



Rewarding Learning

ADVANCED
General Certificate of Education
2025

Health and Social Care

Assessment Unit A2 3

assessing

Providing Services

[AHC31]

TUESDAY 27 MAY, AFTERNOON

**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) Describe what is meant by informal care. (AO1, AO2)

Examples of suitable points to be included in description:

- informal care refers to care for persons with illnesses or disability or older people with care and support needs that is carried out by relatives, friends, acquaintances or neighbours, often without a contractual agreement or formal payment
- the provision of informal care usually entails a pre-existing relationship between the carer and the person cared for. Informal carers are not paid in an official way for the caring duties but they may receive informal payments from the relatives they care for or other family members

All other valid responses will be given credit.

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

(1 × [3])

[3]

(b) Summarise **two** reasons for the increasing number of people with physical disabilities and illnesses in Northern Ireland. (AO1, AO2)

Examples of suitable points to be summarised:

- improvements in technology such as pacemakers resulting in greater capacity to treat disorders which in turn leads to increased life expectancy
- improved health surveillance programmes – resulting in earlier diagnosis and treatment, e.g. hypertension and diabetes
- improved vaccination programmes, e.g. covid and flu vaccines preventing the death of vulnerable individuals with long term illness and disability
- advances in medicine – discovery of new drugs meaning people can live longer with chronic conditions such as CHD and cystic fibrosis
- increased survival rates at birth of babies with complications linked to improvements in medical care and treatment leading to more people in the population surviving but with illness and disability
- increase in life expectancy generally – this is also experienced by those with physical disabilities and illnesses
- improved access to specialist and preventative care and services means people are living longer due to expertise of medical and nursing staff
- increase in numbers abusing alcohol and drugs which leads to greater number of people categorised as having a long term illness
- improved care for disabled people due to equality legislation and an increased awareness leading to reduced stigma leading to better quality of life which improves longevity
- better knowledge and understanding of importance of positive lifestyle choices means people tend to live longer with their physical disability or illness
- poor lifestyle choices (which may be due to low income/poverty) in the general population leading to issues like obesity which leads to long term physical disabilities and illnesses including stroke and type 2 diabetes
- improvements in standards of living, e.g. better housing and nutrition have increased life expectancy and in turn morbidity rates
- change in make up of society in NI-increased number of immigrants with physical disabilities and illnesses
- increase in homelessness leading to illness as a result of poor living conditions and/or overcrowding

- increased waiting lists in the statutory sector often resulting in late diagnosis or lack of timely intervention contributing to increased number of individuals with serious illness

All other valid responses will be given credit.

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

[6]

- (c) Discuss the benefits of voluntary care provision for service users with physical disabilities and illnesses who live in supported living accommodation. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- voluntary care provision is usually free, or for a very nominal cost, so service users with long term physical disabilities and illnesses can access help and support which they might otherwise not be able to afford privately and which may not be available in the statutory sector, e.g. luncheon clubs, transport to services, homeopathic treatments which benefit service users in terms of their holistic well-being
- voluntary care provision is usually flexible and less bureaucratic in terms of the need to check eligibility and so they can provide care, treatment and support to service users with physical disabilities and illnesses who live in supported living accommodation in a timely manner which is responsive to need and this might not be the case with regard to statutory sector services
- the valuable opportunities provided by voluntary providers for service users with physical disabilities and illnesses who live in supported living accommodation benefits them greatly as they and their families can get support the statutory sector often does not provide, e.g. social outings, support groups, hobbies, breaks and various leisure activities
- voluntary care provision can benefit service users with physical disabilities and illnesses who live in supported living accommodation through the provision of 24 hour support via telephones/chat rooms etc. and this type of support may not otherwise be available
- voluntary care provision operate local provision and this benefits service users with physical disabilities and illnesses who live in supported living accommodation because it means less travel and easier access to services as a consequence
- some volunteers who work with voluntary providers may have direct experience of physical disability or illness so this enables them to share advice and experience to the benefit of service users with physical disabilities and illnesses who live in supported living accommodation, giving them a better experience of care and support
- voluntary providers such as Marie Curie and the hospice movement can deliver specialist care and support in the community and so service users with physical disabilities and illnesses who live in supported living accommodation can gain access to specialist care and support which they may otherwise need to attend hospital for

All other valid responses will be given credit.

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

Level 1 ([1]–[3])

Overall impression: basic

- basic knowledge and understanding of the benefits of voluntary care

provision for service users with physical disabilities and illnesses who live in supported living accommodation

- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the benefits of voluntary care provision for service users with physical disabilities and illnesses who live in supported living accommodation.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of the benefits of voluntary care provision for service users with physical disabilities and illnesses who live in supported living accommodation
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the benefits of voluntary care provision for service users with physical disabilities and illnesses who live in supported living accommodation.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of the benefits of voluntary care provision for service users with physical disabilities and illnesses who live in supported living accommodation
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss the benefits of voluntary care provision for service users with physical disabilities and illnesses who live in supported living accommodation. [9]

- (d) Discuss **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving care. (AO1, AO2, AO3)

Examples of suitable ways to be discussed:

Impact on individuals providing care

- carers' physical health may suffer leading to long term health problems, e.g. back injury, stress related migraines
- carers may become exhausted leading to mental health issues such as depression
- carers may feel guilty, frustrated, burdened, embarrassed, helpless due to their caring role
- carers may have to leave paid employment as a direct consequence of their caring responsibilities
- carers may not be in a position to apply for promotions at work due to their caring responsibilities
- carers' family life can suffer, for example the amount of quality time they spend with their own children, with friends or partners may be impacted negatively which can cause frustration and feelings of rejection for other family members and this can result in immense feelings of guilt for the carer
- carers' intimate relationships can be negatively impacted leading to separation and divorce
- if carers are young, their education may be impacted negatively – they

may miss days at school or college and this can have a negative impact on achievement and on friendships

- in the long term, carers' work pensions can be negatively impacted due to the reduction in working hours they had to take to facilitate caring role or of having to leave work altogether
- carers' financial position can be negatively impacted, e.g. formal employment may be affected so income may be less and so they may experience poverty
- carers may become isolated and lonely as a result of their caring responsibilities – unable to see or meet with friends and family due to needs of loved one they are caring for, or because of exhaustion or because of lack of money
- carers' sleep patterns may be significantly impacted as they may be up through the night as well and this disrupted sleep can result in mood swings, irritability and health problems

Impact on individuals receiving care

- informal care can also have negative effects on individuals receiving care, such as affecting their self-esteem, independence and privacy, causing them to feel guilty, indebted, or burdensome to their caregivers
- informal care may lead to abuse for the individuals receiving care – this could be emotional, financial or physical and this can be very damaging
- if the care is insufficient or unreliable, the individuals receiving care may experience unmet needs (such as a lack of social opportunities or stimulation), dissatisfaction, frustration, or anxiety
- if the care is perceived as excessive or intrusive, the individuals receiving care may feel overwhelmed, restricted, or resentful
- the impact of informal care on the individuals receiving care may also vary by the type of care provided. Personal care, such as bathing, dressing, or toileting, may be more sensitive and challenging than household tasks, such as cooking, cleaning, or shopping
- the impact of informal care on individuals receiving care may also vary depending on the existing relationships between the caregiver and the care recipient. Children caregivers may have more role reversal and role conflict than other relatives or 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 **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving care
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving 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 **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving care
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving care
- **at the top of this level, candidates should discuss examples of at least two ways informal care might negatively impact on individuals providing care and two ways it might negatively impact on individuals receiving care**
- 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]–[14])

Overall impression: competent

- competent knowledge and understanding of **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving care
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss in detail **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving care
- at the top of this level, candidates should discuss **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving care
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear

Level 4 ([15]–[18])

Overall impression: highly competent

- highly competent knowledge and understanding of **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving care
- demonstrates highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a highly competent ability to discuss **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving care
- to achieve at this level candidates should discuss in detail **three** ways informal care might negatively impact on individuals providing care and **three** ways it might negatively impact on individuals receiving care

- 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]

AVAILABLE
MARKS

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- 2 (a) Explain **two** ways private health care might be funded. (AO1, AO2)

Examples of suitable points to be explained:

- direct payment by service user
- payment by family and friends
- payment by statutory sector/government
- payment by insurers
- donations, e.g. made by family members to a patient comfort fund to purchase equipment such as ipads or chairs
- bequests

[1] basic explanation, [2] adequate explanation

(2 × [2])

[4]

- (b) Examine how the whistle-blowing policy in a residential care setting protects service users. (AO1, AO2, AO3)

Examples of suitable points to be included in the examination:

- it helps to guard against inappropriate treatment and poor practices by staff, whether it be physical, emotional or mental is more likely to be reported by staff as they have been trained in their responsibilities under the policy
- it creates an awareness among staff of the need to provide appropriate care and treatment at all times. It promotes high standards of care because staff know inappropriate behaviour is likely to be reported to management in the setting and action taken against them. They may lose their job and be reported to the police and regulatory body
- it provides staff with a framework for tackling practice which is not appropriate, thus protecting service users
- it helps to root out unsuitable practitioners – this helps to prevent unsuitable practitioners from working with vulnerable adults such as those with physical disabilities and illnesses
- it gives staff the confidence to challenge inappropriate behaviour by other staff, even those senior to them
- it places a legal obligation on staff to disclose or report inappropriate behaviour

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 the whistle-blowing policy in a residential care setting protects service users
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to examine how the whistle-blowing policy in a residential care setting protects service users.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of how the whistle-blowing policy in a residential care setting protects service users
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question

- demonstrates an adequate ability to examine how the whistle-blowing policy in a residential care setting protects service users.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of how the whistle-blowing policy in a residential care setting protects service users
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to examine how the whistle-blowing policy in a residential care setting protects service users. [9]

- (c) Discuss **four** advantages of private health care for a service user with a long term illness or disability. (AO1, AO2, AO3)

Examples of suitable advantages to be discussed:

- private health care avoids lengthy waiting lists and so allows service users to access care and treatment faster which may allow them to live their life more fully
- private health care means service users may not have to tolerate pain and suffering for a lengthy period of time and so this leads to improved comfort and quality of life
- private health care may mean less dependence for service users. For example, service users may be able to get a hip replacement quite quickly in the private sector, which they may otherwise have to wait a long time for in the statutory sector, and in the intervening time they may be quite dependent on others to care for and support them
- private health care provision allows service users to choose their own provider of care giving them some autonomy and sense of control in managing their care
- surroundings in which care and treatment is provided in the private sector may be more aesthetically pleasing and more comfortable than the statutory sector – for example service users can be almost guaranteed their own room in the private sector whereas in the statutory sector, wards are still commonplace
- there is a reduced risk of hospital acquired infection in private sector hospitals due to individual rooms as opposed to general ward layout as still often found in statutory sector hospitals
- service users may be more likely to receive one-to-one care than in the statutory sector, e.g. seeing the same consultant at recall appointments
- may be greater flexibility regarding appointment times etc. and so this may make it more responsive and accessible
- the private sector may be able to provide very specialist care and advanced technology which may not be available in the statutory sector due to associated costs
- the private care sector, e.g. private care homes and private home care providers, is subject to regulation unlike informal care and some voluntary providers and so the quality of care may be of a high standard as organisations need good publicity

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 **four** advantages of private health care for a service user with a long term illness or disability
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss **four** advantages of private health care for a service user with a long term illness or disability
- 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 **four** advantages of private health care for a service user with a long term illness or disability
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss **four** advantages of private health care for a service user with a long term illness or disability
- to achieve at this level candidates must discuss at least **two** advantages of private health care for a service user with a long term illness or disability and not achieve more than 6 marks
- candidates who discuss only three advantages 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 ([9]–[12])

Overall impression: competent

- competent knowledge and understanding of **four** advantages of private health care for a service user with a long term illness or disability
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss **four** advantages of private health care for a service user with a long term illness or disability
- to achieve at the top of this level candidates must competently discuss **four** advantages of private health care for a service user with a long term illness or disability
- 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]

- (d) Discuss the role of the Regulation and Quality Improvement Authority (RQIA) in ensuring appropriate care provision in residential settings. (AO1, AO2, AO3)

Examples of suitable points to be included in the discussion:

- the RQIA is responsible for identifying minimum care standards for care settings in Northern Ireland so that service providers know the minimum quality of service expected and can put measures in place to ensure they meet them, e.g. staff training
- the RQIA plays an important role in assuring the quality of services provided by the Health and Social Care (HSC) Board and trusts, to ensure that every aspect of care reaches the standards laid down by the Department of Health
- the RQIA is an independent body responsible for monitoring and inspecting (announced or unannounced) the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services - they may return to carry out follow up inspections if standards are not met in a first visit
- the role of the RQIA is to ensure that health and social care services in Northern Ireland are accessible and well managed so that minimum standards are met
- the RQIA is responsible for registering all health and social care services in Northern Ireland and then ensuring that these services meet the minimum standards to remain on the register otherwise they can face closure or be put under review
- the RQIA will publish inspection reports which can highlight good practice thus improving staff morale and reputation of the service
- the RQIA may distribute questionnaires, visit and interview patients in private to ascertain how they have been treated and to ensure their rights have been respected
- the RQIA can advise the relevant authorities of steps to be taken to secure the welfare of a service user; or any matter concerning the welfare of a service user
- the RQIA can inspect a patient's records
- the RQIA inspects and monitors staff records including mandatory training, supervision and registration with professional bodies

All other valid responses will be given credit.

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

Level 1 ([1]–[5])

Overall impression: basic

- basic knowledge and understanding of the role of the Regulation and Quality Improvement Authority (RQIA) in ensuring appropriate care provision in residential settings
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the role of the Regulation and Quality Improvement Authority (RQIA) in ensuring appropriate care provision in residential settings
- 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 the role of the Regulation and Quality Improvement Authority (RQIA) in ensuring appropriate care provision in residential settings
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the role of the Regulation and Quality Improvement Authority (RQIA) in ensuring appropriate care provision in residential settings
- candidates who only focus on inspections 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 ([11]–[15])

Overall impression: competent

- competent knowledge and understanding of the role of the Regulation and Quality Improvement Authority (RQIA) in ensuring appropriate care provision in residential settings
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss the role of the Regulation and Quality Improvement Authority (RQIA) in ensuring appropriate care provision in residential settings
- 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]

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3 (a) Explain **one** way hospice care may be funded. (AO1, AO2)

Examples of suitable points to be explained:

- fundraising events such as coffee mornings or sponsored runs
- government contracts, e.g., contracts for counselling support
- sponsorship by local or national business community, e.g. Lidl, M&S etc.
- donations from the public, e.g. in lieu of flowers
- lottery funding
- street collections
- bequests – money left by individuals as a result of services or support provided to themselves, friends or family
- proceeds from sales in charity shops – describe how this works
- grants – businesses or government

[1] basic explanation, [2] adequate explanation

(1 × [2])

[2]

(b) Describe **two different** roles of the following hospice staff who care for patients with terminal illnesses. (AO1, AO2)

Hospice nurse

Examples of suitable roles to be described:

- providing specialist palliative care, which is the care that focuses on relieving symptoms and improving quality of life for patients with terminal illnesses either in the hospice or the patient's own home
- providing care, comfort, and support to patients who have a terminal or life-limiting illness and their families, e.g. providing complementary/ holistic therapies
- assessing the patient's physical, emotional, and spiritual needs and developing a personalized care plan in collaboration with the patient, the family, and the hospice team
- providing hands-on nursing care around the clock. This may include administering medications, prescribing medication if trained, managing pain and other symptoms, dressing wounds, monitoring vital signs, and providing personal hygiene assistance
- educating the patient and the family about the patient's condition, prognosis and options, e.g. DNR
- helping the patient and the family to make decisions about treatment and care
- act as a patient advocate and always in the best interest of patients and their families

All other valid responses will be given credit.

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

(2 × [3])

[6]

Hospice doctor

Examples of suitable roles to be described:

- providing medical care and oversight for patients who have a terminal or life-limiting illness
- approving patients for hospice admission and re-certifying them for continued hospice care based on their condition and prognosis
- developing and updating a personalised care plan for each patient in collaboration with the patient, the family, and the hospice team
- providing medical consultation and guidance to the hospice staff and the

patient on pain and symptom management, treatment options, and end-of-life care e.g. DNR

- monitoring the patient's progress, and addressing any concerns or issues related to their medical care
- liaising with hospice social workers to organise spiritual support to the patient and the family as they cope with the challenges of terminal illness and bereavement
- educating and training the hospice staff, volunteers, patients and families on various aspects of hospice care, such as symptom relief, counselling, spiritual comfort and ethical issues
- communicating and coordinating with other members of the hospice team and the medical community to ensure quality and continuity of care
- documenting and reporting the patient's condition, care and outcomes in accordance with hospice standards and regulations
- helping patients and their families experience a peaceful and dignified death by being compassionate, respectful, empathetic and professional

All other valid responses will be given credit.

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

(2 × [3])

[6]

- (c) Discuss the benefits of respite care for service users and their families.
(AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- respite care allows carers to take a break from caregiving responsibilities, while the person they care for is looked after by someone else
- respite care can provide a chance for carers to spend time with their friends and family, or to just relax by themselves and enjoy some time out to do things that they enjoy, or that are important for their well-being, such as shopping, exercising, getting a haircut, or going to the doctor
- respite care can help to relieve stress, restore energy and promote balance in a carer's life because caring for someone can be very physically and emotionally demanding, and it can affect a carer's health and mood negatively
- taking a break from caring can help carers to recharge their batteries and so be more able to cope with the demands of their caring role and prevent burnout
- respite care can give carers comfort and peace of mind knowing that the person they care for is spending time with another caring individual/s. Many carers feel they can trust that the person/s caring in their place is/are doing a good job and that their loved one's needs are being met
- respite care can also offer the person being cared for a chance to socialise, make friends, and take part in activities that they enjoy. This may allow them to benefit from involvement in activities such as art therapy or complementary therapies
- respite care allows both the carer and the cared for to get a break from each other and this can help to strengthen bonds and relationships as it reduces the stress and strain on both parties of being in that caring relationship, giving them both a change of scenery and a chance to relax
- respite care can give service users access to specialist staff with whom they can discuss their concerns and receive advice and support from
- respite care may help the service user to feel less of a burden knowing

- that their loved one is having a break
 - may give service users the opportunity to meet others in a similar situation to themselves, share concerns and receive emotional support
- All other valid responses will be given credit.

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

Level 1 ([1]–[3])

Overall impression: basic

- basic knowledge and understanding of the benefits of respite care for service users and their families
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the benefits of respite care for service users and their families.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of the benefits of respite care for service users and their families
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the benefits of respite care for service users and their families.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of the benefits of respite care for service users and their families
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- to achieve in this level candidates must address benefits for both the service users and the families but there doesn't need to be an equal balance
- demonstrates a competent ability to discuss the benefits of respite care for service users and their families. [9]

- (d) Describe **two** benefits of effective interdisciplinary teamworking for patients being cared for in a hospice setting. (AO1, AO2)

Examples of suitable benefits to be described:

- holistic care is more likely to occur and so patients' needs are more likely to be met because teams are working together to meet needs including the OT, physiotherapist, GP, hospice doctor and hospice nurse, spiritual advisors etc.
- as a patient's illness progresses, the team may need to change to reflect the changing needs and so other practitioners can come onboard quite easily and effective team working makes it more likely that the involvement of other practitioners is smooth and timely
- problems can be identified and dealt with promptly thus avoiding delays which potentially could cause problems for the patients, for example changes in pain levels can be quickly managed with effective team working because in effective teams information is shared and so issues are managed

- effective team working makes it less likely that care is duplicated – this is due to the fact that effective teamworking results in good communication between the professionals involved in providing the care
- patients are more likely to experience better quality of care – because all staff contributing are aware of each other’s roles the patient can benefit from the range of expertise
- effective team working makes it less likely that patients’ needs go unmet (‘slip through the net’)
- information can be passed on more easily which can lead to better quality care provision, e.g. effective implementation of the care plan
- effective teamworking makes it more likely that seamless care is achieved
- service users can avoid repetitive questioning about their needs as an effective team will share this information
- abuse and discrimination are more likely to be identified or prevented from happening due to the involvement of a range of practitioners so service users are protected

All other valid responses will be given credit.

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

- (e) Analyse how staff might meet the needs of patients in a hospice setting.
(AO1, AO2, AO3)

Examples of suitable points to be included in analysis of how staff might meet the physical needs of patients in a hospice setting:

Examples of physical needs include the need for hygiene, medical care and/or medication, mobility, temperature regulation, nutrition and personal care. These may be met through:

- provision of assistance for patients with maintaining personal hygiene including helping with washing, dressing and toileting
- provision of aids and adaptations such as mobility aids, e.g. walking aids, wheelchairs etc. and assisting with these if necessary so patients can move about the setting if they wish to
- provision of support to enable patients to maintain their physical independence, e.g. OT involvement
- provision of suitable meals and drinks, e.g. a dietician may give advice and support about patients’ evolving nutritional needs
- administration of prescribed medication and medical care, e.g. pain relief, nausea relief, dressing wounds, emptying catheters etc.
- contacting medical staff if any concerns arise due to illness, e.g. development of high temperature, constipation or changes in pain level
- checking on physical comfort, e.g. warmth, clothing, bedding, pressure sore prevention

Examples of suitable points to be included in analysis of how staff might meet the intellectual needs of patients in a hospice setting:

Examples of intellectual needs include the need for stimulation and the need for knowledge. These may be met through:

- staff providing engaging activities – stimulating activities such as reading, puzzles, and games can help keep patients’ minds active and engaged. These activities can be tailored to the interests and cognitive abilities of each patient
- staff offering creative therapies such as art, music, and writing which can provide intellectual stimulation

- staff providing access to technology, such as tablets or computers, which can enable patients to explore the internet, watch educational videos, and stay connected with the outside world
- staff providing patients with knowledge on the progression of their illness so they can make informed choices about their care and treatment options
- staff providing information on coping financially, helping the patient access information on benefits or helping to refer a patient to a social worker to assess their financial situation

Examples of suitable points to be included in analysis of how staff might meet the emotional needs of patients in a hospice setting:

Examples of emotional/psychological needs include the need for a sense of contentment, the need to feel loved and cared for, esteem needs, need for reassurance, spiritual needs, sense of autonomy and the need to express feelings

- involving patients in any decisions about their care such as pain relief medication thus giving them some sense of control/empowerment
- providing truthful information and ensuring that patients are fully informed about their condition and prognosis
- providing advocacy support for example talking to the family about a patient's wishes
- treating patients with dignity and respect at all times
- responding to any requests patients might make for help to put their affairs in order
- spending time talking and listening and ensuring patients' needs and wishes are taken into consideration
- facilitating access to family and friends either by direct visits or assisting patients when using ipads, phones
- supporting patients to gain access to counselling support where necessary, e.g. to negotiate their feelings about dying
- supporting patients to gain access to religious or spiritual adviser
- supporting patients to make decisions regarding activities they may like to participate in while in the setting

Examples of suitable points to be included in analysis of how staff might meet the social needs of patients in a hospice setting:

Examples of social needs include the need for a sense of social interaction, relationships and communication.

- staff engaging patients in meaningful conversations about their interests, life experiences, and current events. Staff can encourage patients to share their knowledge and stories, fostering a sense of social connection with staff and other patients
- staff organising group activities such as art or music therapy or shared meals so patients can interact with others
- staff facilitating visits or video calls from friends and family can help with maintaining relationships
- staff effectively communicating with patients using alternative methods when required, e.g. sign language, or using visual aids

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 how staff might meet the PIES

- needs of patients in a hospice setting
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how staff might meet the PIES needs of patients in a hospice setting
- 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 how staff might meet the PIES needs of patients in a hospice setting
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how staff might meet the PIES needs of patients in a hospice setting
- candidates must analyse at least **two** types of needs to achieve in 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 how staff might meet the PIES needs of patients in a hospice setting
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how staff might meet the PIES needs of patients in a hospice setting
- to achieve at the top of this level candidates must competently analyse at least **three** types of needs
- 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 how staff might meet the PIES needs of patients in a hospice setting
- demonstrates highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates highly competent ability to analyse how staff might meet the PIES needs of patients in a hospice setting
- to achieve at the top of this level candidates must complete a highly competent analysis of all **four** PIES needs

- 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]

Total

**AVAILABLE
MARKS**

44

120