheme should be used appropriately.
- All the marks on the mark scheme are designed to be awarded. Examiners should always award full marks if deserved, i.e. if the answer matches the mark scheme. Examiners should also be prepared to award zero marks if the candidate's response is not worthy of credit according to the mark scheme.
- Where some judgement is required, mark schemes will provide the principles by which marks will be awarded and exemplification may be limited.
- When examiners are in doubt regarding the application of the mark scheme to a candidate's response, the team leader must be consulted.
- Crossed out work should be marked UNLESS the candidate has replaced it with an alternative response.
- Mark schemes will indicate within the table where, and which strands of QWC, are being assessed. The strands are as follows:
  - i) ensure that text is legible and that spelling, punctuation and grammar are accurate so that meaning is clear
  - ii) select and use a form and style of writing appropriate to purpose and to complex subject matter
  - iii) organise information clearly and coherently, using specialist vocabulary when appropriate.

Question Number	Answer	Mark
1 (a)	<ul> <li>Assess</li> <li>Implement</li> <li>Devise or design a Care plan</li> <li>Monitor</li> <li>Review</li> <li>Evaluate</li> </ul> Do not accept care plan on its own	(2)

Question	Indicative	Contant		
	maicative	Content		
Number				
1 (b)	<ul> <li>Physical needs – level of mobility/Parkinson's disease</li> </ul>			
		otional health / mental health		
		Social and personal care		
		ellectual needs		
	_	el of risk		
		rural and religious needs		
	• Acc	ommodation needs		
	• Trar	nsport/access		
	• Fina	incial situation of client		
	• Edu	cation/employment/leisure needs		
	• Nee	ds of carer – Mary		
	Worked e	Worked example		
	Two areas that the social worker may consider could be Albert's level			
	of mobility	of mobility (1) as his condition will get worse and his symptoms may		
		become more pronounced (1). Also, the social worker may assess his		
	emotional health (1) as Albert may go through periods of depression			
	over his condition. (1)			
Level	Mark	Descriptor		
	0	No rewardable material.		
1	1-2	Weak brief answer		
2	3	One point identified and described		
3	4	To ensure that staff are trained effectively (1 mark) and		
		therefore clients receive the appropriate care (1 mark).		
		This will ensure that infection is minimised (1 mark) and		
		ensures that standards are consistent across England		
		(1mark)		
	<u> </u>	(many		

Question Indicative Content Number		Indicative Content
1(c)		Freedom from discrimination     Freedom of speech     Right to assessment of needs     Right to an advocate     Cultural and religious needs were respected     Confidentiality of information given     Independence promoted as far as possible     Power of choice over services     Dignity in the care received     Respect  Empowerment is not a right it is an outcome of securing rights for individuals  Worked example One right Albert has is freedom from discrimination (1). This means that his social worker must take into account his gender, age and other factors when planning services (1). By taking these factors into account they will ensure that Albert has access to all services he is entitled to. (1)
Level	Mark	Descriptor
	0	No rewardable material.
1	1-2	Weak brief answer
2	3-4	One point identified and explained
3	5-6	Answer has been comprehensively developed with points fully explained. Accurate knowledge and understanding demonstrated throughout answer. Good linkage/coherence between points. Good use of vocational vocabulary. The level of explanation is thorough.

Question Number		Indicative Content	
*1(d)  QWC		Strengths  Promotes independence Service user is listened to Feels they have control Service user actively participates in the care process Service user's choices are taken into account Greater power is given to service Effective communication is used between both parties Greater trust/partnership is developed Raises self-esteem of service user  Problems if you don't empower Stifle service user's growth and development Service user will feel undervalued Waste of resources Oppression of individual Leads to poor quality care Break down in trust Lack of choice	
Level	Mark	Descriptor	
	0	No rewardable material.	
1	1-2	Answers provided will be brief and vague. May identify points only or identify 1 point and describe it	
2	3-5	Answers provided will describe and/or explain points raised. No linkage or balance between strengths and weaknesses evident.	
3	6-8	Well-developed answer with points fully discussed. Good linkage/coherence between points. Effective use of vocational vocabulary. Excellent balance of strengths and weaknesses.	

Question Number		Indicative Content	
*1(e) QWC		Positive	
		<ul> <li>Socially isolating – individual can lose touch with friends</li> <li>Emotional draining</li> <li>Lead to family conflict</li> <li>Financially punitive – carer may have to give up full-time job</li> <li>Risk of abuse if caring gets too much</li> <li>Little support from state authorities</li> </ul> Accept appropriate alternatives.	
Level	Mark	Descriptor	
	0	No rewardable material.	
1	1-3	Answers provided will be brief and vague. May identify points only or identify 1 point and describe it	
2	4-6	Answers provided will describe and/or explain points raised. No linkage or balance between pros and cons evident.	
3	7-10	Well-developed answer with points fully assessed. Good linkage/coherence between points. Effective use of vocational vocabulary. Excellent assessment of positives and negatives.	

Question Number	Answer	Mark
2(a)	1 mark for a brief explanation. 2 marks awarded for a full explanation.  Worked example Document that outlines the expectations (1) or standards of care to be provided. (1) Regulations/rules (1) Best practice (1) Correct care (1)	
		(2)

Questi Numbe	_	Indicative Content	
2(b) Car  • • • • • Work Jame inforr		Wor Jam infor	
Level	Ма	rk	Descriptor
	0		No rewardable material.
1	1-2	2	Weak brief answer
2	3-4	1	One point identified and described
3 5-6		Ó	Answer has been comprehensively developed with points fully explained. Accurate knowledge and understanding demonstrated throughout answer. Good linkage/coherence between points. Good use of vocational vocabulary. The level of explanation is thorough.

Question Number	Indica	tive Content
2(c)	Accept Reside count staff a	Residents feel empowered Feels respected Residents feel valued Creates greater ownership in their care – have a say Self-esteem increases Home feels more like a 'home', nicer place to live in Health and well being may be positively impacted upon Socialise with each other Form better friendship/relationship/rapport with carers is more positive Happier – impact on self esteem and self concept Higher level of morale More choice over the things they do  reverse arguments e.g. neglect or institutionalisation.  Ints will feel valued (1) as they will feel as if their opinions (1). This will build a more positive relationship between the nd the residents (1) and will result in higher levels of ction. (1)
Level	Mark	Descriptor
	0	No rewardable material.
1	1-2	2 factors identified <b>or</b> 1 factor identified with limited explanation
2	3	2 factors identified and one factor explained
3	4	The importance of diversity and social inclusion means that all individuals will be treated equally (1 mark), they will not be discriminated against on any grounds (1 mark). It means that the individual will be respected for their uniqueness (1 mark) and will feel a part of the service (1 mark).

Question		Indicative Content
*2(d)  QWC	er	<ul> <li>Examples of monitoring include:</li> <li>Questionnaires for residents/staff</li> <li>Residents' support group / focus group</li> <li>Complaints procedures</li> <li>Audits</li> <li>Standards</li> <li>Benchmark against other care homes regarding standards and practice</li> <li>Refer back to standards</li> <li>Satisfaction questionnaires</li> <li>Reviews of care plans and taking time to talk to residents when reviewing care plans</li> </ul> Monitoring - positives
		<ul> <li>Used as a benchmark to compare services over time</li> <li>Improve/target/redeploy resources and manpower</li> <li>Residents' needs are met</li> <li>Gaps in provision can be identified</li> <li>Cost effective</li> <li>Used to change attitudes</li> <li>Issues can be addressed</li> </ul> Monitoring - weaknesses <ul> <li>Poor quality provision</li> <li>Mistakes/neglect</li> <li>Waste of resources</li> <li>Poor quality</li> <li>Resident dissatisfaction</li> </ul>
Level	Mark	Descriptor
	0	No rewardable material.
1	0-2	Answers provided will be brief and vague. May identify points only
2	3-5	Answers provided will describe and explain points raised. No linkage or balance between strengths and weaknesses evident.
		Well-developed answer with points fully discussed. Good linkage/coherence between points. Effective use of vocational vocabulary. Excellent balance of strengths and weaknesses

Questi Numbe		Indicative Content
*2(e) QWC		Support and guidance provided by national agencies  Set and monitor standards  Monitor quality of service  Provide information and in some instances funding  Commission research  Provide training  Regulate and enforce standards  Investigate and consider allegations of misconduct  Protect vulnerable people through police checks on staff  Act as a watchdog over service provision  Safeguard and protect service users  Networking is promoted  Advice  Promotes better communicate and a better understanding between service providers and national bides  Please note: candidates may refer to a range of agencies and may also offer a reverse argument. Accept guidance but only if it is clarified e.g. examples of how it promotes good practice
Level	Mark	Descriptor
	0	No rewardable material.
1	0-3	Answers provided will be brief and vague. May describe/explain one point.
2	4-7	Answers provided will describe and explain two points raised. No linkage or balance evident between points.
3	8-10	Well-developed answer with points fully evaluated. Good linkage/coherence between points. Effective use of vocational vocabulary. Excellent evaluative skills presented.

Question Number	Answer	Mark		
3(a)	1 for mark for a vague answer. 2 marks for a full definition.			
	Worked example Bringing together of the statutory, voluntary and private organisations (1) to provide care services within the community (1).			
	Part of the community care reforms.  Each provider comes from a different type of background.  Each provider sources its funding in a different way.			
	Each will play a different role in providing services.	(2)		

Question Number	Indicat	ive content		
3(b)	•	Free at the point of delivery Available to everyone irrespective of background Funded out of taxation eg. National insurance		
	<ul> <li>Cradle to the grave provision</li> <li>Comprehensive hospital provision throughout the UK</li> <li>Free health care</li> <li>Eligibility based on need not ability to pay</li> <li>Focus on primary, secondary and tertiary care</li> </ul>			
	Worke	Worked example		
	Free at	t the point of delivery (1) meant that people did not have to it directly as it was funded out of taxation (1).		
Level	Mark	Descriptor		
	0	No rewardable material.		
1	1-2	2 factors identified or 1 factor identified with limited explanation		
2	3	2 factors identified and one factor explained		
3	4	The importance of diversity and social inclusion means that all individuals will be treated equally (1 mark), they will not be discriminated against on any grounds (1 mark). It means that the individual will be respected for their uniqueness (1 mark) and will feel a part of the service (1 mark).		

Question Number		Indicative Content
3(c)		<ul> <li>Maximise resources effectively</li> <li>Leads to better decision making</li> <li>Can reduce hospital appointment demands etc if the practice is able to provide a minor surgery</li> <li>Buy in a wider range of services</li> <li>Services become needs led / reflect the needs of the population</li> <li>Improve the quality of service provision</li> <li>Can source with different providers</li> <li>Greater ownership over their services</li> <li>Can diversify to meet need more effectively</li> <li>Ability to contract and control budgets / less restrictions</li> <li>Create opportunities to develop partnerships with other agencies</li> <li>Can promote a greater range of services</li> <li>Less pressure on other services</li> </ul>
Level	Mark	Descriptor
	0	No rewardable material.
1	1-2	Answers provided will be brief and vague. May identify points only or identify 1 point and describe it.
2	3-4	Answers provided will describe and/or explain points raised. No linkage or balance between the points explained.
3	5-6	Well-developed answer with points full explained. Good linkage/coherence between points. Effective use of vocational vocabulary. Excellent level of explanation present.

Question Number		Indicative Content
*3(d)		Factors
QWC		<ul> <li>Demographic changes – older people</li> <li>Greater morbidity rates in society</li> <li>Greater levels chronic illness</li> <li>Greater levels of dysfunction</li> <li>Increase in population</li> <li>Increased numbers of migrant workers coming to the UK</li> <li>Cost of provision, e.g. technology, wages have increased</li> <li>Cost of procedures has increased</li> <li>Public expectations are higher and more demanding</li> <li>General demand and supply are incongruent with the finances made available</li> <li>Waste and inefficiency</li> <li>Lack of co-ordination</li> <li>Everyone has an entitlement to it linked to demand</li> <li>Legislative change may increase demand and cost</li> <li>Inclusion of other secondary health care services may increase costs</li> </ul>
Level	Mark	Descriptor
1	0-2	Answers provided will be brief and vague. May identify points only
2	3-5	Answers provided will describe and explain points raised. No linkage or balance present in discussion.
3	6-8	Well-developed answer with points fully discussed. Good linkage/coherence between points. Effective use of vocational vocabulary. Excellent level of discussion present.

Questio		Indicative Content
*3(e)  QWC	er	How provision has been affected  Clearer roles and responsibilities within agencies  Clearer understanding of how services are to be provided  Assessment of need now mandatory  Best value principle  Inclusion of independent sector  Greater reliance on informal carers  Principles of market principles  Promotes equality/rights and the changing and diverse society we live in  Pros  Improvement in efficiency  Patient centred and greater patient protection  Closes loopholes and gaps  Costs are now identifiable  Increased consumer choice e.g family involvement  Service user independence promoted  Greater flexibility  Prevents discrimination
		<ul> <li>Admin costs greater</li> <li>Little coordination between agencies</li> <li>Burden on informal carers e.g. impact on family</li> <li>Loss of choice for some service users</li> <li>Little has changed</li> <li>Post code lottery</li> <li>Increased risk of poverty</li> </ul>
Level	Mark	Descriptor
1	0-3	Answers provided will be brief and vague. May describe/explain one point.
2	4-7	Answers provided will describe and explain two points raised. No linkage or balance evident between points. Evaluation not always present.
3	8-10	Well-developed answer with points fully evaluated. Good linkage/coherence between points. Effective use of vocational vocabulary. Excellent evaluative skills present.