



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2018**

Health and Social Care

Assessment Unit AS 5

assessing

Adult Service Users

[SHC51]

WEDNESDAY 23 MAY, MORNING

**MARK
SCHEME**

General Marking Instructions

Introduction

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

The Purpose of Mark Schemes

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

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

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

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

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

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

Person-centred care

Examples of suitable points to be included in definition:

To promote and facilitate full participation of adults in all decisions affecting their lives. In care planning, this means taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in their safety and well-being.

All other valid responses will be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

Concept of 'need'

Examples of suitable points to be included in definition:

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

All other valid responses will be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

(b) Describe **three** ways the social worker may support Colin. (AO1, AO2)**Examples of suitable points to be described:**

- identifying and assessing Colin's needs to help support having his needs met, e.g. housing/providing advice and support regarding accommodation
- could assess other aspects of Colin's life, e.g. his mental state or his environment
- providing emotional support through listening and talking
- encouraging social contact, e.g. seeing family and friends, encouraging attendance at social events, leisure activities, support groups
- problem solving, e.g. supporting Colin to access employment, day centre support, education
- advocating on behalf of Colin, especially with his parents
- enabling Colin and his family to manage their lives more easily, e.g. counselling, dealing with breakdowns in his health and who they might contact in an emergency as well as day to day coping strategies
- drawing up a plan of care for Colin which he feels meets his needs, including his PIES
- liaising with the multidisciplinary team, e.g. organise meetings
- liaising with or refer to relevant agencies, e.g. voluntary organisations – inter-agency supports, day centre
- providing therapeutic interventions, e.g. cognitive behaviour therapy
- managing his care plan, e.g. making sure it is implemented, monitored and reviewed
- writing reports, e.g. re housing
- organising respite service for Colin if required while he waits for accommodation
- accessing financial support for Colin, e.g. supporting to complete benefit forms

- providing information, e.g. about voluntary organisations, support groups
 - assess risk for Colin with reference to his health condition and treatment
- All other valid responses will be given credit
[1] basic description, [2] adequate description, [3] competent description
(3 × [3]) [9]

- (c) Identify **two** other practitioners who may support Colin to meet his mental health needs. (AO1)

Examples of suitable practitioners:

- GP
- community mental health nurse/CPN
- psychiatrist
- occupational therapist
- support workers
- advocates

All other valid responses will be given credit
(2 × [1]) [2]

- (d) Describe **three** advantages for Colin of receiving care from a statutory provider. (AO1, AO2)

Examples of suitable points to be described:

- no payment required at point of delivery, so relieving any financial concerns regarding access to care when required
- multi-disciplinary, interagency team expertise on mental health
- staff trained regularly, so increasing his confidence in the services provided
- may be more reliable than informal or voluntary providers, offering help he needs when needed
- accessibility – free to all, 24 hour access, accessibility of GP services, high level of awareness of service provision
- well regulated and therefore trusted by Colin

All other valid responses will be given credit
[1] basic description, [2] adequate description, [3] competent description
(3 × [3]) [9]

- (e) Discuss **three** disadvantages for Colin of using services from voluntary providers. (AO2, AO3)

Examples of suitable points to be discussed:

- **unreliability:** Colin may be concerned about the reliability of his accommodation as the voluntary organisation may run out of funding or close down with little notice, making him feel vulnerable
- **not entitled to the service:** Colin may request services like housing but the voluntary sector does not have to meet his needs
- **may be lengthy waiting lists compared to the private sector:** Colin may have to wait a considerable time on a waiting list as there is limited supported living accommodation provided by the voluntary sector, so causing him to feel frustrated
- **high staff turnover:** Colin may be concerned about high staff turnover as many voluntary providers have difficulty keeping staff, meaning he has to continuously get to know new people which can be distressing

- **poor quality of care and lack of accountability:** Colin may have concerns about the quality of support he will receive as there are often concerns about lack of accountability of staff within this sector
- **limited knowledge and training for staff:** Colin may have concerns about the knowledge and training of staff, because if not trained in working with service users such as Colin may not pick up warning signals or be able to help him if he became unwell
- **patchy service provision:** Colin may have to move a considerable distance from his parents as there may be a lack of supported living accommodation in his area, which means he could be isolated from family and friends

Also accept answers that focus on more general disadvantages of using voluntary providers

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 three disadvantages for Colin of using services from voluntary providers
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss three disadvantages for Colin of using services from voluntary providers
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of three disadvantages for Colin of using services from voluntary providers
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss at least two disadvantages for Colin of using services from voluntary providers 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 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of three disadvantages for Colin of using services from voluntary providers
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss all three disadvantages for Colin of using services from voluntary providers at the top of this level

- must be clear and consistent application to Colin to achieve at this level
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [9]

AVAILABLE
MARKS

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2 (a) Explain **two** ways statutory providers are funded. (AO1, AO2)

Examples of suitable points to be explained:

- taxpayers/distributed by DOH
- national insurance contributions
- payment by service users, e.g. for meals
- direct payments from benefits, e.g. for domiciliary care
- additional contributions from the public or community, e.g. fundraising and donations

All other valid responses will be given credit

[1] for basic explanation, [2] for competent explanation

(2 × [2])

[4]

(b) Describe **two** ways voluntary providers may be funded. (AO1, AO2)

Examples of suitable points to be described:

- fundraising – sponsored walks, events such as coffee mornings, street collections
- commercial sponsorship
- contracts with government agencies
- government grants
- donations made by individuals or companies
- bequests/wills
- lottery funding
- partly paid for by service users or their families
- charity shops

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

(2 × [3])

[6]

(c) Describe **three** ways nurses may support patients. (AO1, AO2)

Examples of suitable points to be described:

- assessing the care needs of patients and their families and monitoring the care they receive through their care plan
- cleaning and dressing wounds
- carrying out medical tests and observations, e.g. taking bloods, measure blood pressure, taking temperatures
- giving medication and managing pain control
- helping patients to remain as independent as possible, e.g. manage their medication
- supporting patients' families or carers and teaching them care techniques
- making referrals, e.g. to other medical professionals or support groups
- working as part of a multidisciplinary team to monitor the patient's health and share any changes in his condition with relevant others
- talking to the patients – about treatments, and any concerns or problems they are having with their health or care, empowering them to be involved in decisions about their care
- liaising with other health workers, social workers, voluntary agencies and other services to make sure patients have the support they need
- clinical observations of patients – effects of treatment on them
- urinary catheter management, if required
- bowel care management, if required
- supporting patients emotionally – using counselling skills
- advocating on behalf of a patient with a range of agencies or professionals, especially if they feel they or their families needs are not being met

- keeping records updated and writing reports, e.g. for continuity of care
- providing patients with information on the complaints policy, so they feel able to report poor performance
- carrying out risk assessments, e.g. on moving and handling of patients by domiciliary carers
- addressing holistic needs of patients to include nutrition, hygiene, emotional needs, knowledge and spiritual needs
- providing complementary therapies, i.e. aromatherapy

All other valid responses will be given credit

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

(3 × [3])

[9]

- (d) Discuss how this policy should enable patients to receive a high standard of care. (AO1, AO2)

Examples of suitable points to be discussed:

- poor care, whether physical, emotional or mental, is more likely to be reported by staff as they have been trained in their responsibilities under the policy so service users are better protected
- as staff can be disciplined under the policy it is more likely to encourage them to practise according to care value base
- staff feel empowered to report poor practice therefore improving quality of care offered, so reducing the risk of poor practice
- clear and simple procedures in place so staff recognise the importance of their responsibility to protect service users, therefore more likely to report, stopping poor care practices
- managers aware of their responsibility to regularly update staff training in whistle-blowing and making sure staff comply, so more likely to identify and eradicate poor practice
- recognises role of regulatory/outside bodies can and do play in deterring and detecting serious malpractice so highlighting consequences if poor practice not acted upon
- provides some protections for workers who raise concerns internally, although anonymity is not guaranteed, so making staff more willing to use policy to report poor standards
- ensures workers are aware that silence is not an option, so encouraging the highlighting of poor practice
- gives staff the confidence to report poor practice
- creates a legal obligation for staff to report poor practice
- provides a route for disciplinary action for those guilty of poor practice as it sets out what the manager must do

All other valid responses will be given credit

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

Level 1 ([1]–[2])

Overall impression: basic

- basic knowledge and understanding of how this policy should enable patients to receive a high standard of care
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how this policy should enable patients to receive a high standard of care.

Level 2 ([3]–[4])

Overall impression: adequate

- adequate knowledge and understanding of how this policy should enable patients to receive a high standard of care
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how this policy should enable patients to receive a high standard of care.

Level 3 ([5]–[6])

Overall impression: competent

- competent knowledge and understanding of how this policy should enable patients to receive a high standard of care
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how this policy should enable patients to receive a high standard of care. [6]

- (e) The Carers and Direct Payments Act (Northern Ireland) 2002 enables service users to receive funding known as direct payments. Explain **two** ways this supports service users. (AO1, AO2)

Examples of suitable points to be explained:

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

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

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- 3 (a) Write down **three** needs Mr Chung may have and describe how his family might help him to meet these needs. (AO1, AO2)

Examples of suitable needs:

- medication; nutrition, shelter; warmth, exercise (mobility), hygiene, safety
- stimulation; learning, hobbies; knowledge about his condition
- self-esteem needs, need to feel loved, valued and respected, needs to express emotions appropriately
- building and maintaining relationships; friendship; interaction; communication with others

All other valid responses will be given credit

(1 × [3])

[3]

Examples of how his family might help him to meet his physical needs:

- monitor his mental health and give him any prescribed medication at the required times and in the required dosages; also taking him to medical appointments
- making him healthy meals that he enjoys and which will keep him physically healthy, and encouraging him to eat
- make sure their home is warm and comfortable as he may feel colder if he is less mobile
- make sure he wears suitable clothing for the time of year so he feels comfortable
- encourage him to walk each day to keep him physically healthy and mobile
- encourage him to wash and clean, shower regularly, wash his clothes; help him if required
- lock doors at night, provides security keys in locked box outside for carers; provide pendants

All other valid responses will be given credit

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

Examples of how his family might help him to meet his intellectual needs:

- encourage him to watch the news or documentaries or programme that he enjoys so they can talk about them together, so keeping his mind active
- buy him newspapers and magazines to encourage him to keep his mind active, e.g. keeping up to date with the news or completing crosswords,
- talk to him about attending the local day centre to encourage his intellectual development, e.g. to take part in hobbies, quizzes
- using memory tools such as memory mats to help him to keep his brain active

All other valid responses will be given credit

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

Examples of how his family might help him to meet his emotional needs:

- maintain old friendships
- telling him how much he is valued and still loved by his family
- having regular family gatherings, e.g. meals to ensure he knows he is loved and keeping him feeling positive
- reminding him that they are keen to listen to him and encouraging him to talk about his worries and concerns

All other valid responses will be given credit

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

Examples of how his family might help him to meet his social needs:

- take him on outings so he can meet people, keeping up contacts, and feel part of the local community
- encourage him to join local clubs or societies such as the local support group for people with dementia so he can meet people in a similar situation
- support him to attend religious worship if this was important to him so he meets up with old friends
- organise to visit family members or use social media so he can keep up important social family contacts
- organise for friends and family to visit the home so encouraging him to socialise

All other valid responses will be given credit

[1] basic description, [2] adequate description, [3] competent description
(3 × [3]) [9]

(b) Explain any **one** of these factors. (AO1, AO2)

Examples of suitable factors:

- a growing and ageing population
- increased prevalence of long term conditions
- increased demand and over reliance on hospital beds
- clinical workforce supply difficulties
- a need for greater productivity and value for money

[1] basic explanation, [2] competent explanation
(1 × [2]) [2]

(c) Discuss how the model aims to support individuals who have health and social care needs. (AO2, AO3)

Examples of suitable points to be discussed:

- encourages people to take personal responsibility for own health; to make decisions that help good health and wellbeing, so hopefully preventing the onset of illness and minimising deterioration as a result
- offers a wide range of support: as people will be supported by health and social care professionals, their community, health and social care initiatives, and regional health promotion, health protection and prevention initiatives, this should help them to better prevention, care and aftercare services
- increases accessibility: as people should have increased accessibility to services for health and social care in their local area, either in their home or in a local facility it will help them to access services when they need them and be within easy reach
- introduces ICPs: new Integrated Care Partnerships should enable more joined up work between professionals and services to meet the range of needs individuals may have
- requires close working between professionals and services: as GPs will work closely with other health and social care providers people should have to deal with fewer professionals and be at the centre of the decision making about their care and treatment
- enables accessibility of patients records: as individuals' medical records will be electronic it will allow health and social care teams to see their records including details of medications, results of tests and any hospital treatment leading to more effective treatment, including in an urgent care situation

- provides local services: more of the services that currently require a hospital visit will be available locally to people, e.g. diagnostic tests, outpatient appointments in the community rather than in hospital so aiding attendance and accessibility for all
- provides for ‘virtual ward’ in community: consultants/specialists will be more likely to see people in the community, rather than them going to hospital, also meaning greater contact between their GP, and other specialists working with them, so creating better communication and so better care between multi-disciplinary teams, organisations and individuals and their families, in other words the creation of a ‘virtual ward’ in the community if required
- provides community based clinics: where patients can access a range of health and social care services, including inputs from community pharmacy, Allied Health Professionals such as podiatry and physiotherapy, nursing care and social work support as well as from GPs with a Special Interest and hospital specialists so enabling people to get the range of care they need to aid recovery
- provides telehealth monitoring: will enable people to monitor their own conditions and alert health professionals when an individual’s condition deteriorates, so picking up problems earlier and aiding faster and more responsive treatment
- requires a named contact person: patients will have a named contact person to call when they need assistance – this may be the GP, a specialist nurse or another member of the integrated care team helping people to know their rights and encouraging them to access early intervention
- allows for direct admission to hospital care: when needed as agreed between the GP and hospital specialist, with no need to pass through the hospital emergency department so aiding direct access to specialist care when required
- enables more service users to remain at home through provision of more specialist services in the local area as outlined above: provides support to enable people to stay in their own homes for as long as they can
- provides access to intermediate care: people will be able to access intermediate care, with greater provision of step-up and step-down beds in the community for people needing extra care for a short period of time. Step-up beds provide locally-based short-term support to avoid the need for individuals to be admitted into an acute hospital. Those leaving hospital may spend time in a step-down bed for rehabilitation before returning home.
- introduces a reablement model: will be introduced to provide people with the support they need to return to their homes following a stay in hospital, an accident or other crisis
- provides for more respite care and short breaks in the community, will be provided to support individuals and carers
- enables people who are terminally ill to remain at home: services for those approaching the end of life will be provided that enable people to die at home, where that is clinically appropriate and consistent with their wishes. GPs and other community health services will provide in-reach to support people at end of life. This will apply in nursing homes as well as family homes
- introduces urgent care model to provide 24/7 access to urgent services, e.g. mental health crisis response teams

- enables external collaboration and supra-specialist care, i.e. provision of some services only needed by a small number of people will be from outside N.I.

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 the model aims to support individuals who have health and social care needs
- demonstrates limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how the model aims to support individuals who have health and social care needs
- may list points about how the model hopes to support individuals who have health and social care needs
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

- displays adequate knowledge and understanding of how the model aims to support individuals who have health and social care needs
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how the model aims to support individuals who have health and social care needs
- 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 the model aims to support individuals who have health and social care needs
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how the model aims to support individuals who have health and social care 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. [12]

- (d) Analyse **four** difficulties informal carers may experience when caring for a loved one at home.
(AO2, AO3)

In terms of analysis: candidates are required to separate their knowledge and understanding of the difficulties faced by the informal carers into components such as physical, emotional and financial problems. They are required to present arguments and make reasoned judgements on how the characteristics of each difficulty can impact on informal carers.

Examples of suitable points to be analysed:

- physical problems for example: carers can become exhausted as often it is a 24 hour job and this can affect the quality of care they are able to provide. Carers can become ill themselves making the person they care for feel guilty and affecting the quality of care. Carers are often untrained in moving and handling and so can cause injury inadvertently to themselves or a loved one
- emotional problems for example: carers have very little or no time off from caring leaving them feeling trapped and stressed. Carers may feel socially isolated often having no one to talk to and losing contact with friends, perhaps due to having to give up hobbies. Carers may feel frustrated with lack of recognition of their role and contribution and feel taken for granted. Carers can find it very difficult to cope with the emotional distress of watching a loved one in poor health or in pain. Carers may feel embarrassed having to carry out intimate tasks for a loved one. They may become overwhelmed and feel they can't continue, and then experience guilt
- financial problems for example: carers may have to give up their job or go part time and face financial pressures and worries, as the government may provide very little financial support. Younger carers may miss out on their education which may impact on job opportunities in the longer term
- difficulties accessing adequate support for example: carers may have little satisfaction with the help they receive from their family and others. Carers may be unhappy with the limited service provision they receive from formal carers, for example, 15 minutes in the morning and the evening, and find it difficult to access respite care or other support. They may find it difficult to know what help is available to them and how to access it
- negative impact on relationships for example: carers often suffer in their own relationships and family life due to the responsibilities involved in caring. Resentment may affect the caring relationships and quality of care. Carers may feel they are neglecting other family members, for example, their children

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 four difficulties informal carers may experience when caring for a loved one at home
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question

- demonstrates a limited ability to analyse four difficulties informal carers may experience when caring for a loved one at home
- may list advantages or examine only one
- 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 difficulties informal carers may experience when caring for a loved one at home
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- must analyse at least two difficulties to achieve at this level (maximum 6 marks for two difficulties)
- demonstrates an adequate ability to analyse four difficulties informal carers may experience when caring for a loved one at home
- 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 difficulties informal carers may experience when caring for a loved one at home
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse four difficulties informal carers may experience when caring for a loved one at home
- must address four difficulties to achieve at this level
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form of style and writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that meaning is clear. [12]

Total

AVAILABLE
MARKS

38

100