



Rewarding Learning

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

Health and Social Care

Assessment Unit AS 5

assessing

Adult Service Users

[SHC51]

Assessment

**MARK
SCHEME**

Additional Guidance for teachers for 2021 only

You will find it useful to view the EEP webinar to help you gauge the standard for this assessment.

Please read the general marking instructions that follow before you begin marking.

Some additional points that will help you use the mark scheme:

- The questions where QWC (quality of written communication) is assessed are identified on the front cover of the paper. In all other questions on the paper QWC should not influence the marking.
- Where you see “all other valid responses will be given credit”, if you think a response which is not on the mark scheme may be correct, you should check it for accuracy and award the marks if appropriate.
- Avoid awarding marks twice for repeated points in a question.
- When a question requires a specific number of points to be given (e.g. one example, two advantages, three ways), only that number of points can achieve marks. Where a student makes more points than the number required, their best points should be selected for marking. In these types of questions, compensation may be used; this means that a correct additional point in one part of the answer can be awarded marks where another part of the answer is incorrect or blank.
- For extended responses, you need to read the level descriptors carefully to help you make a judgement. There is further advice in the general marking instructions.
- You may find it useful to annotate the responses to help you decide on and justify the marks you award.

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) Summarise the following reasons: (AO1, AO2)

- 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; profile of older people requiring care is becoming more complex, with many people now living with multiple chronic illnesses
- Health inequalities: the healthy life expectancy of people in the most and least disadvantaged areas differs dramatically which impacts on the HSC system, including hospital admission, e.g. on average males live 58.7 years in good health, females 62.2 years, however, female healthy life expectancy in the most deprived areas is 14.2 years lower than in the least deprived areas; and comparable figure for male healthy life expectancy is 11.8 years lower, therefore affecting demands on emergency care, planned hospital care and day procedures
- Rising demand: range of factors creating pressure across HSC system: long-standing health conditions, obesity, mental illness, disability, older population and higher expectations. These factors are creating pressures across the system and putting increasing demands on an already stretched system. For example:
 - *Primary care service* – entry point to HSC system for majority of people; significant demand on GP services; more complex health issues; rising demand requires new model of care
 - *Hospital Services* – increased demand for specialist care, inpatients, outpatients and ambulance services; sharp increases in waiting lists and waiting times; existing model not addressing these challenges
 - *Social Services* – great diversity of providers of social care; poor social well being can impact negatively on the quality of people's lives, including health; demands for domiciliary care, residential care and nursing home care set to rise significantly
 - *Demand and the Patient/User Experience* – the sum of all this pressure means 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 patient experience

All other valid responses will be given credit

[1] basic summary [2] adequate summary [3] competent summary

(3 × [3])

[9]

(b) Explain **three** ways nursing staff might meet the needs of a person attending an emergency department. (AO1, AO2)

Examples of suitable ways to be explained:

- assessing the care needs of patients
- cleaning and dressing wounds
- carrying out medical tests and observations, e.g. taking bloods, measuring blood pressure, taking temperatures
- giving medication and managing pain control
- supporting patients' families or carers and keeping them up to date with the on-going assessment of their loved one
- making referrals/liaising, e.g. to other medical or health and social care professionals/agencies
- working as part of a multidisciplinary team to monitor the patient's health and sharing any changes in their 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
- clinical observations of patients including the effects of treatment on them
- urinary catheter management
- bowel care management
- supporting patients emotionally – using counselling skills
- advocating on behalf of a patient with a range of professionals or agencies, especially if they feel they or their family's 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
- addressing holistic needs of patients to include nutrition, hygiene, emotional needs, knowledge and spiritual needs

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(3 × [2])

[6]

- (c) Explain **two** ways statutory provision may be funded. (AO1, AO2)

Examples of suitable points to be explained:

- taxes distributed by Department of Health (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] basic explanation [2] competent explanation

(2 × [2])

[4]

- (d) Emergency departments are now also provided by private providers. Explain what a private provider is. (AO1, AO2)

Examples of suitable points to be included in explanation:

A private provider can be an individual or organisation running a business which offers health and/or social care services such as medical tests, holistic treatments, or home care services to individuals which are paid for in a range ways including private insurance, the persons own savings or by another organisation such as a Trust paying for the provision of a service to its patients/service users. This is in contrast to statutory provision which is mainly paid for by the government.

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(1 × [2])

[2]

- (e) Discuss how the whistle-blowing policy should enable patients to receive a high standard of care. (AO1, AO2)

Examples of suitable points to be included in discussion:

- outlines situations when the policy should be followed, e.g. misconduct

or poor practice which could place service users at risk, financial malpractice, danger to health and safety so staff know to apply the policy to protect patients in these situations

- states clearly the responsibility of staff to report poor care so enabling early detection
- states that any failure of staff to report poor care will lead to disciplinary action, encouraging greater vigilance and so reducing risk of poor practice
- sets out procedures staff must follow in reporting poor care so staff know what action they need to take
- outlines the investigative process so staff are aware of each stage of the process which should be speedy to enable poor care to be stopped
- keeps staff training updated so reminding them of their responsibilities and encouraging a high quality of care to patients
- may also refer to the role of regulatory/outside bodies in deterring and detecting serious malpractice so highlighting consequences if poor practice is not acted upon, so staff aware not just an 'in house' issue adding greater protection for patients
- identifies protection for staff who raise concerns internally (if possible, depending on nature of issue) so making staff more willing to use the policy providing safety and security for patients
- makes it clear to staff that silence is not an option, so encouraging the highlighting of poor practice
- offers channels for staff to gain advice such as Public Concern at Work or trade unions or professional bodies such as NMC, so helping staff to use a range of ways to highlight concerns so keeping patients safe

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 the whistle-blowing 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 the whistle-blowing policy should enable patients to receive a high standard of care.

Level 2 ([3]–[4])

Overall impression: adequate

- displays adequate knowledge and understanding of how the whistle-blowing 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 the whistle-blowing policy should enable patients to receive a high standard of care.

Level 3 ([5]–[6])

Overall impression: competent

- competent knowledge and understanding of how the whistle-blowing 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 the whistle-blowing policy should enable patients to receive a high standard of care. [6]

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

Disability

Examples of suitable points to be included in definition:

A physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities, for example paralysis or clinical depression. (Substantial means that the effect of the disability is neither minor nor trivial – it does not have to be a severe effect. Long-term means that the effect of the impairment has lasted or is likely to last for at least 12 months and the effect must be a detrimental one)

All other valid points will be given credit

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

(1 × [2])

[2]

Adults in need of protection

Examples of suitable points to be included in definition:

A person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics and/or life circumstances, and who is unable to protect their own well-being, property, assets, rights or other interests; and where the action or inaction of another person or persons is causing, or is likely to cause him/her to be harmed.

All other valid points will be given credit

[1] basic definition [2] competent definition

(1 × [2])

[2]

(b) Describe how the following stages of the care planning cycle may be applied to Lorna's move to a smaller care facility near her brother. (AO1, AO2)

Planning

Examples of suitable points to be described:

Following a thorough assessment a fully supportive and effective care plan should be drawn up with Lorna and Jonathan. The plan should be tailored to the specific needs of Lorna. The plan should be written in a way that Lorna, if possible, can understand and so that Jonathan is clear. It will be signed by the practitioner who undertook the assessment, e.g. the social worker, Lorna (if possible) and Jonathan. It will state the assessment needs and who is going to meet each need and how they will meet it. Should any problems arise there should be clear contact numbers on the plan so that Jonathan can contact the care manager to state, for example, that a care worker is not doing what is agreed in the plan so the problem can be addressed quickly and effectively. Most care plans will have overall aims and objectives so their effectiveness can be regularly reviewed. Review dates are noted on the plan and are agreed with Lorna and Jonathan.

Evaluation

Examples of suitable points to be described;

The professionals, together with Lorna and Jonathan examine the aims and objectives of the care plan and check if they are being achieved, e.g. is Lorna being provided with enough support so that she can continue to live in the facility? Has Lorna settled and no longer needs all the services, can they be reduced? The evaluation is carried out by a designated person, normally the care manager on the date noted when the care plan was drawn up. Any risks

will be looked at and changes in Lorna's condition or the support available from Jonathan or the multidisciplinary team will be examined. The evaluation may find that the plan is working effectively and continue to provide the same level of services or that adjustments need to be made, whereby the modification stage will take place. After the first review which is generally within the first month of the care plan being drawn up, subsequent review plans may be six monthly or yearly depending on the needs and situation of Lorna. This regular review process helps to ensure Lorna is not forgotten about and that care is on-going.

All other valid points will be given credit

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

- (c) Describe **three** ways a social worker might support Lorna and/or Jonathan.
(AO1, AO2)

Examples of suitable points to be described:

- identifying and assessing Lorna's needs
- assessing other aspects of Lorna's life, e.g. her physical and mental state or her environment
- providing emotional support through listening and talking
- encouraging social contact, e.g. seeing family and friends, encouraging attendance at social events, leisure activities
- problem solving, e.g. supporting Lorna to access day centre support or education
- advocating on behalf of Lorna
- enabling Lorna and her family to manage their lives more easily, e.g. counselling, dealing with crises, contact in an emergency as well as day to day coping strategies
- drawing up a plan of care for Lorna which she and her brother feel meets her PIES needs
- liaising with the multidisciplinary team, e.g. organising meetings
- liaising with or referring to relevant agencies, e.g. voluntary organisations –inter-agency supports, day centre
- providing therapeutic interventions, e.g. cognitive behaviour therapy
- managing her care plan, e.g. making sure it is implemented, monitored and reviewed
- writing reports, e.g. re-housing
- organising respite service for Lorna if required while she waits for accommodation
- accessing financial support for Lorna, e.g. supporting her brother to complete benefit forms
- providing information, e.g. about voluntary organisations, support groups
- assessing risk for Lorna with reference to her health condition and treatment

All other valid responses will be given credit

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

- (d) Analyse the impact of this act for both Jonathan and Lorna if Lorna moved into his home. (AO2, AO3)

Examples of suitable points to be analysed for Lorna:

- provides Lorna with direct payments: allows money to be given directly to her (but in this case will be Jonathan and/or social worker or agency) to enable the purchase of a support package following an assessment of her needs
- gives Lorna (with the support of Jonathan due to extent of her disability) choice over her care and enables them to choose carers and the times they come to the house
- gives Lorna more independence, arrange for carers to take her swimming
- empowers Lorna (along with Jonathan) as they can sack care workers if unhappy with their care, giving her a sense of control

Examples of suitable points to be examined for Jonathan:

- recognises Jonathan's rights within legislation, strengthening his position to request services and support in his own right and helps him to feel supported
- entitles Jonathan to an assessment of his own needs and his ability to provide care
- allows a plan of services and supports to be developed in accordance with Jonathan's wishes
- Jonathan can request services such as respite breaks and other forms of support so he can continue to care, e.g. a sitter to stay so he can go out or meet friends, which gives him a break
- enables Jonathan to access training if Lorna has specialist needs
- allows financial support to be given to Lorna to help him with costs incurred in his caring role

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 of the impact of this act for both Jonathan and Lorna if Lorna moved into his home.
- demonstrates limited ability to apply appropriate knowledge and understanding to the question.
- demonstrates a limited ability to analyse the impact of this act for both Jonathan and Lorna if Lorna moved into his home.
- may list points about how the Carers and Direct Payments Act can support Lorna and Jonathan.
- answers that focus only on Lorna or Jonathan 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

- displays adequate knowledge and understanding of the impact of this act for both Jonathan and Lorna if Lorna moved into his home.
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question.
- demonstrates an adequate ability to analyse the impact of this act for both Jonathan and Lorna if Lorna moved into his 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 the impact of this act for both Jonathan and Lorna if Lorna moved into his home.
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question.
- demonstrates a competent ability to analyse the impact of this act for both Jonathan and Lorna if Lorna moved into his home.
- 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]

31

- 3 (a) Discuss how reablement differs from traditional home care. (AO1, AO2,AO3)

Examples of suitable points to be discussed:

- it is usually time limited (lasts up to six weeks), unlike traditional home care
- it is a holistic method of working with service users, assessing all their needs and supporting them to be met, whereas the traditional model is mainly focused on physical needs
- it is an evolving process that focuses on supporting service users to regain independent living skills, whereas the traditional model is more static and focuses on supporting rather than encouraging the service user to be independent
- there are six clear stages to ensure the process is focused and time limited, unlike the traditional model that has no specific stages
- it is about teaching service users new ways of doing daily tasks rather than doing for them, e.g. encouraging them to make a meal rather than the home care worker making it
- its focus is to reduce the need for support rather than the maintenance focus of the traditional model
- it actively supports families and carers whereas the traditional model may not include the family/carers
- its focus is even more on working as part of a multidisciplinary team than the traditional model
- reablement is a ‘doing with’ model unlike traditional home care that is a ‘doing for’ approach

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 reablement differs from traditional home care.
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question.
- demonstrates a limited ability to discuss how reablement differs from traditional home 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 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of how reablement differs from traditional home care.
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question.
- demonstrates an adequate ability to discuss how reablement differs from traditional home 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 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of how reablement differs from traditional home care.
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question.
- demonstrates a competent ability to discuss how reablement differs from traditional home care at the top of this level.
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [9]

- (b) Explain **two** different ways each of the following practitioners might support Nigel. (AO1, AO2)

Occupational therapist

Examples of suitable points to be explained:

- visits his home and assesses its safety, for example before Nigel returns home from hospital may try to make adaptations to the house to enable Nigel to live independently, e.g. stair-lift, ramps, shower seats, toilet appliances
- provides Nigel with appliances that help him to perform everyday activities, for example specialised knives and forks to help him eat if his hand is still affected by the stroke, aids to help him open and close buttons, put on socks
- assesses Nigel's needs, for example helping him to return to work or seek other employment/courses
- liaises with the multidisciplinary team prior to and after assessment to aid the drawing up of a discharge plan
- writes reports and monitors his progress

Physiotherapist

Examples of suitable points to be explained:

- supports Nigel with any mobility problems he may have due to the effects of the stroke – will assess Nigel, for example, if he has any difficulties walking they may provide him with aids such as walking sticks or frames or wheelchairs
- strengthens Nigel's muscles, for example give him exercises to do to build up his muscle strength and stop wastage of muscle
- uses heat treatments such as ultrasound to help to heal some of the damage caused by the stroke so he heals more quickly and helps to relieve pain
- liaises with the multi-disciplinary team to organise a care plan while Nigel is in hospital and on discharge may refer Nigel to a community physio so the programme of exercises can continue when he is at home

- writes reports on Nigel's mobility difficulties and the exercise programme he has been provided with and shares it with colleagues so they can follow up on care. Also shares with the multidisciplinary team so they can understand Nigel's mobility issues and other difficulties

All other valid points will be given credit

[1] basic explanation [2] adequate explanation

(2 × [4])

[8]

- (c) (i) Name any other voluntary provider. (AO1)

Suitable examples:

- Mencap
- Action MS
- Praxis Care
- Action Mental Health
- Cancer Fund for Children
- Marie Curie Cancer Care
- MIND

All other valid responses will be given credit

(1 × [1])

[1]

- (ii) Write down **three** ways a voluntary provider might be funded. (AO1)

Any three of the following:

- fundraising events, e.g. sponsored walks and 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

All other valid responses will be given credit

(3 × [1])

[3]

- (d) Describe three ways a voluntary provider such as NICHS might support service users such as Nigel. (AO1, AO2)

Examples of suitable ways to be described:

- provides counselling sessions
- provides support groups so people can meet others in similar positions, so reducing their isolation
- provides befriending services where someone will call with individuals like Nigel each week to take them out or spend time with them
- provides advocacy services for individuals such as Nigel
- provides information such as how to cope after having a stroke – often through good websites/chat rooms/over the phone
- provides workshops to help people manage their condition and develop their confidence
- provides support with applying for benefits
- provides 24 hour helplines or mobile support services so that people like

- Nigel who live in rural areas can access support
- provides a range of complementary therapies
 - provides day centres where people can go to meet other people and feel they are provided with a range of activities that develop their confidence
 - provides respite services/holiday breaks
 - provides highly specialist staff that Nigel or his family can talk to or receive treatment from
 - may organise health checks, which people may attend more readily than going to their GP

All other valid points will be given credit

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

(3 × [3])

[9]

- (e) Analyse three advantages and three disadvantages for service users such as Nigel of receiving care from his wife and family when he returns home. (AO1, AO2, AO3)

Advantages

- emotionally: Nigel may feel more comfortable having his wife and family take care of his personal tasks and so helps him to feel cared for, and more likely to tell his wife if he is worried; he is likely to feel less stress as he feels he is being cared for by his wife who loves him and wants to support him in any way possible; he may feel happy and content to have his wife by his side, caring for him in his time of need, enabling him to stay at home; he may feel relieved his wife and family can support him and so he does not have to take on the added financial pressure of employing carers
- socially: he may feel less isolated as his wife can encourage friends, family and neighbours to call or take him out regularly to see them helping him to feel valued; he may be able to attend social or community events, go out for meals, cinema, concerts, helping him to feel involved and cared for
- physically: he may feel healthier and stronger as his wife makes his meals and ensures she prepares meals he enjoys, taking into account that he may have swallowing problems; he may be more keen to exercise and keep fit if his wife takes him out for walks or to the swimming pool to keep mobile and active; he may feel more safe and secure in the house if his wife is with him
- intellectually: he may be involved in decision making with his wife with regards to running their home, e.g. financial decisions; his wife may help to keep his mind active by encouraging him to watch the news so they can discuss current affairs or play cards or board games with him to help him to think, helping his sense of autonomy

Disadvantages

- emotionally: Nigel's mental health may become affected, i.e. he may become depressed as he may feel he is putting his family under too much pressure and strain; also Nigel's relationships with his wife and children may suffer – he may feel he has become a burden on his family as they may not be able to care for themselves properly due to their caring responsibilities for him
- socially: Nigel may stop friends and other family members from calling as he feels it is putting too much pressure on his family as they feel they not only have to look after him but also all the visitors. Nigel may also

stop attending some of the hobbies he enjoyed as he feels it is an added burden on his family to organise transport, for example and wait to take him home again or call later for him

- physically: Nigel may suffer from abuse from close family members, i.e. his wife or children, and he may be too frightened to tell anyone about the abuse, or he may fear his wife leaving him due to the pressure of caring so he may be too frightened to say; also Nigel may suffer from injuries or increased pain as his wife or family may not be trained in how to care for him. Nigel may be too embarrassed to ask for help, especially from his children, for example with personal tasks and this may mean his personal hygiene may deteriorate
- intellectually: Nigel may stop talking to his family about the news and other interests he has as he may have speech problems, meaning he loses interest in keeping his mind active, so slowing the pace of his recovery, and causing him to become frustrated; Nigel may feel it is his wife's responsibility to apply for benefits or financial support, leading him to become disempowered and reducing his autonomy

Candidates are not required to organise their responses using PIES.

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 advantages and three disadvantages for service users such as Nigel of receiving care from his wife and family when he returns home.
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question.
- demonstrates a limited ability to analyse three advantages and three disadvantages for service users such as Nigel of receiving care from his wife and family when he returns home.
- may list advantages and disadvantages or only discuss either advantages or disadvantages.
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is lost.

Level 2 ([5]–[8])

Overall impression: adequate

- adequate knowledge and understanding of three advantages and three disadvantages for service users such as Nigel of receiving care from his wife and family when he returns home.
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question.
- demonstrates an adequate ability to analyse three advantages and three disadvantages for service users such as Nigel of receiving care from his wife and family when he returns home.
- there must be analysis of at least two advantages and two disadvantages for service users such as Nigel of receiving care from his wife and family when he returns home to reach the top of this level.

- candidates who focus only on advantages or only on disadvantages cannot achieve more than 6 marks.
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent

- competent knowledge and understanding of three advantages and three disadvantages for service users such as Nigel of receiving care from his wife and family when he returns home.
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question.
- demonstrates a competent ability to analyse three advantages and three disadvantages for service users such as Nigel of receiving care from his wife and family when he returns home.
- there is competent analysis of three advantages and three disadvantages for service users such as Nigel of receiving care from his wife and family when he returns home to achieve at the top of this level.
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [12]

Total

**AVAILABLE
MARKS**

42

100