



**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2024**

Health and Social Care

Assessment Unit AS 5

assessing

Adult Service Users

[SHC51]

TUESDAY 4 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 (a) Explain **two different** ways each of the following practitioners would have supported James over the last 6 months. (AO1, AO2)

Nurses

Examples of suitable points to be explained:

- cleaning and dressing wounds from his accident
- carrying out medical tests and clinical observations, e.g. taking bloods, measuring blood pressure, taking temperatures
- giving medication, e.g. for pain management
- liaising with other medical or health and social care professionals about James's care, working as part of a multidisciplinary team to monitor his health and deliver his care plan
- talking to James – about treatments and his concerns about his health or care, empowering him to be involved in decisions about his care
- urinary catheter management, giving advice about self care, e.g. managing his catheter
- bowel care management
- supporting James emotionally – using counselling skills
- advocating on behalf of James
- keeping James's records updated and writing reports, e.g. for continuity of care whilst in hospital
- addressing James's holistic needs including nutrition, hygiene, emotional needs, knowledge and spiritual needs.

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(2 × [2])

[4]

Physiotherapists

Examples of suitable points to be explained:

- supporting James with mobility by helping him to strengthen his muscles by, for example giving him exercises to strengthen his arm muscles to help him operate and move in and out of his wheelchair
- providing manual therapy to manipulate, mobilise and massage body tissues, for example to reduce stiffness and pain in James's back
- providing James with heat or light therapy to decrease stiffness and relieve muscle spasms and pain, or using high-tech ultrasound equipment and hydrotherapy pools etc. to aid his recovery
- liaising with the multi-disciplinary team to organise a care plan while James is in hospital and on discharge
- may refer him to a community physio so the programme of exercises can continue when he is at home
- writing reports on James's mobility difficulties and the exercise programme he has been provided with and sharing it with colleagues so they can follow up on care and also with others in the multidisciplinary team so they can understand his mobility issues.

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(2 × [2])

[4]

Occupational therapists

Examples of suitable points to be explained:

- carrying out assessment of James's needs to support independent living, e.g. a wheelchair assessment involves the OT observing his movement, posture, size, weight and strength patterns, making a detailed analysis and providing advice on the most suitable wheelchair

- providing James with mobility aids, e.g. suitable wheelchair for his needs, accessories like cushions and gloves and adjusting the footrests and armrests for best postural support
- visiting his home to assess its safety and suitability for James, for example before he returns home from rehabilitation, may try to secure adaptations and equipment to enable James to live as independently as possible, e.g. stair-lift, ramps, shower seats, transfer board, reaching tools, fall alarm
- giving James advice on some of the support he may be entitled to, for example financial benefits or a specially adapted vehicle
- helping him to plan to return to work by explaining how he can assess his workplace and liaise with his employer about adaptations or help him to access training courses and gain new employment
- liaising with the multidisciplinary team prior to and after assessment to aid the drawing up of a discharge plan for James, e.g. a reablement package to help him adjust to the tasks of daily living at home
- writing reports and monitoring his progress.

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(2 × [2])

[4]

- (b) (i) Explain what is meant by the concept of need. (AO1)

Examples of suitable points to be included in explanation:

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

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(1 × [2])

[2]

- (ii) Describe how James's friends could help to meet his social and emotional needs when he returns home. (AO1, AO2)

Social needs

Examples of suitable points to be included in description:

James's friends could help to meet his social needs such as the need for communication or interaction with others by:

- supporting opportunities for him to mix with others, e.g. taking him to a support group or day centre or encouraging him to enrol on a course
- encouraging visits from wider family and friends
- supporting him to participate in sports and hobbies such as wheelchair basketball
- supporting him to attend community events, e.g. a festival or concert
- organising social outings like visits to restaurants and pubs
- encouraging James to use social media and interacting with him on the platforms he uses.

All other valid responses will be given credit

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

(1 × [3])

[3]

Emotional needs**Examples of suitable points to be included in description:**

James's friends could help to meet his emotional needs such as esteem needs, the need for a sense of belonging, the need for a sense of autonomy, and the need to feel respected by:

- involving James in decisions about activities and social events, giving him a sense of belonging to the group
- providing advocacy support, for example making contact with health professionals on his behalf if he is experiencing problems
- treating James with dignity, for example if they are helping him with personal care
- spending time talking and listening to James's worries about the future
- encouraging James to gain access to counselling support if he isn't coping well
- supporting James to gain access to a religious or spiritual adviser who may be able to give him further emotional support
- reassuring James that they will do everything they can to support him emotionally and to include him
- encouraging James to do as much as possible for himself rather than doing everything for him to promote his sense of autonomy.

All other valid responses will be given credit

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

- (c) Explain **two** ways statutory services are funded. (AO1, AO2)

Examples of suitable points to be explained:

- taxes collected by HMRC and distributed by the government, e.g. by Department of Health (DOH)
- national insurance contributions paid by the working population
- sometimes payment by service users, e.g. for dental care or care homes run by the Trusts
- direct payments from benefits, e.g. for carers
- additional contributions from the public, charities, or community, e.g. fundraising and donations or bequests to help to buy a piece of equipment for a GP surgery.

All other valid responses will be given credit

[1] basic explanation [2] competent explanation
(2 × [2]) [4]

- (d) Discuss how voluntary organisations might help James. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- providing counselling sessions or emotional support from staff to help him come to terms with a major life change
- running support groups so James can meet others in similar positions, so he feels less isolated and so they can share information and experiences with each other
- providing befriending services where someone will call with James each week to take him out or spend time with him
- providing advocacy services
- providing support with applying for benefits
- providing support in gaining employment

- providing a helpline that James can contact for advice and support
- providing a range of complementary therapies
- providing advice on independent living, e.g. through independent living advisors visiting his spinal injuries unit
- providing access to specialist clinicians such as nurses and OTs who can help James create a personal care plan for the future
- providing him with information on living with a spinal injury, e.g. using stories of others who have adapted to similar injuries
- providing housing advice, e.g. about adaptations or dealing with housing associations or authorities
- providing free transport, e.g. to activities, support groups or appointments
- providing day centres where James can go to meet other people and engage in a range of activities before he gets a job
- providing holidays in specially adapted accommodation
- organising events or sporting and leisure activities for James and others including wheelchair users
- providing accessible or supported accommodation where James can have more support if living with his friends doesn't work out.

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 voluntary organisations might help James
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how voluntary organisations might help James.

Level 2 ([3]–[4])

Overall impression: adequate

- adequate knowledge and understanding of how voluntary organisations might help James
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how voluntary organisations might help James.

Level 3 ([5]–[6])

Overall impression: competent

- competent knowledge and understanding of how voluntary organisations might help James
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how voluntary organisations might help James.

[6]

30

- 2 (a) Describe **two** ways reablement differs from traditional home care. (AO1, AO2)

Examples of suitable points to be described:

- it is usually time limited, usually lasting up to six weeks, unlike traditional home care which does not have an end time on the plan
- 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 – reablement is a ‘doing with’ model unlike traditional home care that is a ‘doing for’ approach
- there are six clear stages to ensure the process is focused and time limited, unlike the traditional model that has no specific stages
- its focus is to reduce the need for support rather than the maintenance of support focus of the traditional model
- it actively supports families and carers in the care they can provide whereas the traditional model may not include the family/carers
- its focus is even more on practitioners working as part of a multidisciplinary team than the traditional model.

All other valid responses will be given credit

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

- (b) Describe **two** ways staff in a care home could meet Mary’s physical needs and **one** way they could meet her intellectual needs. (AO1, AO2)

Two ways staff could meet her physical needs

Examples of suitable points to be described:

The staff could meet Mary’s physical needs such as the need for nutrition, hygiene, mobility/exercise, medication, warmth, physical safety and sleep by:

- providing her with meals, snacks and drinks she enjoys and helping to feed her if this becomes more difficult for her over time
- giving her personal assistance with washing, cleaning her teeth/dentures and dressing daily
- encouraging her to move around and accompanying her on short walks, using mobility aids if needed
- giving her medication as prescribed or contacting her GP about visiting her if she develops any illnesses or conditions that might require new medication
- checking she is warm enough and adjusting the heating in her room as required, giving her extra blankets if needed
- following the safety requirements set out in her care plan, e.g. two members of staff assisting her when walking or showering
- making the environment conducive to sleep by turning off bright lights, closing curtains and keeping noise to a minimum.

All other valid responses will be given credit.

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

One way staff could meet her intellectual needs**Examples of suitable points to be described:**

The staff could meet Mary's intellectual needs such as the need for stimulation and the need for knowledge by:

- encouraging her to engage in the activities on offer, e.g. reminiscence, quizzes
- providing her with reading materials, e.g. daily newspapers and making sure she has access to books with large print or audio books
- talking to her about the news or television programmes she enjoys
- explaining carefully any medical conditions she has/develops and what the plan to manage them is.

All other valid responses will be given credit

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

(1 × [3])

[3]

- (c) (i) List **four** key points you would expect to see in a confidentiality policy in a care home. (AO1)

Examples of suitable points to be listed:

- a definition of confidentiality
- information on relevant legislation, e.g. Data Protection, Human Rights Act
- procedures to follow to protect confidentiality, e.g. a list of 'dos' and 'don'ts', where/how information will be stored, rules for digital storage/safety etc.
- what to do if a breach occurs or is suspected
- an explanation of when confidentiality should be breached
- who in the organisation to contact with any queries or issues, e.g. manager or data protection officer
- information on how issues such as breaches will be dealt with, e.g. sanctions for breaches.

All other valid responses will be given credit

Also accept specific examples of procedures to follow as separate points, e.g. passwords for digital storage, mobile phone policy

(4 × [1])

[4]

- (ii) Explain **two** ways a whistle-blowing policy in a care home should enable service users to receive a high standard of care. (AO1, AO2)

Examples of suitable points to be explained:

- provides staff with a framework for challenging practice which is not appropriate so it can be dealt with and rooted out of the care home
- gives staff the confidence to report poor practice of colleagues, including those in authority in the home, so action can be taken
- sets out clearly the steps staff should take if they witness or suspect malpractice so increases the chances of it being reported and dealt with
- states clearly the designated person to report concerns of malpractice to, so that staff are clear about what to do and can stop the malpractice
- informs staff of the types of inappropriate behaviour/malpractice that must be reported and that they risk losing their job if they are engaging in any and so this helps to protect the service users by

acting as a deterrent and creates an awareness among staff of the need to always provide appropriate care

- provides a route for disciplinary action against those who are guilty of misconduct so they can be dismissed from their job; consequently, this helps to protect service users.

All other valid responses will be given credit

[1] basic explanation [2] competent explanation

(2 × [2])

[4]

- (d) Using the information you have been given about Mary and your knowledge of older people's services, analyse how the next stages of the care planning cycle implementation, monitoring, evaluating and modifying would be applied to Mary. (AO1, AO2, AO3)

Examples of suitable points to be included in analysis:

Implementation

- this is where the plan is put into action on an agreed 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
- in Mary's case the reablement package would involve care workers calling to her house probably three times per day initially to help her get up, washed and dressed and to get her some food and make sure she has heat, perhaps by lighting her fire. An OT may also have been involved in providing her with some aids and a district nurse may have supervised her wound care at home
- Mary's family would purchase the monitored alarm and arrange for meals to be delivered and may also provide some additional care as agreed at the planning stage
- each time a care worker completes a visit they will record it on the care plan so implementation is clear, so in Mary's case there would be a record for her and her family, enabling them to highlight for example if carers have not called or have not carried out the agreed task.

Monitoring

- all practitioners involved are responsible for checking that their aspect of the care plan is working effectively
- the care manager has overall responsibility to ensure that regular checks are completed and recorded so that any problems can be identified quickly and rectified – in Mary's case this will most likely have been her social worker
- monitoring may be completed by regular telephone contact or agreed meetings
- Mary and her family will also have been involved at the monitoring stage as they would know how effectively the plan was working and whether it was being implemented as agreed.

Evaluating

- a formal evaluation is carried out by a designated person, at a date and time agreed from the outset of the care plan so any problems can be formally addressed
- professionals, Mary and her family will examine the aims and objectives of the care plan and check if they are being achieved

- any new or ongoing risks and changes in Mary's condition or circumstances are considered with all parties free to air concerns, e.g. her family's worries about her safety
- the evaluation enables a decision on whether the plan is working effectively in which case they can continue to provide the same level of services or they may agree that adjustments need to be made
- in Mary's case it might have been considered that Mary needed additional services beyond the reablement package, the meals on wheels and family support, e.g. attending a day centre or an ongoing care package. At this point it appears that Mary's needs have become more complex and so modifications will be needed.

Modifying

- if problems are identified in the evaluation process, changes will be made and a new care plan drawn up. 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 the service user and family
- any modifications are written up so that all professionals, carers, Mary and her family are clear and agree with the changes made
- in Mary's case, her needs have changed and it is being suggested that residential care will be needed – Mary's needs will now be reassessed (as in the first stage of the cycle) to decide if this is the most appropriate plan for her.

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 next four stages of the care planning cycle would be applied to Mary
- demonstrates a limited ability to apply knowledge and understanding to the question
- demonstrates a limited ability to analyse how the next four stages of the care planning cycle would be applied to Mary
- 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 next four stages of the care planning cycle would be applied to Mary
- demonstrates an adequate ability to apply knowledge and understanding to the questions
- demonstrates an adequate ability to analyse how the next four stages of the care planning cycle would be applied to Mary
- 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 next four stages of the care planning cycle would be applied to Mary
- demonstrates a competent ability to apply knowledge and understanding to the question
- demonstrates a competent ability to analyse how the next four stages of the care planning cycle would be applied to Mary – all four stages must be addressed and there must be application to Mary 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]

AVAILABLE
MARKS

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

Examples of suitable points to be included in explanation:

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

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(1 × [2])

[2]

(b) Summarise what the Bengoa Report states about demographic change. (AO1, AO2)

Examples of suitable points to be included in summary:

- people are living longer – life expectancy increased from 65.8 to 78.1 for men and from 70.1 to 82.4 for women between 1948 and 2015
- ageing brings an increased likelihood of some degree of disability, dependency and illness. 67% aged over 85 compared to only 5% of young adults, and older people are the biggest users of health and social care services
- the profile of older people requiring care is becoming more complex, with many people now living with multiple chronic illnesses. Dementia is a growing issue in the population, and the care and treatment required is becoming more complex
- the number of older people is increasing as a proportion of the overall population and this is expected to increase more in future
- Northern Ireland has the largest percentage growth of people aged over 85 of the UK countries

Also accept points on the impact on the health and social care sector from p13 and 14 of Bengoa Report, e.g. two thirds of acute hospital beds occupied by people over 65, increase in demand for nursing homes and domiciliary care, 42% of HSC spending on the over 65s.

All other valid responses will be given credit

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

(1 × [3])

[3]

(c) Describe **three** strengths of informal care for the adult recipients. (AO1, AO2)**Examples of suitable strengths to be described:**

- informal care often allows adult recipients to stay where they currently live or have sometimes even lived all their life and so they can avoid the emotional distress of having to leave their own space which can be a major trauma for some people – the familiar surroundings of an adult recipient's own home can reduce anxiety and promote a sense of happiness and well-being
- informal care is often much less expensive than other forms of care for adult recipients, for example it can prevent them having to pay care home costs which can quickly eat up their savings and even require their home to be sold, which can be upsetting
- there tends to be a great degree of flexibility; often the informal carers can come when the adult recipient needs them and not at set times as can be the case with formal care package provision

- one-to-one attention can be given by family and friends who understand the personality and needs of the adult recipient more fully than formal practitioners and this can lead to a greater degree of contentment
- consistent care is more likely as often the same person or people are providing the care over a long period of time – this also makes it more likely that needs will be met as a sense of trust can be established between the adult recipients and the informal carer/s
- there is less risk of service users contracting diseases and illnesses like COVID 19 or MRSA that can be easily picked up in other care settings such as nursing homes
- living in their own home can support adult recipients to retain their sense of independence and autonomy which can enhance self-esteem and increase their happiness and well-being
- adult recipients may feel more comfortable having personal care such as showering and dressing done by someone they know and trust than they would with care workers
- adult recipients may feel more confident to express their worries, concerns and wishes with a family member or friend than they would with care workers and professionals
- the adult recipients may be in a better position to maintain regular contact with their family and friends because they live in their own community and so this can promote a sense of belonging
- adult recipients are being looked after by people they know and love and this may be a lot less stressful for them than having to be moved to a residential setting where they are living alongside strangers
- informal carers perform a range of tasks to meet a variety of needs which perhaps visiting carers who come as part of formal care packages may not do, such as cutting grass or cleaning windows or taking the adult recipient out to church or for a drive.

All other valid responses will be given credit

(3 × [3])

[9]

- (d) The Carers and Direct Payments Act does not provide payment to informal carers who live with and care for a loved one, but it does support them in other ways. Discuss how this legislation supports informal carers. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- informal carers' rights are recognised within legislation, strengthening their position to request services and support, and helping them to feel supported
- entitles informal carers to an assessment of their own needs and their ability to provide care
- allows a plan of services and support to be developed in accordance with the informal carer's wishes taking into account the community care assessment of the person the carer looks after
- enables them 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 or a career budget payment/career direct payment for a break away, help with housework, changes to equipment, adaptations to the home or emotional support
- enables them to access training if the person they are caring for has specialist needs

- allows limited financial support to be given to them to help with costs incurred in their caring role, e.g. to pay for driving lessons by the Act providing direct payments to the recipient of care, which can be used to buy in extra help, it indirectly supports the informal carer by taking some of the pressure off them.

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 this legislation supports informal carers
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how this legislation supports informal carers
- 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

- displays adequate knowledge and understanding of how this legislation supports informal carers
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how this legislation supports informal carers
- 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 this legislation supports informal carers
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how this legislation supports informal carers
- 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. [9]

(e) Analyse **four** difficulties informal carers may experience. (AO1, AO2, AO3)

AVAILABLE
MARKS

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

Examples of suitable points to be included in analysis:

- **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 can provide, and the worry of this can also impact on their emotional well-being. Carers can become ill themselves with stress-related illnesses. Carers who are untrained in moving and handling can cause injury inadvertently to themselves
- **emotional problems, for example:** carers have very little or no time off from caring leaving them feeling trapped and stressed. Carers may feel isolated often having no one to talk to and losing contact with friends. 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
- **financial problems, for example:** carers may have to give up work or go part time and face financial pressures and worries, as the government provides very little financial support. Younger carers may miss out on their education which may impact on job opportunities and income in the longer term
- **difficulties accessing adequate support, for example:** carers may have little satisfaction with the help they receive from their family and others. Carers may be unhappy with the limited service provision they receive from formal carers, for example, 15 minutes in the morning and the evening, and find it difficult to access respite care or other support. They may find it difficult to know what help is available to them and how to access it
- **negative impact on relationships for example:** carers often suffer in their own relationships and family life due to the responsibilities involved in caring. Resentment may affect the caring relationships and quality of care. Carers may feel they are neglecting other family members, for example, their children
- **negative impact on social well-being for example:** less time for seeing friends and extended family or taking part in hobbies and leisure activities; may become socially isolated; may miss out on life experiences like holidays, children's activities or parties with family or friends.

Candidates may be given credit where they analyse more than one difficulty from any of these suggested components

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 the difficulties informal carers may experience

- demonstrates a limited ability to apply knowledge and understanding to the question
- demonstrates a limited ability to analyse four difficulties informal carers may experience
- 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 the difficulties informal carers may experience
- demonstrates an adequate ability to apply knowledge and understanding to the question
- demonstrates an adequate ability to analyse at least two difficulties informal carers experience
- 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 difficulties informal carers may experience
- demonstrates a competent ability to apply knowledge and understanding to the question
- demonstrates a competent ability to analyse four difficulties informal carers may experience
- 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]

Total

**AVAILABLE
MARKS**

35

100