



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2025**

Health and Social Care

Assessment Unit AS 5

assessing

Adult Service Users

[SHC51]

TUESDAY 3 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) (i) Explain **two** different ways the following practitioners may support Simon. (AO1, AO2)

Advocate

Examples of suitable points to be explained:

- talking to the health and social care practitioners, either on Simon's behalf or with him to enable him to explain his needs and how they can be met – for example, the type of treatment Simon is happy to receive. The advocate will explain his wishes if Simon does not have the confidence to do this himself
- helping Simon talk to his family and friends about his needs and wants, enabling them to understand, as often the family feel they 'know best' but may not be listening to Simon
- helping Simon to express his own opinions about his treatment, enabling him to feel in control of his care
- working to address benefit entitlement, or other forms of financial advocacy, for example, help Simon to fill in the forms and attend any hearing where they must explain why he needs the benefit when he leaves hospital
- checking or overseeing the implementation of decisions agreed between Simon and the practitioners while he is in hospital or when he returns home again
- representing Simon's religious or cultural views while in hospital by informing staff, for example, dietary requirements, prayer time
- advising Simon on his rights, for example, in employment when he is feeling well enough to work again
- representing Simon at multidisciplinary team meetings so the various practitioners listen to his views
- enabling Simon to use self-advocacy skills so he can have his needs met, for example, asking for a second opinion
- lobbying politicians to get Simon the services he is entitled to
- representing Simon in disputes, for example, a work tribunal, if he felt discriminated against on returning to work.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

Psychiatrist

Examples of suitable points to be explained:

- assessing Simon's mental health and diagnosing his depression
- based on diagnosis deciding on the treatment that will provide Simon with the best recovery so he can feel better and return to work
- prescribing medical treatment such as anti-depressants, e.g. SSRIs to help Simon to improve his mood by changing his brain chemistry
- monitoring if the medication is helping him and may increase or decrease the dosage as needed
- providing therapeutic interventions such as talking therapies, or counselling sessions, seeing Simon on a weekly or fortnightly basis to help him to talk about why he is depressed and help him to develop more constructive thought patterns, so helping him to cope better with the problems he is facing
- giving advice on lifestyle factors that could help him to improve his mental health, e.g. on sleep, exercise, diet, social engagement and activities

- may have detained Simon under the Mental Health Order if he was a risk to himself or others. In an emergency a psychiatrist may complete a form to hold Simon in a hospital to wait for the GP and social worker to complete the relevant forms
- referring Simon to a community psychiatric nurse or social worker to support him on discharge from hospital so that his mental health will be regularly monitored
- liaising with other practitioners to monitor his care plan while Simon is in hospital to ensure he receives the right treatment to aid his recovery.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

(ii) Name **three** other practitioners who may provide care for Simon. (AO1)

Examples of suitable practitioners to be named:

- GP
- care assistant/health care assistant
- social worker
- support worker
- occupational therapist
- nurse (community mental health nurse, psychiatric nurse are also acceptable)

Also accept counsellor, psychologist and holistic therapist

All other valid responses will be given credit

(3 × [1])

[3]

(b) Describe how staff in the hospital may meet Simon's emotional needs. (AO1, AO2)

Examples of suitable points to be included in description:

- a psychiatrist or trained psychiatric nurse may provide Simon with therapies such as CBT or psychoanalysis to help him feel more in control of his emotions
- staff may facilitate group therapy where Simon can engage with other patients experiencing similar illnesses so he can feel understood and accepted
- a psychiatrist may prescribe medication to reduce Simon's emotional distress allowing him to feel more emotionally stable
- staff can involve Simon in decisions about his care, such as going to a day centre after he leaves hospital being in his care plan, promoting a sense of autonomy for Simon
- hospital OT may encourage Simon to engage in activities such as crafts or cooking to promote his sense of well-being and achievement
- staff may spend time talking with and listening to Simon and reassuring him about the progress he is making so he can feel more confident.

All other valid responses will be given credit

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

(1 × [3])

[3]

- (c) Discuss how a whistle-blowing policy should enable patients to receive a high standard of care while in hospital. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- provides staff with a framework for challenging practice which is not appropriate so it can be dealt with and rooted out of the hospital
- gives staff the confidence to report poor practice of colleagues either anonymously or with as much confidentiality as possible, including those in authority in the hospital, so action can be taken and the poor practice rooted out
- sets out clearly the legal responsibility to report and 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 address 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 patients 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; consequently this helps to protect patients.

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

Level 2 ([3]–[4])

Overall impression: adequate

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

Level 3 ([5]–[6])

Overall impression: competent

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

- (d) Analyse how staff in the day centre could meet Simon's physical, intellectual and social needs. (AO1, AO2, AO3)

Examples of suitable points to be included in analysis:

Physical needs

medication, nutrition, shelter, warmth, exercise, personal hygiene.

- medical needs by day centre staff checking if he has taken prescribed medication or by a qualified mental health nurse administering it if Simon is neglecting this aspect of his care
- nutritional needs by providing meals and snacks at the centre, helping him to plan his shopping and weekly meals and doing cooking as an activity at the centre
- shelter needs by helping Simon to budget so enabling him to pay his rent or helping him to liaise with Citizens Advice about housing benefits
- warmth needs by keeping the day centre at a comfortable temperature
- mobility/exercise needs by offering activities like exercise classes at the centre, helping him to join a local gym, or encouraging him to become active with friends, for example by going for walks
- hygiene needs by encouraging self-care or discussing the importance of personal hygiene for well-being.

Intellectual needs

the need for knowledge about his condition, the need to learn and develop skills and the need for mental stimulation.

- staff sharing information with him about depression. They may talk to Simon about what to expect from the day centre and how they can support him to recover. They may share information with him such as leaflets that he can take home to read and signpost him to websites, such as Mind, that will give tips on how to care for his mental health
- staff facilitating regular group sessions in the day centre, where Simon can talk to others who have similar experiences to him and can learn from other people who may be further along their recovery journey than he currently is
- staff providing educational classes, for example, in IT, which will help Simon to regain skills that may have been neglected when he was very ill. He may also participate in classes that teach him how to rebuild his self-confidence and resilience in preparation for returning to work, when he is ready
- may have one-to-one sessions with an occupational therapist to discuss ways that his employment could be adapted to suit his mental health needs when he returns to work. They may teach him techniques or coping skills, that he can use in the workplace if he starts to feel overwhelmed
- staff organising leisure classes, such as art therapy or gardening therapy, which will enable Simon to express his mental health needs in a different way and give him a sense of purpose.

Social needs

the need to interact with others or interact in his local community.

- staff introducing Simon to other service users in the day centre and encouraging him to talk to them
- staff encouraging Simon to participate in group activities, helping him to rebuild an interest in talking to others again

- staff taking service users on group outings, for example to local leisure or tourist attractions, to encourage Simon to engage with activities in his local community again.

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 day centre could meet Simon's physical, intellectual and social needs
- demonstrates a limited ability to apply knowledge and understanding to the question
- demonstrates a limited ability to analyse how staff in the day centre could meet Simon's physical, intellectual and social needs
- may list points rather than analyse or may focus on just one type of need
- 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 day centre could meet Simon's physical, intellectual and social needs
- demonstrates an adequate ability to apply knowledge and understanding to the question
- demonstrates an adequate ability to analyse how staff in the day centre could meet Simon's physical, intellectual and social needs
- to achieve at this level, at least two types of need must be addressed
- quality of written communication is adequate. The candidate makes only 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 day centre could meet Simon's physical, intellectual and social needs
- demonstrates a competent ability to apply knowledge and understanding to the question
- demonstrates a competent ability to analyse how staff in the day centre could meet Simon's physical, intellectual and social needs
- all three types of need must be analysed for a candidate 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. Presentation, spelling, punctuation and grammar are of a high standard and ensure meaning is clear. [12]

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

Disability

Examples of suitable points to be included in the definition:

- loss, reduction or impairment of functional ability in a particular part of the body or mind
- the lack or loss of ability to carry out daily activities without assistance
- anatomical, physiological, intellectual, or psychological dysfunction, e.g. paralysis, schizophrenia or arthritis
- the social disadvantage caused by society for people who have impairments.

All other valid points will be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

Empowerment

Examples of suitable points to be included in the definition:

- enabling a person or group of people to speak on their own behalf, by sharing relevant information with them, for example, about their rights
- supporting a person or group of people to take actions on their own behalf, by giving them more control over decision making, for example, treatment options
- sharing relevant information, knowledge, or expertise with an individual or group of people that enables them to make informed decisions about their care
- involvement of service users and carers in the planning and/or decision-making processes regarding their care
- 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 points will be given credit

[1] basic definition, [2] competent definition

(1 × [2])

[2]

(b) Describe **two** advantages for service users of receiving support from a statutory provider. (AO1, AO2)

Examples of suitable points to be described:

- the services are free. Support is based on needs and not on ability to pay. This means service users can access the correct support regardless of their financial situation, meaning they are more likely to ask for help when they need it
- the public contribute to statutory providers through paying taxes, so there does not tend to be any stigma attached to using the service. This makes it more likely that service users will continue to ask for support when they need it
- accessibility – some services such as emergency departments are available 24/7, which means service users can access help during the night by ringing 999 if they need to. For example, if they fell due to mobility issues, their family can ring for an ambulance straightaway to get them help

- reliability – statutory providers are legally responsible to provide health and social care services for the public. For example, the Department of Health is responsible for ensuring adequate numbers of health and social care staff are trained and employed to meet the needs of the population. This makes it easier for service users to access support
- statutory providers must ensure that care is provided by a range of practitioners, which enable service users to access more than one type of support, according to their needs. For example, access physiotherapy and speech therapy through the same statutory provider
- statutory providers must ensure continuity of care for service users. If a member of staff is off sick or leaves, they must find suitable cover, so that service users continue to receive care rather than the service stopping
- staff within statutory services should be well trained. The department of health is required to hire people who have sufficient qualifications for each job role and give staff opportunities for continuous professional development, enabling staff to keep improving their knowledge and skills, which gives service users confidence that the care they are getting is of a high standard
- statutory health care and social care services are integrated in Northern Ireland. This makes referrals from one type of service to another easier than other areas of the UK where health and social care services are run separately. Service users are more likely to receive help in a timely manner, as the multidisciplinary team can meet, making their support needs-led rather than services-led
- statutory services are well regulated which should contribute to quality care for service users – legislation requires the HSC Board and Trusts to ensure the care provided by each organisation in the sector meets quality standards, and the RQIA independently monitors and inspects services provided, e.g. GP services
- service users can access highly specialised help, for example, if their condition deteriorates as they get older and they need specialist pain management, they can access this in one of the regional pain clinics, which will help them to remain as independent as possible and may increase life expectancy.

All other valid points will be given credit.

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

[6]

(c) Explain **two** ways a statutory provider may be funded. (AO1, AO2)

Examples of suitable ways to be explained:

- taxation – statutory services receive a block grant from central government funded by taxes from the public, which is divided across the health and social care trusts in Northern Ireland
- national insurance contributions – most people who work have this deducted from their pay by the government who use this money to fund statutory provision
- some service users may pay for services, e.g. using their direct payments or personal savings in some circumstances. For example, they may be assessed as needing a service such as home care and decide to use a statutory service provider paid for by direct payments or they may use savings to pay for a care home owned and run by a trust

- donations may be made by family members or friends of a service user if a particular service has supported their loved one. For example, cancer services in a hospital. The service user may also choose to donate money, to the ward or department
- fundraising events – service users, family or friends may organise a fundraising event, for example, sponsored run to raise money for a specific ward in a hospital in recognition of their support, for example, raising money for the cardiac ward in their local hospital after they have had a heart attack.

All other valid points will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

- (d) Describe **two** ways Sarah may benefit from this financial support. (AO1, AO2)

Examples of suitable points to be described:

- Sarah's independence is increased by receiving direct payments. She is able to focus on when and where she may need assistance and use the money for this, rather than having decisions made for her by the service provider. For example, she may not need help at home, but needs help when shopping, so can use the money to pay for a specialist taxi service to access shops
- Sarah is given more choice about which services she uses, as she is paying them directly. She can interview potential support workers and plan directly with them about when she will need their help, which enables her to feel in control of her life
- Sarah may feel more comfortable having a friend or relation supporting her, so she can employ them using her direct payments to support her for specific tasks like helping with her mobility
- Sarah has the freedom to use the money as she wishes within reason, e.g. to employ someone to support her on a holiday. She can use her money to pay for the support worker to accompany her on a trip, which may not be available if she was relying on statutory service providers. She may also use the money to employ someone to help with housework or personal care if she needs this type of care, which gives her greater flexibility. She can also use it to buy equipment or home adaptations which she has been assessed as needing, such as a special office chair to use for her work, or to pay for transport, such as a taxi to and from her appointments.

All other valid points will be given credit

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

(2 × [3])

[6]

- (e) List **four** ways Peter might support Sarah at home. (AO1)

Examples of suitable points to be listed:

- helping with personal care if needed
- cooking nutritious meals for her
- doing housework such as laundry, hoovering and washing floors
- shopping for the family
- administering medication if she needs help with it
- collecting her medication from the pharmacy

- driving and/or accompanying her to leisure or social activities, for example, cinema or to see friends
- helping Sarah to research new ways to manage her condition
- talking to her and listening to her worries
- helping her to host friends and encouraging her to enjoy hobbies.

All other valid responses will be given credit

(4 × [1])

[4]

- (f) Discuss **three** difficulties Peter may experience as Sarah's informal carer.
(AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

- Peter may physically hurt himself if he is trying to support Sarah with her mobility. He may not have had any training for this and may be using techniques to support her walking that may strain his back. This could lead to long term back problems for him, making it harder for him to support her properly as they get older
- Peter may at times feel frustrated that he can't do his own activities due to his caring responsibilities, for example, playing sports or going on holidays
- Peter may feel isolated as none of his peers fully understand what his life is like
- Peter may also find it difficult to watch Sarah when she is going through a rough patch. He may feel helpless and guilty that he cannot do anything to ease her pain or prevent her from feeling depressed. He may feel responsible for her and feel guilty when her health starts to deteriorate, worrying that he is not caring for her properly
- Peter may become stressed and overwhelmed with the level of support Sarah needs as this may be increasing as she gets older. He may be feeling physically exhausted and worried that he will not be able to keep caring for her in the future
- Peter may feel that Sarah takes his support for granted and feel resentment towards her because of this
- Peter may feel that he has missed opportunities for overtime or promotion at work, due to his caring role for Sarah. He may have changed his career plans when they were younger to ensure he had a job which allowed him to stay close to home, so may feel unfulfilled or trapped in his job, if he originally wanted to pursue a career that would have involved travelling
- Peter may underperform at work due to tiredness caused by supporting Sarah, which could lead to making mistakes and possible disciplinary action
- Peter may need to take unpaid leave at times, if Sarah needs extra support, which means they could struggle to pay their bills
- Peter may face financial problems as they are currently both working and he may not be entitled to financial support for his caring role, which could mean he needs to be careful with his income. They may also need to spend disposable income on travel expenses to hospital appointments for Sarah or extra money on heating the house as Sarah works from home
- Peter's caring role could cause a strain on his relationship with Sarah, as the pressure of the caring role could become too much for him. He may feel more like her carer than her husband and it may be hard for them to relate to each other romantically

- Peter may feel guilty about the pressure that is put on Phoebe as she tries to help support Sarah if she can by doing housework. Peter may feel guilty that Phoebe is not getting the opportunity to be a child and is having to take on adult responsibilities at such a young age, which could strain his relationship with Phoebe
- Peter may become isolated from other friends and family as he spends all his time supporting Sarah and Phoebe.

All other valid responses will be given credit

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

Level 1 ([1]–[3])

Overall impression: basic

- basic knowledge and understanding of **three** difficulties Peter may experience as Sarah’s informal carer
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss **three** difficulties Peter may experience as Sarah’s informal carer
- may list rather than discuss points or may address only one difficulty
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation, and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate

- adequate knowledge and understanding of **three** difficulties Peter may experience as Sarah’s informal carer
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss **three** difficulties Peter may experience as Sarah’s informal carer
- must address at least two difficulties to achieve at this level
- quality of written communication is adequate. The candidate makes only 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 specialist vocabulary. Presentation, spelling, punctuation, and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of **three** difficulties that Peter may experience as Sarah’s informal carer
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss **three** difficulties that Peter may experience as Sarah’s informal carer
- must address three difficulties to achieve at this level and three in detail 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 specialist vocabulary. Presentation, spelling, punctuation, and grammar are of a high standard and ensure that the meaning is clear. [9]

AVAILABLE
MARKS

33

3 (a) Explain what is meant by reablement. (AO1, AO2)

Examples of suitable points to be included in explanation:

- a type of care that helps service users to relearn skills of daily living, for example, washing, dressing, cooking
- a service that can be provided to people with either poor physical or mental health to help them recover and regain their independence
- person-centred care that focuses on the strengths of the service user, to support them in relearning daily living skills and independence
- a goal-based approach to care that is time-limited usually up to six weeks that focuses on what the service user can safely do or can relearn to maximise their independence.

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(1 × [2])

[2]

(b) (i) Describe how a social worker may use the following stages of the care planning cycle to support Frances. (AO1, AO2)

Examples of suitable points to be included in description:**Assessment**

- a social worker will complete a holistic assessment gathering information from a range of relevant practitioners, so Frances can be clear about what each practitioner has to say about her situation
- as it is person-centred, the social worker must consult with Frances and see her as central to the assessment, taking her wishes into account
- the social worker will also consult with family about her needs to establish what informal care can be provided and let them know they can access a carer's assessment if required
- the assessment is balanced between Frances's strengths and needs which are recorded
- the social worker will show Frances 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 document, so giving Frances one point of contact during the assessment process to help ensure a comprehensive gathering of information is completed.

All other valid responses will be given credit

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

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 Frances's needs are met
- the social worker will involve Frances 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 with care providers.

All other valid responses will be given credit

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

(2 × [3])

[6]

(ii) Write down **three** ways home care workers may support her. (AO1)

Any **three** of the following:

- support Frances to get up and dressed in the morning and prepared for bed at night, encouraging her to do as much as possible for herself
- help Frances with food prep rather than doing it for her
- provide emotional support by talking and listening to Frances
- may help with medication by checking it has been taken
- liaise with social workers and health professionals if there are any changes in Frances's condition or health and social care needs
- write up notes in Frances's home as a record of care given and of her condition
- encourage independence by supporting Frances to develop confidence and regain skills in the tasks of daily living
- advocacy role, e.g. with family or professionals.

All other valid responses will be given credit

(3 × [1])

[3]

(c) Analyse the benefits to Frances of receiving informal care. (AO1, AO2, AO3)

Examples of suitable points to be included in analysis:

- Frances may make a good recovery from her injuries as she can receive one-to-one support from her children to build upon the support she is receiving from her reablement care package
- Frances may get help to meet her goals set to regain independence as her children can provide encouragement to her if she is struggling to complete tasks such as personal care, cooking or exercises she has been given
- Frances will feel safer at home as she knows her children live nearby, and she can call on them at any time to help her
- Frances' children can consult her and liaise with professionals on key decisions being made about her care, which enables her to feel in control of her circumstances and maintain a sense of autonomy in her life
- Frances may keep her mind active as her children will talk to her about the news and things she likes to do
- Frances can benefit from a whole range of support that care workers would not be allocated time for, e.g. housework, laundry, going shopping, cooking meals
- Frances may need support with personal care on her return home. She may feel more comfortable and less embarrassed receiving this help from her children as she knows and trusts them. She knows the type of support they provide to her husband and will feel confident that they will be able to support her when she needs it because they know and understand her needs, wants and preferences
- Frances may feel less worried about her progress as she may confide in her children rather than care staff. They would be able to advocate on her behalf if she feels her care plan needs amended
- Frances may feel less stressed about how she will cope in her recovery while also looking after her husband, as she knows her children love her and want to care for both of them
- Frances will feel happy and content that she is able to be cared for in her own home instead of hospital and by her children, as this may strengthen her bond with her family

- Frances should benefit from the flexibility of informal care – her family can spend extra time if it is needed and they are easily contactable so will often be able to come and help her right away if she needs them
- Frances may feel less isolated as her children can encourage other family friends and neighbours to call to see her and Sam
- Frances can maintain contact with people she sees regularly as her children may be able to take her shopping and to local community events
- Frances may need care support when her reablement care package ends. If she receives this support from her children, it will be free, and she will not have to worry about how she would pay for the extra care
- Frances can feel content that her care is more consistent with her children supporting her rather than a range of different staff from the trust coming and going

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 benefits to Frances of receiving informal care
- demonstrates a limited ability to apply knowledge and understanding to the question
- demonstrates a limited ability to analyse the benefits to Frances of receiving informal care
- may list points rather than analyse
- 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 benefits to Frances of receiving informal care
- demonstrates an adequate ability to apply knowledge and understanding to the question
- demonstrates an adequate ability to analyse the benefits to Frances of receiving informal care
- quality of written communication is adequate. The candidate makes only 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 benefits to Frances of receiving informal care
- demonstrates a competent ability to apply knowledge and understanding to the question
- demonstrates a competent ability to analyse the benefits to Frances of receiving informal 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. Presentation, spelling, punctuation and grammar are of a high standard and ensure meaning is clear. [12]

(d) Using the headings below, discuss why change is necessary. (AO1, AO2, AO3)

Demographic change

Examples of suitable points to be included in discussion:

- 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

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

Level 1 ([1]–[2])

Overall impression: basic

- basic knowledge and understanding of demographic change
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss demographic change.

Level 2 ([3]–[4])

Overall impression: adequate

- adequate knowledge and understanding of demographic change
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss demographic change.

Level 3 ([5]–[6])

Overall impression: competent

- competent knowledge and understanding of demographic change
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss demographic change. [6]

Workforce

Examples of suitable points to be included in discussion:

- difficulties in recruiting and retaining staff, for example it is proving extremely difficult to recruit and retain junior medical staff
- locum and agency costs-stark increase in costs as locums are expensive – this is money that could be invested in developing services that are sustainable and long term
- primary care workforce – growth in the GP medical workforce has not kept up with demand
- social care workforce – significant growth of independent sector in providing social care, with the risk of withdrawal from the market/ closures resulting in further pressures in the system, particularly for hospitals, recruitment and retention difficulties (e.g. partly due to poor terms of employment, such as zero hours contracts); informal carers are by far the largest group providing care and they are unpaid, very important to engage and support carers
- nursing and midwifery – issues include vacancy rates, absence rates, age profile of nursing workforce and working patterns
- staff morale – very poor staff morale due to a range of factors including pressures associated with poor staffing levels, workload pressures; staff feel de-motivated as feel they cannot do their jobs to the full extent of their training and competence due to staffing pressures; staff are frustrated with the current model of healthcare which lacks focus on prevention.

Also accept specific points from pages 21–32 of the Bengoa Report, e.g. a quarter of GPs are aged 55 and over so due to retire, the majority of the qualified nursing workforce over 45 and therefore within 10–15 years of retirement age.

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 workforce
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss workforce.

Level 2 ([3]–[4])

Overall impression: adequate

- adequate knowledge and understanding of workforce
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss workforce.

Level 3 ([5]–[6])

Overall impression: competent

- competent knowledge and understanding of workforce
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss workforce.

[6]

35

Total

100

AVAILABLE
MARKS