



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2023**

Health and Social Care

Assessment Unit AS 5

assessing

Adult Service Users

[SHC51]

TUESDAY 6 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.

1 Define the following terms: (AO1, AO2)**(a)** Disability**Examples of suitable points to be included in definition:**

- loss or reduction of functional ability or impairment
- the lack or loss of ability to carry out activities
- anatomical, physiological, intellectual or psychological dysfunction, e.g. paralysis or schizophrenia
- the social disadvantage faced by those people who have impairments

All other valid points will be given credit

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

(1 × [2])

[2]

Empowerment

Examples of suitable points to be included in definition:

- enabling a person or a group of people to speak on their own behalf
- supporting a person or a group of people to take actions on their own behalf
- sharing relevant knowledge and/or expertise with individuals or groups so that they can make informed decisions
- involvement of service users and carers in the planning and/or decision-making processes regarding the services they use
- to give service users power to be involved in or make decisions which affect them
- the principle of working in partnership with service users and of sharing or handing over power traditionally held by professionals
- development of needs-led service/user-centred services

All other valid responses will be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

(b) Explain **four** ways a nurse might support patients such as Rita. (AO1, AO2)**Examples of suitable points to be explained:**

- assessing the care needs of patients such as for Rita and her family
- create or monitoring the care she receives through her care plan to ensure she is comfortable
- cleaning and dressing wounds
- carrying out medical tests and observations, e.g. taking bloods, measuring blood pressure, taking temperatures/clinical observations of patients – effects of treatment on them
- giving medication and managing pain control, prescribing medication, e.g. by nurse practitioner or specially trained nurse or providing emotional support
- helping patients such as Rita to remain as independent as possible, e.g. in carrying out the activities of daily living
- supporting patients' families or carers and teaching them care techniques
- making referrals, e.g. to other practitioners such as social workers or holistic therapists who work/volunteer in the hospice
- working as part of a multidisciplinary team to monitor patients such as Rita's health and share any changes in her condition with relevant others

- talking to the patients such as Rita – 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, particularly end of life care
- urinary catheter management, if required
- bowel care management, if required
- supporting patients such as Rita emotionally – using counselling skills
- advocating on behalf of patients such as Rita with a range of agencies or practitioners, especially if they feel they or their family's needs are not being met, i.e. with their end of life choices
- keeping records updated and writing reports, e.g. for continuity of care
- providing patients such as Rita with information on the complaints policy, so if she feels she has concerns about her care and wants to report poor performance, she knows what to do
- carrying out risk assessments, e.g. on moving and handling of patients such as Rita in the hospice
- addressing holistic needs of patients such as Rita so she feels she is being treated as an individual in the hospice, for example nutritional choices, emotional needs, knowledge and spiritual needs, spending time with family
- providing complementary therapies, e.g. aromatherapy

All other valid responses will be given credit

[1] basic explanation, [2] adequate explanation

(4 × [2])

[8]

(c) Explain **three** ways a voluntary organisation may be funded. (AO1, AO2)

Examples of suitable points to be explained:

- fundraising, e.g. sponsored walks, events such as coffee mornings
- GoFundMe or Just Giving pages online
- 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
- gift aid

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(3 × [2])

[6]

(d) Name the other **two** types of providers. (AO1)

1. private providers
2. statutory providers

(2 × [1])

[2]

- (e) Discuss **four** advantages for service users and their families of being cared for by voluntary organisations such as a hospice. (AO1, AO2, AO3)

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Examples of suitable advantages to be discussed:

- service users can access highly specialist services, e.g. access specialist end of life care which would not be available from other providers, so helping them to feel cared for at difficult times in their lives
 - voluntary organisations can help service users feel like less of a burden on their families, e.g. Rita is able to choose to be cared for in a specialist hospice so relieving her of her concern that if she returns home she would be a burden on her family; instead she can enjoy her time with her family
 - other voluntary providers often provide a range of specialist services within one organisation, e.g. staff who help with benefits, people who provide complementary therapies etc
 - voluntary organisations are often good at supporting service users' families, e.g. give them people to talk to about their fears and anxieties and families in turn know they are speaking to people who really understand
 - these services will be shaped to meet the particular needs of service users – can be flexible and adjust service provision at short notice
 - some voluntary organisations may be easy to access for service users as they can refer themselves and not depend on professionals to refer them; this may also mean they get the help when they are most in need
 - may be staffed by or have some staff who are volunteers who have experienced the condition or had family members with the condition, giving them a genuine interest in the service user group
 - services are normally free or at a small charge, enabling those who require the service to access it – this is important as many people may lack or have very limited funds, especially at a very difficult time in their lives
 - some services may be more accessible, e.g. provision for outlying communities, such as bus services, mobile clinics, clinics at local health centres rather than service users and their families having to travel long distances
 - may be very responsive to local needs, e.g. set up and provide support fairly quickly
 - staff may be highly trained in the most up to date methods of providing care, e.g. Marie Curie nurses
 - provide support groups/time with family, reducing isolation and providing friendship
 - meet holistic needs, other organisations may focus on one type of need
- 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 advantages for service users and their families of being cared for by voluntary organisations such as a hospice
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question

- demonstrates a limited ability to discuss four advantages for service users and their families of being cared for by voluntary organisations such as a hospice
- may only list advantages or discuss 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

- displays adequate knowledge and understanding of four advantages for service users and their families of being cared for by voluntary organisations such as a hospice
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss four advantages for service users and their families of being cared for by voluntary organisations such as a hospice
- answers must address at least two advantages to achieve at this level and at least three at the top of this level
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent

- competent knowledge and understanding of four advantages for service users and their families of being cared for by voluntary organisations such as a hospice
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss four advantages for service users and their families of being cared for by voluntary organisations such as a hospice
- 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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- 2 (a) Describe **three** ways reablement differs from traditional home care. (AO1, AO2)

Examples of suitable points to be described:

- it is usually time limited (lasts up to six weeks), unlike traditional home care
- differs from traditional home care as type of service user may recover e.g. had stroke/fall. Reablement is not suitable for terminally ill.
- more likely to visit more often and stay longer than normal home carers
- 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 ongoing process that focuses on supporting service users to regain independent living skills, whereas the traditional model is more static and the focus is on supporting the service user to live at home
- there are six clear stages to ensure the process is focused and time limited to aid a speedier recovery, unlike the traditional model that has no specific stages
- it is about teaching service users new ways of doing daily tasks rather than doing them 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 generally does not include the family/carers
- its focus is working as part of a multidisciplinary team, rather than professionals working independently
- reablement is a 'doing with' model, unlike traditional home care that is a 'doing for'
- more cost effective, first 6 weeks normally free, traditional home pay from day one

All other valid responses will be given credit

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

(3 × [3])

[9]

- (b) Describe how the following stages of the care planning cycle involve service users. (AO1, AO2)

Assessment

Examples of suitable points to be included in description:

- information is gathered holistically from a range of relevant professionals so service users feel they can hear and see what each professional has to say about their condition and treatment, in a way they feel they can understand
- consultation is 'person centred' so service users know the assessment and consequently the care plan is unique to them, taking their wishes into account
- family consultation to enable their needs to be identified at the assessment process helps service users to know they can access support if required
- the assessment is balanced between service users' strengths and needs, which are recorded following discussion with the service user and the MDT
- service users can see the assessment in writing, or in a format that suits their needs and know it is shared with all necessary parties

- one professional compiles the assessment (i.e. social worker or care manager) giving the service user one point of contact during the assessment process

All other valid responses will be given credit

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

Planning

Examples of suitable points to be included in description:

- a care plan is drawn up on the basis of the assessment which should address the needs of service users, enabling them to feel the plan is reflective of the assessment
- the plan is written down in a format that service users can understand enabling them to be clear about what has been agreed and what will happen and when it will happen; each professional will have written down their role and how they will support the service user, whilst maintaining confidentiality
- the written care plan enables good communication between the service users, their families and the professionals looking after them when they are living more independently or within a care setting
- when the care plan is completed there will be a review date to enable service users, their families and other members of the team to check if the plan is working

All other valid responses will be given credit

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

Monitoring

Examples of suitable points to be included in description:

- all professionals involved are responsible for checking that their aspect of the care plan is working effectively so service users can feel reassured that their plan is being checked regularly
- the care manager will have overall responsibility to ensure that regular checks are completed and recorded so that any problems can be identified quickly and rectified. This helps service users to have a person to contact through the monitoring process which provides them with reassurance at a stressful time
- service users will also be involved in the monitoring stage as they know they will have input into how effectively the plan is working and whether it is being implemented as agreed
- monitoring may be completed by telephone contact or agreed meetings so helping service users and their families to have ease of contact should problems arise

All other valid responses will be given credit

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

(c) State the other **three** stages of the care planning cycle. (AO1)

- implementation
- evaluating
- modifying

(3 × [1]) [3]

- (d) The Bengoa report, *Systems Not Structures*, states: “The Panel recommends using the dimensions of the Triple Aim as a framework for reform, including an increased emphasis on the experience of those who deliver care”. Discuss what is meant by the Triple Aim framework. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- the Triple Aim model is a whole system transformation, involving significant cultural and operational reform. It involves the rationalisation of some more specialist services in order to free up resources and invest them more effectively in new delivery models
- this involves moving to a more patient centred, population health model, delivered at a sustainable cost. The Triple Aim is characterised by a focus on three objectives:
 - improving the patient experience of care (including quality and satisfaction);
 - improving the health of populations; and,
 - achieving better value by reducing the per capita cost of health care.

The Triple Aim provides a strong focus on optimising these three dimensions equally.

- candidates may also refer to the Bengoa panel’s recommendation of a fourth dimension (sometimes called the quadruple aim) based on improving the work life of those who deliver care. e.g. reducing stress, work flexibility

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

Level 1 ([1]–[2])

Overall impression: basic

- basic knowledge and understanding of what is meant by the Triple Aim framework
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss what is meant by the Triple Aim framework.

Level 2 ([3]–[4])

Overall impression: adequate

- adequate knowledge and understanding of what is meant by the Triple Aim framework
- demonstrates adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss what is meant by the Triple Aim framework.

Level 3 ([5]–[6])

Overall impression: competent

- competent knowledge and understanding of what is meant by the Triple Aim framework
- demonstrates competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss what is meant by the Triple Aim framework.

[6]

- (e) Discuss the role of home care workers in supporting service users to remain in the community. (AO1, AO2, AO3)

Examples of suitable ways to be included in discussion:

- provide personal care, e.g. helping service users to get up and dressed in the morning and prepared for bed at night
- shopping, e.g. getting groceries, toiletries, newspaper
- may undertake household tasks, e.g. fire lighting, meal preparation, paying bills
- provide emotional support by talking and listening to service users
- may help with medication, e.g. collecting prescriptions, checking medication has been taken
- occasionally may take service users to doctor or hospital appointments
- liaise with social workers and health professionals if there are any changes in service users' condition or health and social care needs, e.g. assess safety and wellbeing needs
- write up notes in their home as a record of care given and of their condition
- encourage independence by supporting them to develop confidence and skills in the tasks of daily living
- advocacy role, e.g. with family or professionals
- encourage social interaction, e.g. family visiting or social outings
- provide opportunities for mental stimulation, for example, by encouraging them to watch the news or documentary programmes; talking to them about their past life; encouraging them with hobbies such as crosswords or knitting
- provide for their communication needs, for example by talking slowly and clearly to them; making sure their hearing aid works (if they have one), using picture cards or other communication devices
- may provide for their spiritual needs, for example, arranging for minister/priest/religious leader to call

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 role of home care workers in supporting service users to remain in the community
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the role of home care workers in supporting service users to remain in the community
- 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 role of home care workers in supporting service users to remain in the community

- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the role of home care workers in supporting service users to remain in the community
- 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 role of home care workers in supporting service users to remain in the community
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss the role of home care workers in supporting service users to remain in the community
- 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]

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3 (a) Explain the term ‘adults in need of protection’. (AO1, AO2)

Examples of suitable points to be included in explanation:

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 explanation, [2] competent explanation

(1 × [2])

[2]

(b) Describe **three** benefits for Malcolm of continuing to live at home with his parents. (AO1, AO2)

Examples of suitable points to be described:

- emotionally: Malcolm may feel more comfortable having his parents take care of his personal tasks and so helps him to feel cared for, and more likely to tell his parents if he is worried or confused; he is likely to feel less stress as he feels he is being cared for by his parents who love him and want to support him in any way possible; he may feel happy and content to have his parents with him, caring for him, enabling him to stay at home as long as he wants to
- he may feel more at ease and comfortable being in his own home, e.g. familiar surroundings
- socially: he may feel less isolated as his parents can encourage friends, family and neighbours to call or take him out regularly, helping him to feel valued; he may be able to attend social or community events such as going to bingo, out for meals, cinema, concerts, helping him to feel involved and cared for
- physically: he may feel healthier and stronger as his parents research the best foods to give him to keep his mind active and encourage him to eat regular meals: he may be more keen to exercise and keep fit if his parents take him out for walks or to the swimming pool to keep mobile and active; he may feel more safe and secure in the house with his parents there; he may be at reduced risk of abuse as he is being cared for by his parents rather than paid carers
- intellectually: he may be encouraged to think as his parents try to involve him in decision making with regards to running their home, e.g. financial decisions as they know he will need these skills at some stage; he may feel that his parents 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, and helping his sense of autonomy
- financially: parental care is free so he does not have to spend his benefits on his care, leaving him money to use in other creative ways to give him a good quality of life
- Malcolm’s parents have a detailed understanding of his needs and are more likely to provide a higher quality of care and have a genuine interest in their son
- Malcolm is likely to receive one to one care from his parents, meeting his needs and is more likely to be 24/7 care
- Malcolm’s relationships with his parents may strengthen

All other valid responses will be given credit.

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

(3 × [3])

[9]

- (c) Describe **three** ways a safeguarding adults policy aims to protect residents such as Malcolm. (AO1, AO2)

Examples of suitable points to be described:

- requires staff to attend training and also to have their training updated which should enable them to understand who an adult in need of protection is, the definition of different types of abuse, including the signs and symptoms, so they can identify any abusive behaviour towards adults in need of protection and take steps to report it, reducing the incidence of harm from abuse, exploitation or neglect of adults who are at risk and helping them to provide effective support
- sets out clear procedures that staff must take in reporting abuse, i.e. who to contact, usually a safeguarding officer with specific training, forms to complete, so helping to make staff accountable and therefore act in the interests of their service users to protect them from harm. These procedures also help to ensure that any suspicion or allegation that an adult in need of protection is at risk of abuse, exploitation or neglect is followed up
- outlines clear time limits for action and states which professionals must be involved in the investigations so that situations are treated seriously and with speed to protect residents such as Malcolm, so protecting them from abuse, exploitation or neglect and enabling them to live a life free from violence and abuse
- sets out to ensure that staff are fully aware of the consequences of not adhering to the policy, i.e. they may be disciplined, lose their job, lose their registration with their professional body, so makes it more likely that they will report suspicions
- helps to promote a culture of zero-tolerance of harm from abuse, exploitation or neglect and promotes access to justice; promoting quality care and protecting and promoting dignity, humanity and compassion in every aspect of their life, service users are encouraged to speak up
- may make reference to requirement for Access NI checks, meaning staff cannot be employed until police and social service records have been checked, which helps to protect service users from coming into contact with adults with a history of abuse, so providing them with the protection they need

All other valid responses will be given credit

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

(3 × [3])

[9]

- (d) Analyse how staff in the supported living complex may meet the four types of needs of service users with learning disabilities. (AO1, AO2, AO3)

In terms of analysis, candidates are required to separate their knowledge and understanding of how staff in supported living complexes may meet the needs of service users who have learning disabilities into the following components – physical needs, intellectual needs, emotional needs and social needs. They are required to present arguments and make judgements on how the staff in the supported living complex may meet examples of each of these different types of need.

Physical needs

medication; nutrition; shelter; warmth; exercise; personal hygiene

Examples of suitable points to be included in analysis:

- medical needs by support workers checking they have taken or giving them prescribed medication or by taking them to GP or hospital appointments
- nutritional needs by helping them to plan their weekly meals and to shop for and cook the meals
- shelter needs by reporting any problems with the fabric of the house so they can be fixed quickly or helping the individual to budget so enabling them to pay their rent every week
- warmth needs by helping them to choose appropriate clothing for the season and to keep their room/flat at a comfortable temperature
- mobility/exercise needs by helping them to join a local gym or taking them out to the park or shopping or by encouraging them to become active with friends
- hygiene needs by encouraging them to wash and shower regularly, wash their clothes

Intellectual needs

mental stimulation; learning new skills and knowledge

Examples of suitable points to be included in analysis:

- encouraging service users to watch the news or documentaries or programmes that they enjoy so they can talk about them together, so keeping their minds active
- buying them newspapers/encouraging service users to use ipads and magazines to keep their minds active, e.g. keeping up to date with the news or completing crosswords,
- talking to them about attending the local day centre or other types of support to encourage their intellectual development, e.g. to take part in hobbies, quizzes
- using memory tools on ipads to keep service users' minds active
- discussing information about practical issues, e.g. benefits or voluntary organisations
- talking about his/her condition and treatment, where appropriate, answering questions and giving them reading material to help them understand their health problems/needs

Emotional needs

self-esteem needs; need to feel loved, valued and respected; need to express emotions appropriately; sense of belonging

Examples of suitable points to be included in analysis:

- providing information on progress within the supported living complex which can help service users feel involved and encouraged to look towards the future
- explaining to service users their health care needs clearly and in a way they can understand and involve them in their care plans so they have a sense of autonomy
- preserving their dignity in personal care which can help service users feel respected and valued
- encouraging family to visit regularly so service users feel cared for and loved by people important to them in their lives
- praising service users and telling them how well they are doing so promoting self confidence

- allocating service users a named worker who in turn takes time to get to know them and their needs/requirements, helping them to feel valued
- encouraging service users to interact with others in the complex to keep their spirits up, e.g. can encourage them to go to the day /activities room
- providing therapies and/or counselling to aid improvement in service users' health and well being
- showing respect, e.g. by using appropriate forms of address to help service users feel valued
- taking time to chat with service users and listening to them to give them a sense of belonging
- acting as an advocate to promote service users' wishes so they feel empowered
- providing information on how their spiritual needs can be met, e.g. about visits from ministers/priests
- letting them know they are valued by praising their achievements
- spending time with them, talking to them and encouraging them, building their self-esteem and enabling them to feel positive about themselves
- encouraging them to express their emotions
- supporting service users to build structure and routine into their day

Social needs

social interaction with others through friendship, hobbies, employment or communicating effectively with others around them

Examples of suitable points to be included in analysis:

- taking service users on outings so they can meet people, keep up contacts and feel part of the local community
- encouraging service users to join local clubs or societies so they can meet other people, increasing their social circle
- supporting service users to attend religious worship if this is important to them so they meet up with fellow worshippers
- organising to visit family members or use social media so they can keep up important social family contacts
- organising for friends and family to visit the complex so encouraging them to socialise

All other valid responses will be given credit

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

Level 1 ([1]–[4])

Overall impression: basic

- basic knowledge and understanding of how staff in the supported living complex may meet the four types of needs of service users with learning disabilities
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how staff in the supported living complex may meet the four types of needs of service users with learning disabilities
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

- adequate knowledge and understanding of how staff in the supported living complex may meet the four types of needs of service users with learning disabilities
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how staff in the supported living complex may meet the four types of needs of service users with learning disabilities
- must analyse at least two types of needs to achieve at this level (maximum 6 marks for two types of needs)
- candidates who write generic responses cannot achieve beyond this level
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent

- competent knowledge and understanding of how staff in the supported living complex may meet the four types of needs of service users with learning disabilities
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how staff in the supported living complex may meet the four types of needs of service users with learning disabilities
- must address four types of needs 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 meaning is clear.

[12]

32

Total

100

AVAILABLE
MARKS

Source:

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