



**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2022**

Health and Social Care

Assessment Unit AS 5

assessing

Adult Service Users

[SHC51]

THURSDAY 9 JUNE, MORNING

**MARK
SCHEME**

General Marking Instructions

Introduction

The main purpose of a mark schemes 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.

COVID-19 Context

Given the unprecedented circumstances presented by the COVID-19 public health crisis, senior examiners, under the instruction of CCEA awarding organisation, are required to train assistant examiners to apply the mark scheme in case of disrupted learning and lost teaching time. The interpretation and intended application of the mark scheme for this examination series will be communicated through the standardising meeting by the Chief or Principal Examiner and will be monitored through the supervision period. This paragraph will apply to examination series in 2021–2022 only.

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

General practitioner (GP)

Examples of suitable points to be explained:

- provides advice about his health issues
- assesses symptoms and provides diagnoses
- assesses/identifies Pascal's needs as a consequence of the diagnosis
- refers Pascal to specialist services and practitioners as required
- liaises with the multidisciplinary team to ensure support is provided to Pascal
- writes prescriptions for medication Pascal may need, including repeat prescriptions
- listens to Pascal's concerns and gives him advice
- offers Pascal counselling with practitioners attached to the surgery
- liaises with Pascal's wife if required
- writes up medical notes to ensure a detailed record is kept of Pascal's diagnosis, care and treatment plan
- writes reports to other practitioners as required for Pascal's care
- calls out to Pascal's house if an emergency arises
- provides review appointments to Pascal
- provides sick lines for Pascal if he needs to be off work
- monitors medication

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

Community mental health nurse

Examples of suitable points to be explained:

- talks to Pascal about his low mood to try to help him express his worries and concerns
- supports him through the assessment and diagnosis of his condition so Pascal feels he has someone outside the family he can talk to
- monitors how any medication which has been prescribed by the GP is helping him or its side effects or may suggest changes; assesses compliance with medication
- liaises with or refers to other health practitioners, such as mental health social worker to ensure Pascal receives best care
- assesses Pascal's mental health needs in his own home – tries to enable him to remain at home
- implements and monitors a care plan relevant to his diagnosis
- supports Pascal emotionally – counselling skills, e.g. CBT, coping strategies
- advocates on behalf of Pascal, e.g. with other agencies or his work
- empowers Pascal to talk to other health care practitioners about his fears and concerns
- keeps updated records and writes reports, making sure all records are regularly updated and shared with appropriate practitioners, to support Pascal's care
- attends regular community mental health team meetings to share with the multidisciplinary team the progress or deterioration in Pascal's mental health

- provides information, advice and support to Pascal's wife
- contributes to case conferencing, if required, where Pascal's needs can be discussed with the community team, Pascal and his family
- informs Pascal of a range of services available to support him, e.g. voluntary organisations when he has a diagnosis of his physical condition, or mental health organisations
- organise support group e.g. health centre or day centre

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

(b) State two other practitioners that could offer support to Pascal. (AO1)

Answers may identify any two of the following practitioners:

- occupational therapist
- psychiatrist
- social worker
- home care worker
- support worker
- advocate
- physiotherapist
- nurse (but no CMHN)
- district nurse or other specific type of nurse

All other valid responses will be given credit

(2 × [1])

[2]

(c) Using the headings below, describe how Pascal's wife Jennifer may help to meet his needs. (AO1, AO2)

Examples of suitable points to be included in description:

Emotional needs

- helps Pascal to monitor the changes in his physical condition so they can talk to each other about his worries and concerns
- helps Pascal to talk to his GP about his physical deterioration so he knows his wife supports him and is there for him
- helps Pascal to talk to the mental health nurse about his low mood and how he is feeling so he can relieve some anxiety and know his wife fully supports him
- helps Pascal to look to the future and see that by finding out what is wrong with him he can get treatment so he can start to feel better
- shows Pascal love and support by telling him often how much she cares and how important he is in her life so he feels valued
- praises Pascal as he gets the support he needs and tells him how proud she is that he is talking to practitioners and willing to make changes so helping to improve his self confidence
- spends extra time with him so he can talk to her or just knows she likes to be with him
- helps him to talk to a religious person such as his minister or priest so he can have his spiritual needs met if this is important to him
- encourages family and friends to spend time with him to help him feel supported and cared for

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

Social needs

- encourages him to continue to meet up with his family circle, going to visit and asking them around so he keeps contact with people who are important to him in his life
- takes him out for meals, shopping or days out so he keeps in contact with the local community
- encourages him to go or takes him to his local religious worship, if this is important to him, to enable him to keep up his contacts / meet up with friends
- encourages him to continue to stay at work as long as he is able to, so he keeps up relationships with his colleagues
- encourages him to join support groups for men who suffer from depression so he can talk to other men in similar positions
- once diagnosed there may be support groups for people with his condition so she encourages him to join these groups

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

Intellectual needs

- encourages him to remain in work as long as possible so he keeps his mind active
- does activities with him e.g. board games, quizzes, crosswords
- researches his symptoms to help him try to understand what may be wrong and perhaps make an appointment for him to get an official diagnosis so he can gain knowledge of his condition
- encourages him to keep watching the news or documentaries or programmes that he enjoys so they can talk about them together, so keeping him up to date with current affairs and live issues
- encourages him to read newspapers and magazines to keep his thought process active, e.g. keeping up to date
- talks to him about taking part in hobbies, e.g. attending the local pub quiz to encourage his intellectual development

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

- (d) (i) Explain the term private providers. (AO1, AO2)

Examples of points to be included in explanation:

Private providers are individuals or organisations that offer health and social care services to the public at a cost or for profit, e.g. private hospitals, private physiotherapists or holistic therapists

[1] basic explanation, [2] competent explanation

All other valid responses will be given credit

(1 × [2]) [2]

- (ii) Describe **three** advantages for Pascal of accessing counselling from a private provider. (AO1, AO2)

Examples of suitable advantages to be described:

- receives an appointment quickly and so does not have to wait for months to be seen, as his condition may deteriorate if he is on a long waiting list
- does not have to wait for a referral from his GP so can feel in control of his care
- chooses which counsellor to see, rather than having no choice as in the health service, so he may be able to get a counsellor who has specialist skills such as CBT, who comes highly recommended and so may feel more confident with the care provided
- empowers him as he feels part of the decision making process and can take an active part in treatment plans
- protects his privacy as he may see the counsellor in a private house or clinic
- if Pascal feels he isn't making progress, he can leave the counsellor and attend a different one
- can get more sessions and longer sessions if he chooses to pay for them
- offers more flexible appointments, for example after work so doesn't interfere in his work life and he does not have to let anyone in work know about it
- quality of care may be better as the counsellor may have a range of qualifications so can use different types of counselling methods depending on Pascal's needs
- can have as many appointments as he feels he needs, for example two a week or once a fortnight, and can continue to see the counsellor as long as he feels he needs to, so feeling there is support for him as long as he needs it and can pay for it
- may provide a relaxing and comfortable environment so Pascal more likely to engage with counsellor

All other valid responses will be given credit

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

30

- 2 (a) Explain what is meant by the term informal carer. (AO1)

Examples of suitable points to be included in explanation:

An informal carer is a person who provides help and support to a family member, a friend or a neighbour who may not be able to manage without help because of frailty, illness or disability. Carers can be adults usually caring for other adults, parents caring for ill or disabled children or young people who care for another family member often without payment, usually at home.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(1 × 2)

[2]

- (b) List five ways an informal carer may support an adult. (AO1)

Examples of suitable points:

- shopping and cooking healthy meals and helping the person to eat, if required
- cleaning the house and keeping it hygienic so limiting exposure to infections
- making sure the house is heated and is warm and comfortable
- washing clothes to help the person to stay clean and comfortable
- helping with personal hygiene, if required, to keep their body fresh and help self confidence
- helping them to dress in comfortable clothes, encouraging them to choose their own outfits, if required
- helping with toileting, if or when required
- managing their financial matters, e.g. pay bills, apply for benefits
- talking/keeping them company, and making sure they feel loved
- making appointments to see doctor/dentist, etc.
- attending appointments with them
- collecting prescriptions
- providing transport for them
- helping them in and out of bed, if required
- buying them newspapers and books, or making sure they have an iPad or other forms of technology that can help them to feel connected to the outside world
- giving them medication and making sure they take the prescribed dosage at the set times
- giving them information, for example to help them understand their condition and how it will be managed
- taking them on social visits or outings to see family and friends
- supporting their mobility, taking them swimming or to other activities that help them to keep active
- making sure they get rest, e.g. avoiding interruptions when they are sleeping
- organising or providing aids and adaptations, e.g. handrails
- encouraging them to be independent, e.g. making decisions daily or doing tasks for themselves
- advocating for them with health and social service

All other valid responses will be given credit

(5 × [1])

[5]

(c) Describe **three** difficulties informal carers may experience. (AO1, AO2)

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Examples of suitable points to be described:

- **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 as a result. Carers are often untrained in moving and handling and so can cause injury inadvertently to themselves or to a loved one which can make them feel very guilty
- **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. They may also worry about the standard of care they are giving. Carers become distressed as many have to cope with loved ones being demanding or difficult to work with.
- **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. It can be expensive to be a carer e.g. paying to heat the house, for transport to appointments or food to meet dietary needs
- **job/career negatively affected**, for example: carers may have to take days off, may miss out on opportunities for promotion or tiredness may impact on performance at work
- **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 struggle to manage all their responsibilities and may feel they are neglecting other family members, for example, their children

All other valid responses will be given credit

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

(3 × [3])

[9]

- (d) Other than GP services, discuss the services statutory organisations may provide to support vulnerable and ill members of society. (AO1, AO2, AO3)

Examples of statutory services to be included in discussion:

- **hospitals** – they provide a range of services free of charge and available either through planned care or emergency care. A number of hospitals in NI have emergency departments (EDs) and most provide planned operations such as bowel operations, cancer services etc. Answer may refer to different types of hospitals – acute, psychiatric units, learning disability
- **ambulance services** – ambulance services attend in emergencies, provide initial treatment and also provide transport for patients in both emergency and non-emergency situations
- **day centres** – older people or those with mental health, physical or learning disabilities may attend day centres from 1 to 5 days a week. They may take part in activities to reduce isolation or to learn new skills. Often the service users are collected by bus or taxi and taken to the day centre and returned home. The day centre often provides support to enable a person to remain at home, i.e. help with budgeting and meal planning.
- **care homes** – some are still provided by the statutory sector and they provide 24 hour care including rehabilitation, respite care.
- **supported living complex** – e.g. for older adults with learning disabilities
- **CMHT** – Community mental health team – usually includes a consultant psychiatrist, social worker and nurse who are specialists in the area of mental health and draw up a plan to enable service users to stay at home. For example, they have regular visits to the consultant psychiatrist, and follow up home visits with a mental health social worker and /or nurse.
- **allied practitioners** such as physiotherapy or occupational therapy services – the GP can refer the person or some GPs allow the person to refer themselves to physiotherapy services if they have joint or muscle pains and they will usually receive up to 6 sessions free. The GP may refer service users to an OT if they need aids and appliances to enable them to return home, e.g. chair lift, handrails, toilet aids etc
- **social services** – social workers work with older people, people with mental health, physical or learning disabilities to help them to cope with issues such as housing problems, financial difficulties, daily living skills, provide counselling or refer to other agencies, complete care plans and home care etc., home care workers, reablement services to support vulnerable SUs to return to or remain at home.
- **additional services** – both hospital based and in the community
- **dental services** – includes dentists, orthodontists and hygienists

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 services statutory organisations may provide to support vulnerable and ill members of society
- demonstrates a limited ability to apply knowledge and understanding to the question

- demonstrates a limited ability to discuss the services statutory organisations may provide to support vulnerable and ill members of society
- may list points rather than discuss the services statutory organisations may provide to support vulnerable and ill members of society
- 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 the services statutory organisations may provide to support vulnerable and ill members of society
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the services statutory organisations may provide to support vulnerable and ill members of society
- to achieve at this level at least two statutory services are discussed
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of the services statutory organisations may provide to support vulnerable and ill members of society
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss the services statutory organisations may provide to support vulnerable and ill members of society
- 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]

- (e) Discuss **three** ways the Carers and Direct Payments Act (Northern Ireland) 2002 may support an adult recipient of informal care to remain in their own home rather than move into supported living or residential care and **three** ways it may support an informal carer to continue to provide care. (AO1, AO2, AO3)

Adult recipient:

Examples of suitable ways to be discussed:

- provides the adult recipient with direct payments, allows money to be given directly to them to enable them to purchase their own support package following an assessment of their needs (e.g. carers, respite, transport) so they can stay at home
- gives the adult recipient choice over their care and enables them to choose carers and the times they come to the house so helping them to feel content at home
- gives the adult recipient more independence, e.g. arranges for carers to take them out so they can go to the shops, library or community gatherings, so feeling in touch with local community and reducing isolation; and giving the carer a break so the recipient is not feeling a burden on their carer
- empowers the adult recipient as they can terminate the employment of care workers if they are unhappy with their care, giving them a sense of control over their lives so they feel happy at home

Informal carer:

Examples of suitable ways to be discussed:

- as the informal carer's rights are recognised within legislation, it is strengthening their position to request services and support in their own right and helps them to feel supported in their caring role
- entitles the informal carer to an assessment of their own needs and their ability to provide care so they feel respected and can gain outside help to continue to care
- allows a plan of services and support to be developed in accordance with the informal carer's wishes so they can be specific about the types of help they need
- enables the informal carer to request services such as respite breaks and other forms of support so they can continue to care, e.g. a sitter to stay so they can go out or meet friends, which gives them a break
- if the informal carer is a child, it may support them in their education e.g. additional tutoring
- enables the informal carer to access training if adult recipient has specialist needs, so helping them to cope with the physical and emotional demands of caring
- allows financial support to be given to the informal carer to help them with costs incurred in their caring role, so they are able to cope in the longer term with the costs to them of caring

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 three ways the Carers and Direct Payments Act (Northern Ireland) 2002 may support an adult recipient of informal care to remain in their own home rather than move into supported or residential care and three ways it may support an informal carer to continue to provide care
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss three ways the Carers and Direct Payments Act (Northern Ireland) 2002 may support an adult recipient of informal care to remain in their own home rather than move into supported or residential care and three ways it may support an informal carer to continue to provide care
- may list points about how the Carers and Direct Payments Act (Northern Ireland) 2002 can support an adult recipient and/or informal carer
- 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 three ways the Carers and Direct Payments Act (Northern Ireland) 2002 may support an adult recipient of informal care to remain in their own home rather than move into supported or residential care and three ways it may support an informal carer to continue to provide care
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss three ways the Carers and Direct Payments Act (Northern Ireland) 2002 can support an adult recipient of informal care to remain in their own home rather than move into supported or residential care and three ways it can support an informal carer to continue to provide care
- answers that focus only on an adult recipient or on an informal carer 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 ways the Carers and Direct Payments Act (Northern Ireland) 2002 may support an adult recipient of informal care to remain in their own home rather than move into supported or residential care and three ways it may support an informal carer to continue to provide care
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question

- demonstrates a competent ability to discuss three ways the Carers and Direct Payments Act (Northern Ireland) 2002 may support an adult recipient of informal care to remain in their own home rather than move into supported or residential care and three ways it may support an informal carer to continue to provide 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. [12]

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3 (a) Explain the term person-centred care. (AO1, AO2)

Examples of suitable points to be included in explanation:

Person-centred care promotes and facilitates full participation of adults in all decisions affecting their lives. For example 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. It is about focusing care on the needs of the individual rather than the needs of any service.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(1 × [2])

[2]

(b) Other than representing service users' viewpoints with their families, describe **two** ways an advocate might support service users. (AO1, AO2)

Examples of suitable points to be described:

- either on behalf of or with a service user, try to make clear their needs and how they can be met when in discussion with a range of practitioners involved in their care, or with family
- help service users to express their own opinions about their wishes or requirements, enabling them to feel in control of their care or that they have a voice in their treatment
- provide information about a legal advocate, or contact a legal advocate on their behalf, who will represent service users in disputes, e.g. about poor care
- work to address service users' benefit entitlement, or other forms of financial advocacy
- check or oversee the implementation of decisions agreed
- give service users advice on their rights, e.g. to see a specialist
- represent service users at multidisciplinary team meetings if asked to
- lobby politicians to get service users the services they are entitled to, if required
- enable service users to use self advocacy skills so they can have their needs met, e.g. asking for a second opinion
- enable service users to return to work or support them to change their jobs or reduce their hours
- make referrals, e.g. to other organisations that provide support
- write reports, e.g. for benefits office

All other valid responses will be given credit.

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

(2 × [3])

[6]

(c) Explain **two** ways a confidentiality policy should ensure that Anne receives a high quality of care from the social worker. (AO1, AO2)

Examples of suitable ways to be explained:

- allows sharing of information with appropriate people and withholding it from others in respect of Anne's wishes, so she will be consulted before information is shared, so protecting her personal information
- outlines when information, given in confidence by Anne, must be passed on to others on a need to know basis, either to protect Anne or others, and will be explained to her, creating openness

- means that practitioners are not able to talk about Anne inappropriately or outside the organisation, so helping her to feel safe and in control of her care
- specifies internal procedures for ensuring confidentiality, providing reassurance for Anne and guidance for staff, e.g. with regard to safe storage of information including computer files and paper records
- as the confidentiality policy stipulates that non-adherence to the policy can be a dismissible offence, it enables Anne or her family to feel confident about their working relationship and the quality of care
- Anne or her family can use the policy to complain if they feel that the social worker has breached the right to confidentiality, so empowering them and giving them a sense of control

All other valid responses will be given credit

[1] basic explanation, [2] adequate explanation

(2 × [2])

[4]

- (d) Describe **three** ways a voluntary organisation might support Anne. (AO1, AO2)

Examples of suitable points to be described:

- provides lunch clubs, for example once a week in the local church hall, so Anne can meet others in similar positions, so reducing her isolation
- provides befriending services where someone will call with Anne each week to take her out or spend time with her
- provides support groups, which can be online as well as once a month in the community centre, so Anne does not feel alone
- provides advocacy services so Anne can feel stronger to say to her daughter that she wants to stay at home
- provides holiday breaks for Anne and a friend
- provides practical help such as food parcels and financial help if needed
- provides 24 hour help lines to talk to someone if lonely, or ask advice
- provides a range of complementary therapies which Anne might enjoy
- provides day centres where Anne can go to meet other people and engage in a range of activities that develop her confidence
- provides transport, e.g. volunteers take her to the shops or hairdressers or a community bus can take her to the shops or library, day trips
- provides personal equipment, e.g. personal alarms
- may sell or lend aids such as wheelchairs
- provides information in booklets or online, for example on age-related health conditions or benefits
- makes referrals to other organisations e.g. from their day centre to a social worker
- provides domicilliary care services
- provides meals on wheels/meals at home service

All other valid responses will be given credit

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

(3 × [3])

[9]

- (e) Analyse how the care planning cycle may be implemented by the social worker for Anne. (AO1, AO2, AO3)

In terms of analysis, candidates are required to separate their knowledge and understanding of how the care planning cycle may be implemented by the social worker into the six stages. They are required to present arguments and make judgements on how the stages of the care planning cycle may be implemented.

Examples of suitable points to be analysed:**Assessment**

- the social worker will complete a holistic assessment gathering information from a range of relevant practitioners, so Anne can be clear about what each practitioner has to say about her situation
- as it is person-centred, the social worker must consult with Anne and see her as central to the assessment, taking her wishes into account
- the social worker will also consult with family about their needs, so helping them to know they can access support if required
- the social work assessment is balanced between Anne's strengths and needs which are recorded
- the social worker will show Anne the assessment in writing and inform her that it is shared with all necessary parties
- the social worker will compile all the assessments into one format so giving Anne one point of contact during the assessment process to ensure a comprehensive gathering of information is completed

Planning

- following assessment, the social worker will draw up a care plan which will be tailored to Anne's specific needs and will help Anne to check the plan
- the social worker will write the plan in a way that Anne can understand it; this should help her to feel part of process
- as the plan states Anne's assessed needs and who is going to meet each need and how they will meet it, she should be very clear about her daily care
- the social worker will ensure contact numbers are written into the plan so in the future Anne can contact the social worker 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
- the social worker sets out the aims and objectives of her plan so that they can be checked at the review meeting carried out initially after a few weeks then six monthly

Implementation

- the social worker puts the agreed plan into action on a set date with each practitioner being fully informed through the care planning process what is expected of them and when and how they have to carry out their responsibilities, so Anne has confidence in the care planning process
- the social worker will ensure that the care workers know that each time they complete a visit, they will record it in the care plan so implementation is clear to Anne and her family, so enabling them to highlight if carers have not called or have not carried out the agreed task/s

(candidates may give examples at this stage to highlight how this stage enables Anne's needs to be met).

Monitoring

- the social worker will keep contact with all practitioners involved to check that their aspect of the care plan is working effectively
- the social worker has overall responsibility to ensure that weekly or monthly checks are completed and recorded so that any problems can be identified quickly and rectified to ensure Anne's needs are continuously met

- the social worker will involve Anne and her family in the monitoring stage so they know how effectively the plan is working and if it is being implemented as agreed, keeping them involved and feeling valued in the process
- the social worker may complete the monitoring by regular telephone contact or agreed meetings, so helping Anne to have her say

Evaluation

- the social worker carries out the evaluation at a date and time agreed with Anne and her family; this enables Anne to have a formal evaluation of her plan, therefore she can help to identify any problems and have them formally addressed
- practitioners, Anne and her family will examine the aims and objectives of the care plan and check if they are being achieved, so involving them in the overall evaluation
- the social worker will also analyse any new or ongoing risks and changes in Anne's condition and recommend any necessary changes so that she is kept fully informed
- the social worker involves Anne's family so everyone is kept fully informed, creating open channels of communication, helping everyone to air any concerns so changes can be made
- the evaluation involves the multidisciplinary team, led by the social worker, to check the plan is working effectively and continue to provide the same level of services, or they may agree that adjustments need to be made, whereby the modification stage will take place so that Anne's identified needs are being met successfully
- the social worker will conduct an evaluation on a six monthly basis after the initial one, so helping Anne to know she will not be forgotten and her plan will be adjusted as required, as it is ongoing

(candidates may give examples of the evaluation process and how it should enable Anne to have her needs met).

Modification

- if problems are identified in the evaluation process, the social worker will make changes and draw up a new care plan. This stage helps to make sure the care planning process is on-going and cyclical. The care provision may either be increased or decreased depending on the needs, abilities and wishes of Anne and her family. This should enable Anne to contribute to any suggested changes
- any modifications are written up by the social worker so that all practitioners, carers, Anne and her family are clear and agree with the adaptations made to the plan, keeping them informed

(candidates may give examples of changes and how they may enable Anne's needs to be met).

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 care planning cycle may be implemented by the social worker for Anne
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how the care planning cycle may be implemented by the social worker for Anne

- may list points rather than analyse or may focus on one or two stages of the care planning cycle
- 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 the care planning cycle may be implemented by the social worker for Anne
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how the care planning cycle may be implemented by the social worker for Anne
- may analyse only three or four of the stages of the care planning cycle
- 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 care planning cycle may be implemented by the social worker for Anne
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how the care planning cycle may be implemented by the social worker for Anne
- answers must address at least five stages to achieve at this level and all six stages competently 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

33

100