



**ADVANCED**  
**General Certificate of Education**  
**2023**

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**Health and Social Care**

**Assessment Unit A2 3**

*assessing*

**Providing Services**

**[AHC31]**

**WEDNESDAY 31 MAY, AFTERNOON**

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**MARK  
SCHEME**

## General Marking Instructions

### *Introduction*

The main purpose of a mark scheme is to ensure that examinations are marked accurately, consistently and fairly. The mark scheme provides examiners with an indication of the nature and range of candidates' responses likely to be worthy of credit. It also sets out the criteria which they should apply in allocating marks to candidates' responses.

### *Assessment objectives*

Below are the assessment objectives for **GCE Health and Social Care**.

Candidates should be able to:

- AO1** Demonstrate knowledge and understanding of the specified content.
- AO2** Apply knowledge, understanding and skills to a variety of health, social care and early years contexts.
- AO3** Investigate, analyse, and evaluate acquired knowledge and understanding, present arguments, make reasoned judgements and draw conclusions.

### *Quality of candidates' responses*

In marking the examination papers, examiners should be looking for a quality of response reflecting the level of maturity which may reasonably be expected of a 17 or 18-year-old which is the age at which the majority of candidates sit their GCE examinations.

### *Flexibility in marking*

Mark schemes are not intended to be totally prescriptive. No mark scheme can cover all the responses which candidates may produce. In the event of unanticipated answers, examiners are expected to use their professional judgement to assess the validity of answers. If an answer is particularly problematic, then examiners should seek the guidance of the Supervising Examiner.

### *Positive marking*

Examiners are encouraged to be positive in their marking, giving appropriate credit for what candidates know, understand and can do rather than penalising candidates for errors or omissions. Examiners should make use of the whole of the available mark range for any particular question and be prepared to award full marks for a response which is as good as might reasonably be expected of a 17 or 18-year-old GCE candidate.

### *Awarding zero marks*

Marks should only be awarded for valid responses and no marks should be awarded for an answer which is completely incorrect or inappropriate.

### *Types of mark schemes*

Mark schemes for tasks or questions which require candidates to respond in extended written form are marked on the basis of levels of response which take account of the quality of written communication.

Other questions which require only short answers are marked on a point for point basis with marks awarded for each valid piece of information provided.

### *Levels of response*

In deciding which level of response to award, examiners should look for the ‘best fit’ bearing in mind that weakness in one area may be compensated for by strength in another. In deciding which mark within a particular level to award to any response, examiners are expected to use their professional judgement.

The following guidance is provided to assist examiners.

- **Threshold performance:** Response which just merits inclusion in the level and should be awarded a mark at or near the bottom of the range.
- **Intermediate performance:** Response which clearly merits inclusion in the level and should be awarded a mark at or near the middle of the range.
- **High performance:** Response which fully satisfies the level description and should be awarded a mark at or near the top of the range.

### *Quality of written communication*

Quality of written communication is taken into account in assessing candidates’ responses to all tasks and questions that require them to respond in extended written form. These tasks and questions are marked on the basis of levels of response. The description for each level of response includes reference to the quality of written communication.

For conciseness, quality of written communication is distinguished within levels of response as follows:

Level 1: Quality of written communication is basic.

Level 2: Quality of written communication is adequate.

Level 3: Quality of written communication is competent.

Level 4: Quality of written communication is highly competent.

In interpreting these level descriptions, examiners should refer to the more detailed guidance provided below:

**Level 1 (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 (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 (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 meaning is clear.

**Level 4 (Highly competent):** 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.

- 1 (a) Explain **two** different ways each of the following practitioners might support older service users. (AO1, AO2)

### District nurse

#### Examples of suitable points to be explained:

- responsible for care planning – accept discussion of separate aspects of care planning (assessing, planning, implementing, monitoring, reviewing, evaluating)
- liaises with other health care practitioners, e.g. GP, OT
- provides support for and gives advice to informal carers who help to look after/live with service users in the community
- refers service users to other professionals and/or agencies such as GP or voluntary provider
- administers medication or prescribes if a specialist nurse practitioner
- attends case conferences to contribute to plan for ongoing care and support
- visits people in their own homes or in residential care homes, providing care for service users and supporting family members
- district nurses also have a teaching role, working with patients to educate them about their condition and enable them to care for themselves and they also work with family members teaching them how to care for their relatives
- a range of other nursing tasks such as dressing wounds, changing catheters, checking BP, taking blood, administering vaccines
- acting as an advocate for older service users, e.g. organising a place at a day centre
- supports end of life/palliative care, e.g. sets up syringe drivers
- writes reports such as updating nursing care records

All other valid responses will be given credit.

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

### Occupational therapist (OT)

#### Examples of suitable points to be explained:

- assesses the needs of individuals and provides care relevant to promoting independence
- carries out risk assessments in the service user's own home to determine any support which may be considered necessary for recovery or to prevent falls
- provides a home assessment to determine whether changes in the service user's environment would facilitate independent living, e.g. may identify specific adaptations to improve accessibility and safety such as shower rails, ramps etc.
- provides information and advice to support independent living at home, e.g. how to get a personal alarm
- prescribes a range of adaptive strategies to improve mobility and function, such as joint protection techniques and work/rest routines
- provides education and advice to cope with age-specific illnesses such as dementia
- supports older people to participate in leisure activities and engage in social activities
- makes referrals to other services, e.g. counselling services

- liaises with MDT, e.g. social worker or GP to develop care plan
- provides specialist mental health support including assessment and strategies for managing mental health issues
- provides information and training for family and carers, e.g. training carers how to use hoist or how to deal with challenging behaviour from a dementia patient
- acts as an advocate for the older service user, e.g. may support a referral to a befriending scheme or for meals at home
- writes reports, e.g. summary of home assessment for older service user

All other valid responses will be given credit.

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

## Geriatrician

### Examples of suitable points to be explained:

- diagnoses and helps manage a wide range of illnesses and conditions relevant to older people including dementia and other cognitive problems
- treats conditions common in older people, e.g. prescribes medication for depression
- conducts a comprehensive assessment to help establish an older service user's physical and mental condition, and their social situation and carries out reviews
- makes referrals to other specialists and to support services
- puts together a management plan or healthcare plan to help keep older people as healthy and as independent as possible
- liaises with MDT, e.g. with hospital social worker to arrange a discharge from hospital
- may provide information to patients and families relevant to lifestyle changes, diagnosis or how to manage symptoms such as pain or continence issues

All other valid responses will be given credit.

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

- (b) Describe **two** benefits to older service users of effective interdisciplinary team working. (AO1, AO2)

### Examples of suitable points to be described:

- older people often have a number of different diagnoses and consequently have multiple and complex needs. An interdisciplinary approach to their care allows these complex physical, social and psychological issues to be managed and thus helps to ensure needs are fully met
- the best possible outcomes for older people are achieved through a consultative, collaborative approach to care that actively involves the service user, their family/carers and an interdisciplinary team
- can help avoid risk averse decision making by weighing up risks and benefits for service users based on the views of a range of practitioners
- can improve outcomes, healthcare processes and levels of satisfaction
- can reduce length of stay, e.g. in hospital and avoid duplication of assessments leading to more comprehensive and holistic care

- the opportunity for discussion created by interdisciplinary care planning can be used for the service user, their family and carers to develop and deliver the best ongoing care plans and managed more quickly and effectively
- seamless care is more likely meaning problems can be identified more quickly, preventing service users from ‘slipping through the net’. This helps ensure the overall safety of the individual and allows for holistic provision of care
- abuse and discrimination are more likely to be identified or prevented from happening due to involvement of a range of practitioners so service users are protected
- an effective team can adapt quickly to the changing needs of the service user, e.g. bringing another practitioner on board quickly when needed such as mental health nurse
- service user can avoid repetitive questioning about their needs as an effective team will share this information
- in effective teams professionals can hold each other to account, e.g. calling out errors which can benefit the service user by resulting in delivery of better quality care
- a range of practitioners means older people benefit from the variety of expertise on the team

All other valid responses will be given credit.

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

(2 × [3])

[6]

- (c) Describe **three** reasons which justify the need for change in the way health and social care services are planned and delivered in Northern Ireland as outlined in The Bengoa Report; Systems Not Structures: Changing Health and Social Care. (AO1, AO2)

**Examples of suitable points to be described:**

**Demographic Change:**

- people are living longer, and for the most part, are healthier; ageing brings an increased likelihood of some degree of disability, dependency and illness and the current system is not designed to cope with this
- the profile of older people requiring care is becoming more complex, with many people now living with multiple chronic illnesses, e.g. dementia, arthritis, diabetes, COPD, limited mobility, sensory problems and so services need to be responsive to these complex care requirements
- as people are living longer they are experiencing more long-term health conditions and disabilities and this is placing increasing pressure on resources therefore current systems need to be redesigned to cope with these issues effectively because the present system is not able to cope with the demands associated with chronic conditions
- currently acute critical hospital beds are being occupied by people suffering from chronic conditions instead of these people being supported to be cared for at home or in other more appropriate environments – this is not sustainable and impacts on many aspects of service delivery including availability of acute beds, waiting lists etc.

**Health Inequalities:**

- there are stark differences between life expectancy of people in the most and least disadvantaged areas in Northern Ireland – life expectancy for males in the most deprived areas of NI is on average 7.5 years less than

their counterparts in the least deprived areas. For females, the differential is 4.3 years – this inequality in health needs to be addressed and managed and this can partly be done by reorganising service planning and delivery because this health differential dramatically impacts on health and social care systems including hospital admissions, emergency care, planned hospital care and day procedures

- increased demand for specialist care, inpatients, outpatients and ambulance services alongside a sharp increase in waiting lists and waiting times as the existing model is not addressing these challenges
- demands for domiciliary care, residential care and nursing home care are set to rise significantly largely due to ageing population and the present system is not coping with these increased demands and requires a new model of care
- difficulties in recruiting and retaining staff – it is proving extremely difficult to recruit and retain junior medical staff. There has been a stark increase in costs as locums are expensive and this money could be invested in developing services that are sustainable and long-term

#### **Financial Sustainability:**

- budgeting difficulties – the health and social care system as currently organised will need a 6% budget increase each year simply to stand still and if the system continues in its current form, costs are expected to double by 2026/2027 to maintain current levels of performance and this is not sustainable nor is it effective
- Department of Health’s budget is the largest among the Executive departments, i.e. 46% of the entire NI Executive spend; majority of resources still invested in acute hospitals, although there is movement towards pushing funding to community based services; needs to move more quickly
- need to move from yearly funding to longer term funding plans of services to enable better services to be provided

#### **Rising Demand:**

- a range of factors are creating pressure across the HSC system, e.g. long-standing health conditions, obesity, mental illness, DLA, older population and higher expectations all causing pressure
- most people first contact their GP if they need support for HSC issues, and the demand for access to GP surgeries has increased significantly as has that of GP Out of Hours
- increase in number of people with more complex health issues

#### **Demand and the Patient/User Experience:**

- patients are admitted to hospital unnecessarily and once admitted forced to stay longer than they need which causes a range of further problems including poorer inpatient experience

#### **Workforce:**

- greater recognition of role and expertise of all members of the HSC team and employing them in areas that they are best trained for, so giving the patients the best care
- growth in the GP medical workforce has not kept up with demand
- Social Care Workforce – significant growth of independent sector in providing social care; recruitment and retention difficulties, e.g. partly due to poor terms of employment, i.e. zero hours contracts
- Nursing & Midwifery – issues include vacancy rates, absence rates, age profile of nursing workforce and working patterns

- staff morale – very poor staff morale due to range of factors including pressures associated with poor staffing levels, workload pressures; staff feel de-motivated as feel they cannot do their job due to staffing pressures

All other valid responses will be given credit.

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

(3 × [3])

[9]

- (d) Discuss **three** reasons for the increasing number of older people in Northern Ireland. (AO1, AO2, AO3)

**Examples of suitable reasons to be discussed:**

- the development of vaccinations reduced deaths from diseases such as TB and measles. This increased the number of people living to 65 years and older
- the National Health Service which came into being over 70 years ago means that people can avail of health care and treatment free at the point of need, helping them to live longer
- the development of new drugs that treat cancer and other degenerative diseases such as Alzheimer's has increased life expectancy and so increased the number of people aged 65 and over
- introduction of screening programmes such as screening for breast and bowel cancer means that disease is identified early and treated and so people live longer
- improved living conditions and healthier diets have contributed to longevity and to the numbers of older people
- improvements in lifestyle – walking groups etc. means more people exercising, a decrease in the number of people smoking, healthier diets etc. influenced by health promotion campaigns
- increase in health education has taught people about the risks of and transmission of diseases, meaning greater awareness of risk factors for disease and so may avoid disease and illness and consequently death
- increase in the availability and use of health services so problems dealt with resulting in an increase in life expectancy
- measures related to safety in both the home and work have increased life expectancy
- widespread availability of health professionals and improved access to health care means people are surviving illness and living longer
- improvements in technology leading to improvements in diagnosis and treatments has increased life expectancy
- advances in medicine – discovery of new and improved drugs increasing longevity
- wider availability of health and fitness facilities leading to improvements in physical health
- improvements in social care provision mean that older people can get support in the home and/or by attending day centres which can mean less risk of injuries/falls in own home which reduces morbidity and mortality rates
- public health measures, e.g. the ban on smoking in public places and pollution control measures have contributed to longevity
- natural ageing of the baby boom generation following WWII has led to a general increase in the population
- improved knowledge and understanding of health and illness among

the general population due to ease of access to information, e.g. NHS website leading to early diagnosis and treatment and so improved outcomes

- increased knowledge and understanding of health and illness among the medical professions – training and access to information

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 three reasons for the increasing number of older people in Northern Ireland
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss three reasons for the increasing number of older people in Northern Ireland
- answers that address only one reason cannot achieve beyond this level
- 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

- adequate knowledge and understanding of three reasons for the increasing number of older people in Northern Ireland
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss three reasons for the increasing number of older people in Northern Ireland
- at least two reasons must be addressed 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

- competent knowledge and understanding of three reasons for the increasing number of older people in Northern Ireland
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss three reasons for the increasing number of older people in Northern Ireland
- 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]

2 (a) Describe **one** way voluntary providers are funded. (AO1, AO2)

**Examples of suitable points to be included in description:**

- lottery funding – describe the process involved
- street collections – describe how these are organised
- bequests – money left by individuals as a result of services or support provided to themselves, friends or family
- fundraising events such as coffee mornings or sponsored runs
- government contracts – describe what this might involve, e.g. contract for meals on wheels
- sponsorship by local or national business community, e.g. TESCO, ASDA etc.
- donations from the public, e.g. standing orders from bank accounts or through online pages like Just Giving
- proceeds from sales in charity shops – describe how this works
- grants – businesses or government
- gift aid – describe how this works through tax relief with HMRC

All other valid responses will be given credit.

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

(1 × [3])

[3]

(b) Describe **two** advantages and **two** disadvantages of voluntary providers supporting older service users. (AO1, AO2)

**Examples of suitable advantages to be described:**

- services are usually free, or for a very nominal cost, so older service users and families can experience help and support which they might otherwise not be able to afford, e.g. luncheon clubs
- voluntary providers offer valuable opportunities for older service users and their families to get support the statutory sector is unable to provide because of cost, e.g. social outings, support groups, hobbies, breaks and various leisure activities, financial advice, support with benefits
- voluntary providers are usually quite responsive to need – they can be set up and provide support for older service users quite quickly
- voluntary providers campaign to raise awareness of the needs of older service users and this can lead to changing legislation or influencing policy decisions, e.g. making funding available for drugs for dementia
- voluntary providers are less bureaucratic this means they may meet the needs of older service users and their families quicker than some statutory providers
- voluntary providers are quite flexible – less need to rigorously check if older service users are entitled to access services provided
- voluntary providers can provide 24 hour emotional support for older service users and this level of service is not always available from statutory providers, e.g. Samaritans
- can be local provision, meaning easier access for older service users and their families
- takes pressure off statutory sector services, e.g. reduces waiting lists for counselling bereavement
- capable of providing very specialist and focused help and support for older service users, e.g. Dementia UK or Marie Curie or Age NI
- voluntary providers often have volunteers who are very motivated and empathetic towards the needs of the service user perhaps because of personal experience and they can commit time to providing support

**Examples of suitable disadvantages to be described:**

- voluntary providers may be unreliable because of funding difficulties or because of personnel difficulties and so may be available one month but not the next and this can leave older service users without services they have come to rely upon
- volunteers may not always be trained and this can be a problem particularly when dealing with older service users who have complex health needs
- availability of services by voluntary providers may be “patchwork” this means the service may be available in some areas but not others and this is unfair for those older service users who live in the areas not serviced
- voluntary providers may not have the resources to meet the needs of older service users with complex needs
- there can be a lack of accountability by voluntary providers because they are subject to less scrutiny than public sector services and this can mean that services may not be properly managed so older service users’ needs may not be met
- there may be a stigma associated with accessing and using voluntary services, e.g. viewed as charity

All other valid responses will be given credit.

[1] basic description, [2] adequate description, [3] competent description  
(4 × [3]) [12]

- (c) Discuss how informal carers might support older people with long-term health-related limitations living in their own homes. (AO1, AO2, AO3)

**Examples of suitable points to be included in the discussion:**

- may provide practical help, e.g. support with shopping and cooking
- may do a wide range of ‘in home duties’, e.g. cleaning, laundry, maintenance etc.
- may provide assistance with obtaining benefits
- may provide opportunities for service users to socialise, e.g. outings, taking them to support groups
- may provide support with making and attending medical appointments
- may provide emotional support to reduce loneliness and isolation, e.g. spending time talking with them
- may provide advocacy support, e.g. asking for services such as an OT assessment
- may provide assistance with managing finances
- may provide assistance with transport, e.g. to and from appointments or activities
- may provide direct care, e.g. help with maintaining personal hygiene
- may help to meet intellectual needs, e.g. encouraging them to watch the news to stay up to date with current affairs
- may order, collect and administer prescription medication or remind older person to take their medication and may help them to organise it

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 how informal carers might support older people with long-term health-related limitations living in their own homes
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how informal carers might support older people with long-term health-related limitations living in their own homes.

**Level 2 ([4]–[6])**

Overall impression: adequate

- adequate knowledge and understanding of how informal carers might support older people with long-term health-related limitations living in their own homes
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how informal carers might support older people with long-term health-related limitations living in their own homes.

**Level 3 ([7]–[9])**

Overall impression: competent

- competent knowledge and understanding of how informal carers might support older people with long-term health-related limitations living in their own homes
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how informal carers might support older people with long-term health-related limitations living in their own homes. [9]

- (d) Discuss **three** advantages and **one** disadvantage of informal care for older people. (AO1, AO2, AO3)

**Examples of suitable advantages to be discussed:**

- much greater flexibility in the provision of care and support as there are no opening and closing times unlike statutory and voluntary providers so care may be available around the clock and at times that suit the older person
- promotes good relationships between the carer and the individual which can lead to greater understanding of the needs, in turn leading to better quality of care as individuals are being looked after by people they know and love
- enables older person to remain in their own home and remain in own community allowing them to retain social contacts and friendships
- more likely to receive one-to-one attention and so consequently more likely that holistic needs of individuals will be met
- familiar surroundings reduce anxiety and this may be particularly important for individuals with dementia
- may be less risk of picking up infections such as COVID
- less expensive for older people as they do not have to pay care home fees or risk losing their savings and property

- individuals can retain regular contact with family and friends – this can promote a sense of well-being and happiness
- informal carers perform a range of tasks to meet a variety of needs and this may not be the case in other sectors
- more consistency in care being provided as in statutory and private sectors there can be a high turnover of staff

**Examples of a suitable disadvantage to be discussed:**

- unregulated – no checks on the quality of care provided so needs of individual may not be properly met and there is a risk their condition may deteriorate
- informal carers are not required to undergo Access NI checks and this may result in the potential for abuse of individuals being cared for
- carers are often untrained – may not be equipped to provide quality care
- individuals being cared for informally may lack stimulation and miss out on opportunities to socialise with others as they would be able to do for example while receiving care from voluntary providers
- can make the individual receiving care feel like a burden and this could add to their stress and cause a deterioration in their mental health
- may be unreliable – if the informal carer becomes unwell there may be no back up
- may feel uncomfortable or embarrassed to ask for help, e.g. for personal care

All other valid responses will be given credit.

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

**Level 1 ([1]–[4])**

Overall impression: basic

- basic knowledge and understanding of three advantages and one disadvantage of informal care for older people
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss three advantages and one disadvantage of informal care for older people
- 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

Answers which address only two points cannot achieve beyond this level

- adequate knowledge and understanding of three advantages and one disadvantage of informal care for older people
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss three advantages and one disadvantage of informal care for older people
- 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

Must have a disadvantage to achieve in this level

- competent knowledge and understanding of three advantages and one disadvantage of informal care for older people
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss three advantages and one disadvantage of informal care for older people
- at the top of this mark band candidates should discuss three advantages and one disadvantage of informal care for older people
- 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

- highly competent knowledge and understanding of three advantages and one disadvantage of informal care for older people
- demonstrates a highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates highly competent ability to discuss three advantages and one disadvantage of informal care for older people
- at the top of this mark band candidates should discuss in some detail three advantages and one disadvantage of informal care for older people – there should be clear application to older people
- quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.

[15]

39

- 3 (a) Discuss how a whistle-blowing policy in any care setting should protect older service users. (AO1, AO2, AO3)

**Examples of suitable points to be included in discussion:**

- gives staff the confidence to report poor practice of colleagues and sets out clear procedures for them to follow and gives examples of what should be
- acts as a deterrent as staff know inappropriate behaviour may be reported and risk losing their job and so this helps to promote high standards of care
- helps to create a safer environment for the older service users
- provides staff with a framework for doing something about practice which is not appropriate
- it places an obligation on staff to report malpractice and so helps to root it out protecting service users
- helps to eliminate bad practice and so older service users are much more likely to experience appropriate care and treatment
- provides a route for disciplinary action against those who are guilty of misconduct so they can be dismissed from their job; consequently this helps to protect the older service users
- creates an awareness among staff of the need to provide appropriate care and treatment for older service users at all times and therefore promotes a positive culture in the setting

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 how a whistle-blowing policy in any care setting should protect older service users
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how a whistle-blowing policy in any care setting should protect older service users.

**Level 2 ([4]–[6])**

Overall impression: adequate

- adequate knowledge and understanding of how a whistle-blowing policy in any type of care setting should protect older service users
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how a whistle-blowing policy in any care setting should protect older service users.

**Level 3 ([7]–[9])**

Overall impression: competent

- competent knowledge and understanding of how a whistle-blowing policy in any type of care setting should protect older service users
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how a whistle-blowing policy in any care setting should protect older service users. [9]

- (b) Discuss **four** ways codes or standards of practice and conduct help to guide health and social care workers to deliver quality care. (AO1, AO2, AO3)

**Examples of suitable points to be discussed:**

- they help to guide health and social care workers by requiring them to maintain professional knowledge and competence
- they help to guide health and social care workers by requiring them to be trustworthy in all their dealings with service users
- they help to guide health and social care workers by requiring them to minimise risk to service users
- they help to guide health and social care workers by requiring them to promote the independence of service users while protecting them as far as possible from danger or harm
- they help to guide health and social care workers by stating clearly the conduct and behaviour that is expected of them and this makes it more likely that they will behave in an acceptable way
- they help to guide health and social care workers by requiring them to obtain consent before giving treatment or care
- they help to guide health and social care workers by requiring them to protect confidential information
- they help to guide health and social care workers by requiring them to co-operate with others in teams
- they help to guide health and social care workers by requiring them to honour work commitments, agreements and arrangements and, when it is not possible to do so, explain why to service users and carers
- they help to guide health and social care workers by making clear that conduct that falls below the standards set out may lead to disciplinary action and the risk of losing professional status and/or job
- they help to guide health and social care workers by requiring them to respect service users as individuals
- they help to guide health and social care workers by requiring them to be accountable for the service they provide
- they help to guide health and social care workers by requiring them to take responsibility for maintaining and improving their knowledge and skills
- they require them to create trusting relationships with service users and to uphold public confidence
- they require workers to prioritise service users, putting their needs first
- they help to guide health and social care workers by requiring staff to treat service users equally – promote anti-discriminatory practice and so this leads to quality care and should mean discrimination doesn't happen
- they help to guide health and social care workers by requiring staff to respect the rights and wishes of service users to make choices and/or contribute to their own care
- they require workers to communicate effectively with service users – this may involve providing information in a suitable format, ensuring hearing aids are properly adjusted or using communication boards

All other valid responses will be given credit.

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

**Level 1 ([1]–[5])**

Overall impression: basic

- basic knowledge and understanding of four ways codes or standards of practice and conduct help to guide health and social care workers to deliver quality care
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss four ways codes or standards of practice and conduct help to guide health and social care workers to deliver quality 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 not clear.

**Level 2 ([6]–[10])**

Overall impression: adequate

- adequate knowledge and understanding of four ways codes or standards of practice and conduct help to guide health and social care workers to deliver quality care
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss four ways codes or standards of practice and conduct help to guide health and social care workers to deliver quality care
- to achieve at this level at least two ways must be discussed and at the top of this level at least three ways must be discussed
- 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 ([11]–[15])**

Overall impression: competent

- competent knowledge and understanding of four ways codes or standards of practice and conduct help to guide health and social care workers to deliver quality care
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss four ways codes or standards of practice and conduct help to guide health and social care workers to deliver quality care
- to achieve at this level at least three ways must be discussed and at the top of this level all four ways must be discussed in some detail
- 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. [15]

- (c) Analyse how staff in a residential setting might meet the physical, intellectual, emotional and social needs of older service users. (AO1, AO2, AO3)

**Examples of suitable points to be included in the discussion:**

**Physical Needs**

physical needs including hygiene needs, medical care and/or medication, mobility, warmth, clothing, shelter and nutritional needs, personal care, may be met by;

- providing personal assistance with washing and dressing
- providing aids and adaptations to facilitate service users to mobilise safely
- providing rehabilitation, e.g. support from an OT or physiotherapist
- providing nutrition and fluids
- providing prescribed medication and arranging medical care such as contacting a GP if service user is unwell
- providing a warm environment which is suitably ventilated

**Intellectual Needs**

intellectual needs include the need for stimulation, knowledge and thinking and this may be met by;

- providing opportunities for older service users to partake in hobbies and learn new skills if they wish to
- providing daily newspapers
- providing and organising activities and games such as bingo, cards, jigsaws
- providing opportunities to talk to and listen to service users
- encouraging and supporting visits by family and friends
- providing access to technology to enable service users to stay in touch with family and friends e.g. ipads
- providing access to library – books or electronic
- helping older service users to understand their health care needs and how they are being met

**Emotional Needs**

emotional needs such as esteem needs, the need for a sense of belonging, the need for a sense of autonomy, or emotional well-being and the need to feel respected may be met by;

- providing counselling therapy
- involving older service users in decisions about their care thus giving them a sense of control
- through empowerment and provision of advocacy support
- treating them with dignity and respect in providing personal care and in exchanges with service users
- spending time talking and listening etc.
- facilitating spiritual care, e.g. access to religious services/personnel
- providing flexible visiting hours to ensure adequate access to family and friends
- providing reminiscence therapy to promote self-esteem and a sense of being valued

## Social Needs

AVAILABLE  
MARKS

social needs such as the need for interaction with others, the need for communication and friendship may be met by;

- ensuring opportunities are provided for individuals to socialise and interact with others when in the residential setting through the role of an activities therapist and the creation of various clubs or activities
- supporting participation in activities and hobbies such as painting, sewing, gardening and IT activities, which will encourage interaction with staff and others
- organising social outings such as day trips or organising activities in the setting which would require interaction with others
- spending time with service users and having conversations with them about how they are getting on
- having forums which provide opportunities for service users to contribute to the running of the setting, which encourages them to communicate with staff and other service users
- encourage and facilitate visits from family and friends

All other valid responses will be given credit.

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

### Level 1 ([1]–[5])

Overall impression: basic

- basic knowledge and understanding of how staff in a residential setting might meet the physical, intellectual, emotional and social needs of older service users
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how staff in a residential setting might meet the physical, intellectual, emotional and social needs of older service users
- 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 ([6]–[10])

Overall impression: adequate

- adequate knowledge and understanding of how staff in a residential setting might meet the physical, intellectual, emotional and social needs of older service users
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how staff in a residential setting might meet the physical, intellectual, emotional and social needs of older service users
- at least two types of needs should be analysed to achieve at this level and three at 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.

AVAILABLE  
MARKS

### Level 3 ([11]–[14])

Overall impression: competent

- competent knowledge and understanding of how staff in a residential setting might meet the physical, intellectual, emotional and social needs of older service users
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how staff in a residential setting might meet the physical, intellectual, emotional and social needs of older service users
- to achieve at the top of this level candidates should analyse how staff in a residential setting might meet all four types of needs of older service users
- 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 ([15]–[18])

Overall impression: highly competent

- highly competent knowledge and understanding of how staff in a residential setting might meet the physical, intellectual, emotional and social needs of older service users
- demonstrates highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a highly competent ability to analyse how staff in a residential setting might meet the physical, intellectual, emotional and social needs of older service users
- 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.

[18]

42

**Total**

**120**