



**ADVANCED**  
**General Certificate of Education**  
**2019**

---

**Health and Social Care**

**Assessment Unit A2 3**

*assessing*

**Providing Services**

**[AHC31]**

**MONDAY 10 JUNE, MORNING**

---

**MARK  
SCHEME**

## General Marking Instructions

### Introduction

Mark schemes are published to assist teachers and students in their preparation for examinations.

Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

### The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

- 1 (a) Describe **two** reasons for the demographic increase of people with physical disabilities or longstanding illness in Northern Ireland. (AO1, AO2)

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

- improvements in technology leading to improvements in treatments which in turn leads to increased life expectancy
- more health surveillance programmes available – leading to more conditions diagnosed and thus treated, such as hypertension which is a longstanding illness
- improvements in vaccination programmes, e.g. flu vaccine prevents the death of many vulnerable sick people thus increasing numbers of long term sick and disabled
- increase in numbers abusing alcohol and drugs which leads to greater number of people categorised as having a long term illness
- advances in medicine – discovery of new drugs meaning people can live longer with chronic conditions such as MS, strokes or cystic fibrosis
- increased survival rates at birth linked to improvements in medical care
- increase in life expectancy generally – older people more likely to have disabilities or illnesses
- improved access to preventative and specialist care and services means people with physical disabilities are living longer
- a change in attitudes/recognition linked to introduction of legislation has led to improved care for disabled people
- better knowledge and understanding of importance of positive lifestyle choices means people tend to live longer with their disability or illness
- poor lifestyle choices leading to obesity which increases risk of illness and disease such as type II diabetes
- improved standards of living, e.g. nutrition, have increased life expectancy and in turn morbidity rates

All other valid responses will be given credit.

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

(2 × [3])

[6]

- (b) Discuss how the social and emotional needs of people with physical disabilities or illnesses might be met by informal carers. (AO1, AO2, AO3)

**Social needs**

**Examples of suitable points to be included in discussion:**

Social needs such as the need for communication or interaction with others can be met by:

- supporting opportunities for individuals to mix with others, e.g. bring them to day centres, luncheon clubs or church activities
- encouraging visits from wider family and friends
- supporting participation in hobbies such as painting, sewing or gardening clubs
- supporting individual to attend groups or functions in their own community
- organising social outings
- taking time to converse and share stories with the individual
- encourage use of social media for interaction with others
- learning specialist communication skills to help the individual in social situations, e.g. sign language.

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

Emotional needs such as esteem needs, the need for a sense of belonging, the need for a sense of autonomy, or emotional well-being and the need to feel respected and to feel safe can be met by:

- involving individuals in decisions about their care thus giving them a sense of control/empowerment
- providing advocacy support for example making contact with health professionals on an individual's behalf
- treating individuals with dignity
- spending time talking and listening
- ensuring, encouraging and supporting access to other family and friends
- supporting individuals to gain access to counselling support where necessary
- supporting individuals to gain access to religious or spiritual adviser
- reassuring individuals about the security of their home, e.g. locking doors before leaving

All other valid responses will be given credit.

**[0]** will be awarded for a response not worthy of credit

**Level 1 ([1]–[3])**

Overall impression: basic

- basic knowledge and understanding of how the social and emotional needs of people with physical disabilities or illnesses might be met by informal carers
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how the social and emotional needs of people with physical disabilities or illnesses might be met by informal carers.

**Level 2 ([4]–[6])**

Overall impression: adequate

- adequate knowledge and understanding of how the social and emotional needs of people with physical disabilities or illnesses might be met by informal carers
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- answers at the top of this mark band should discuss how both types of needs could be met
- demonstrates an adequate ability to discuss how the social and emotional needs of people with physical disabilities or illnesses might be met by informal carers.

**Level 3 ([7]–[9])**

Overall impression: competent

- competent knowledge and understanding of how the social and emotional needs of people with physical disabilities or illnesses might be met by informal carers
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- answers at the top of this mark band will discuss in detail how both types of needs might be met

- demonstrates a competent ability to discuss how the social and emotional needs of people with physical disabilities or illnesses might be met by informal carers. [9]

(c) Explain **three** ways informal caring might impact on the carer. (AO1, AO2)

**Examples of suitable points to be explained:**

- physical health may suffer leading to long term health problems, e.g. back problems
- mental health may suffer leading to long term health problems, e.g. depression
- may feel guilty, frustrated, burdened, embarrassed due to role
- may have to leave their job due to responsibilities of caring
- may not be able to apply for promotions due to caring responsibilities
- family life can suffer – time spent with children or partner can be impacted on
- relationships with partner can suffer
- education may be impacted negatively
- pension can be impacted upon due to reductions in working hours or having to leave work altogether
- financial position can be negatively impacted, e.g. formal employment may be affected so income may be less or may spend own money on care needs
- may become isolated as a result of their caring responsibilities
- may strengthen the bond between carer and individual needing care
- sleep pattern may be affected which can lead to mood swings, irritability and health problems
- may feel fulfilled in their role

All other valid responses will be given credit.

[1] basic explanation [2] competent explanation

(3 × [2])

[6]

(d) Describe **two other** ways the PCC contributes to quality assurance. (AO1, AO2)

**Examples of suitable points to be described:**

- by representing the interests of the public – engaging with the public to obtain their views on services
- engaging with health and social care organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services
- by promoting the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care
- by providing advice and information to the public about the design, commissioning and delivery of health and social care services
- advocating on behalf of the public
- by using feedback from public to inform improvements in services

(do not accept answers about complaints)

All other valid responses will be given credit.

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

(2 × [3])

[6]

- (e) Explain two ways voluntary providers might be funded. (AO1, AO2)

**Examples of suitable points to be explained:**

- lottery
- street collections
- bequests
- fundraising events
- government contracts and government schemes, e.g. gift aid
- sponsorships
- donations
- proceeds from charity shops
- grants from businesses or government/partnerships

All other valid responses will be given credit.

[1] basic explanation [2] competent explanation

(2 × [2])

[4]

- (f) Discuss **three** advantages and **three** disadvantages of voluntary providers delivering care for people with physical disabilities or illnesses. (AO1, AO2, AO3)

**Advantages of voluntary providers delivering care for people with physical disabilities or illnesses**

**Examples of suitable points to be included in the discussion:**

- voluntary providers are quite flexible – less need to rigorously check if service users and families are entitled to access services provided
- voluntary providers offer valuable opportunities for service users and their families to get support the statutory sector is unable to provide, e.g. social outings, support groups, hobbies, breaks and various leisure activities
- voluntary providers are usually quite responsive to need – they can set up and provide support for service users quite quickly – provide equipment, advocacy role
- voluntary providers are less bureaucratic and this means they can meet the needs of service users and their families quickly
- voluntary providers can provide 24 hour support for service users with physical disabilities and illnesses, e.g. chat rooms
- usually local provision, meaning easier access for service users and their families
- voluntary providers often have direct experience of disability illness so giving them a better level of knowledge, understanding/empathy thus able to provide valuable support
- services are usually free, or for a very nominal cost, so service users and families can experience help and support which they might otherwise not be able to afford, e.g. luncheon clubs, heating oil etc.
- voluntary providers can deliver specialist care and support at home, e.g. Marie Curie expertise in delivering palliative care

**Disadvantages of voluntary providers delivering care for people with physical disabilities or illnesses**

**Examples of suitable points to be included in the discussion:**

- volunteers may not always be trained and this can be a problem particularly when dealing with service users who have complex health needs
- voluntary providers may be unreliable because of funding difficulties

or because of personnel difficulties and so may be available one month but not the next and this can leave service users and families without services they have come to rely upon

- there can be a lack of accountability by voluntary providers because they are subject to less scrutiny than public sector services and this can mean that services may not be properly managed so service users' needs may not be met
- availability of services by voluntary providers may be "patchwork". This means the service may be available in some areas but not others and this may cause frustration for those service users and families who live in the areas not serviced
- voluntary providers may not be able to meet the needs of service users with complex needs
- some service users may feel stigmatised using voluntary services so may not access the service

All other valid responses will be accepted.

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

### Level 1 ([1]–[4])

Overall impression: basic

- basic knowledge and understanding of voluntary providers delivering care for people with physical disabilities or illnesses
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss advantages and disadvantages of voluntary providers delivering care for people with physical disabilities or illnesses
- 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 voluntary providers delivering care for people with physical disabilities or illnesses
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss advantages and disadvantages of voluntary providers delivering care for people with physical disabilities or illnesses
- answers which focus **only** on the advantages **or only** on the disadvantages of voluntary providers delivering care for people with physical disabilities or illnesses cannot achieve beyond this band
- 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 voluntary providers delivering care for people with physical disabilities or illnesses
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss advantages and disadvantages of voluntary providers delivering care for people with physical disabilities or illnesses
- at the top of this mark band candidates should discuss three advantages and three disadvantages of voluntary providers delivering care for people with physical disabilities or illnesses
- 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.

**Level 4 ([13]–[15])**

Overall impression: highly competent knowledge and understanding

- highly competent knowledge and understanding of voluntary providers delivering care for people with physical disabilities or illnesses
- demonstrates highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates highly competent ability to discuss three advantages and three disadvantages of voluntary providers delivering care for people with physical disabilities or illnesses
- at the top of this mark band candidates should discuss in detail three advantages and three disadvantages of voluntary providers delivering care for people with physical disabilities or illnesses
- quality of written communication is excellent. 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.

[15]

46

- 2 (a) Describe the role of the Regulation and Quality Improvement Authority (RQIA). (AO1, AO2)

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

- RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services
- RQIA is responsible for identifying and ensuring the delivery of minimum care standards in care settings in Northern Ireland, which will inform both the public and the service providers about the quality of services they should expect
- RQIA also has a role in assuring the quality of services provided by Health and Social Care (HSC) Board and HSC trusts agencies, to ensure that every aspect of care reaches the standards laid down by the Department of Health, and expected by the public
- RQIA can close down settings in the independent sector which fail to meet minimum standards
- RQIA publish reports, e.g. of findings following inspections which set out improvements needed in a setting, or more broadly in the sector

All other valid responses will be given credit

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

(1 × [3])

[3]

- (b) Discuss **four** ways inspections can improve the quality of care in residential settings providing long-term care and support for those with physical disabilities or illnesses. (AO1, AO2, AO3)

**Examples of suitable points to be included in discussion:**

- inspections require service providers to comply with identified standards
- inspection reports often set targets for improvement which are checked during follow-up inspections
- inspectors have the authority to close down providers who are not demonstrating that they can operate at an acceptable standard, so protecting residents
- inspection process provides support and advice to organisations providing care for those with physical disabilities or illnesses about best practice so that service users can experience quality care and treatment
- inspections identify key areas for organisations to focus on such as environment, food, cleanliness, which means minimum standards should exist in relation to these aspects of provision
- inspections may be announced or unannounced which may mean standards of care are maintained due to staff wanting to ensure quality care provision if inspectors arrive
- inspections may identify areas of good practice which can motivate staff and morale, leading to continued provision of quality care
- reports from inspections are made available to public, these recognise good practice and may lead to an increase in numbers using a service and thus inspections can help to raise standards
- as the views of service users and their families are sought by inspectors on a wide range of issues, it enables those directly affected to have their say which may result in improvements in quality
- inspections check that staff in the setting have bearing to minimum standards

All other valid responses will be given credit.

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

AVAILABLE  
MARKS

### Level 1 ([1]–[5])

Overall impression: basic

- basic knowledge and understanding of how inspections can improve the quality of care in residential settings providing long-term care and support for those with physical disabilities or illnesses
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss four ways inspections can improve the quality of care in residential settings providing long-term care and support for those with physical disabilities or illnesses
- 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 ([6]–[10])

Overall impression: adequate

- adequate knowledge and understanding of how inspections can improve the quality of care in residential settings providing long-term care and support for those with physical disabilities or illnesses
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss four ways inspections can improve the quality of care in residential settings providing long-term care and support for those with physical disabilities or illnesses
- to achieve at this level candidates must discuss at least two ways
- 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 ([11]–[15])

Overall impression: competent

- competent knowledge and understanding of how inspections can improve the quality of care in residential settings providing long-term care and support for those with physical disabilities or illnesses
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- answers at the top of this mark band will discuss all four ways in detail
- demonstrates a competent ability to discuss four ways inspections can improve the quality of care in residential settings providing long-term care and support for those with physical disabilities or illnesses
- 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. [15]

- (c) Discuss how the following policies should protect service users with physical disabilities or illnesses living in a residential care setting. (AO1, AO2, AO3)

**Examples of suitable points to be included in the discussion on how the whistle-blowing policy should protect service users:**

- provides staff with a framework for doing something about practice which is not appropriate
- gives staff the confidence to report poor practice of colleagues because there is a legal obligation to do so
- helps to create a safer environment for service users
- helps to eliminate bad practice and so service users are much more likely to experience appropriate care and treatment
- staff know inappropriate behaviour may be reported and risk losing their job and so this helps to promote high standards of care by acting as a deterrent
- 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 the service users
- creates an awareness among staff of the need to provide appropriate care and treatment at all times

All other valid responses will be given credit.

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

**Level 1 ([1]–[2])**

Overall impression: basic

- basic knowledge and understanding of how the whistle-blowing policy should protect service users with physical disabilities or illnesses living in a residential care setting
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how the whistle-blowing policy should protect service users.

**Level 2 ([3]–[4])**

Overall impression: adequate

- adequate knowledge and understanding of how the whistle-blowing policy should protect service users with physical disabilities or illnesses living in a residential care setting
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how the whistle-blowing policy should protect service users.

**Level 3 ([5]–[6])**

Overall impression: competent

- competent knowledge and understanding of how the whistle-blowing policy should protect service users with physical disabilities or illnesses living in a residential care setting
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how the whistle-blowing policy should protect service users.

[6]

**Examples of suitable points to be included in the discussion on how the safeguarding policy should protect service users:**

- helps to ensure service users safety as all staff are required to comply with it
- gives staff a clear process to follow in the event of suspected abuse
- helps to create a safer environment for the service user, e.g. buzzer access, secure access
- raises awareness among staff of how to report abuse and so service users should be protected
- requires all staff to be Access NI checked and prevents anyone with a criminal history from working with service users thus minimising the likelihood of abuse happening
- identifies a designated person who is responsible for dealing with safeguarding issues
- defines abuse – gives staff a better understanding of what constitutes abuse in order to minimize the chances of it occurring. Identifies signs and symptoms of abuse so staff can recognise if it is happening
- sets out clear lines of responsibility and reporting so that staff know exactly what to do if they suspect abuse, thus protecting service users

All other valid responses will be given credit.

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

**Level 1 ([1]–[2])**

Overall impression: basic

- basic knowledge and understanding of how the safeguarding policy should protect service users with physical disabilities or illnesses living in a residential care setting
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how the safeguarding policy should protect service users.

**Level 2 ([3]–[4])**

Overall impression: adequate

- adequate knowledge and understanding of how the safeguarding policy should protect service users with physical disabilities or illnesses living in a residential care setting
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss how the safeguarding policy should protect service users.

**Level 3 ([5]–[6])**

Overall impression: competent

- competent knowledge and understanding of how the safeguarding policy should protect service users with physical disabilities or illnesses living in a residential care setting
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss how the safeguarding policy should protect service users. [6]

- (d) Discuss **three** ways the Nursing and Midwifery Council (NMC) implements its regulatory role (AO1, AO2, AO3)

**Examples of suitable points to be discussed include:**

- monitors, guides and controls nurses and midwives in the interests of protecting service users. They set standards in education, training, conduct and performance, so that practitioners can deliver high quality healthcare throughout their careers.
- requires all nurses and midwives to keep their skills and knowledge up to date and uphold professional standards. They do this by requiring them to apply annually to have their registration renewed and every three years nurses and midwives must follow the revalidation process which has requirements about practice hours, continuing professional development, feedback and reflective learning, declarations of good health and good character.
- if an allegation is made that a registered nurse or midwife is not fit to practice, the NMC investigates and, where necessary, take action to protect the public. They follow clear and transparent processes to investigate practitioners who fall short of expected standards and their disciplinary powers allow them to remove practitioners from the register if they consider their conduct to have fallen below standards expected or if they are a risk to the public.
- publishes the code of practice for nurses and midwives. All nurses and midwives are required to practice in accordance with the standards set out in the code and failure to do so can result in their registration being revoked
- maintains a live register of practitioners allowed to practise in the UK and this allows employers and the public to check that a particular individual is qualified to provide the service they are providing

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 Nursing and Midwifery Council (NMC) implements its regulatory role
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss three ways the Nursing and Midwifery Council (NMC) implements its regulatory role
- 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 Nursing and Midwifery Council (NMC) implements its regulatory role
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss three ways the Nursing and Midwifery Council (NMC) implements its regulatory role
- to achieve at this level at least two ways must be discussed
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

**Level 3 ([9]–[12])**

Overall impression: competent

- competent knowledge and understanding of how the Nursing and Midwifery Council (NMC) implements its regulatory role
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss three ways the Nursing and Midwifery Council (NMC) implements its regulatory role
- to achieve at this level candidates should discuss three ways the Nursing and Midwifery Council (NMC) implements its regulatory role
- 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]

42

- 3 (a) Explain the following barrier to accessing services and treatment. (AO1, AO2)

### Financial constraints

#### Examples of suitable points to be included in explanation:

- lack of money to pay privately to fund own treatment may mean treatment is never given or a lengthy wait is necessary
- rationing decisions by purchasing bodies due to financial pressures may mean treatment is not available, e.g. robotic surgery
- decisions made not to fund care and treatment based on post code, e.g. there is currently no cancer drug fund in NI to purchase drugs not available on the NHS (this fund is available in other parts of the UK)
- costs of travel to support services may be a barrier for service users and may mean those services cannot be availed of

All other valid responses will be given credit.

[1] basic explanation [2] competent explanation

(1 × [2])

[2]

- (b) Explain **two** different ways each of the following practitioners might support people with physical disabilities or illnesses. (AO1, AO2)

### Social workers

#### Examples of suitable points to be explained:

- may carry out an assessment of need
- check to ensure individual is living in a safe environment, e.g. security and physical safety
- may organise a care plan/care package
- may monitor progress/review care plan
- may liaise with other health care workers, e.g. occupational therapist, speech therapist, community nurse, GP
- may organise a case conference
- may give advice or information, e.g. on how to access benefits
- may make referrals to other agencies
- may liaise with informal carers
- may write reports
- may arrange for advocacy services or act as an advocate, e.g. financial decisions, end of life wishes.
- may provide emotional support/counselling
- may be involved in investigating abuse and removing individuals from unsafe environment

All other valid responses will be given credit.

[1] basic explanation [2] competent explanation

(2 × [2])

[4]

### Home care workers

#### Examples of suitable points to be explained include:

- doing laundry and housework
- preparing food
- providing help with personal care such as bathing and showering
- lighting fire
- collecting benefits
- supervising medication
- making appointments, e.g. for doctor or dentist
- contacting social services

- ordering and collecting prescriptions
- All other valid responses will be given credit.  
[1] basic explanation [2] competent explanation  
(2 × [2])

[4]

**GPs****Examples of suitable points to be explained include:**

- may diagnose illness or deterioration, e.g. chest infections
- responsible for providing medical care including provision of prescriptions
- may refer service user to other health professionals and services where necessary
- may arrange for district nurse to carry out home visits if necessary or make home visits when required
- may give advice and information to help them manage their condition

All other valid responses will be given credit.

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

[4]

- (c) Discuss **three** ways decisions to ration treatment might impact on service users with a physical disability or illness and **three different** ways decisions to ration treatment might impact on their families. (AO1, AO2, AO3)

**Impact on service user****Examples of suitable points to be included in the discussion:**

- may feel angry, frustrated, let down
- may engage in research themselves in a bid to find treatment
- may bring a law suit against the health provider
- their condition may deteriorate
- they may become depressed or develop mental health problems
- PIES impact – discussion of any of these
- may have to move house to another area – post code lottery
- may feel a burden on families due to stress of situation
- may end up paying privately for treatment and this could be very expensive and could leave them in financial hardship
- may be forced to become dependent on others
- may feel they cannot reach their full potential in life
- may die sooner
- may become depressed in longer term
- may experience pain and discomfort, e.g. due to infections
- may impact negatively on working life
- may need to remain in a health/care setting unnecessarily, e.g. if community care is rationed

**Impact on families****Examples of suitable points to be included in the discussion:**

- may suffer financially because they try to pay privately for rationed services
- may worry that their relative is not being given the best opportunity to reach his/her full potential
- may feel let down, angry, resentful and unsupported because of the rationing decision
- may decide to move to an area where the treatment or therapy is available – this may cause stress
- may feel guilty if they can't pay privately for the treatment or therapy

- if the service user's condition worsens because of rationing, it will have a negative impact on family life, putting extra strain on the family
- may lose out on time with their relative, e.g. as a result of bereavement due to lack of treatment
- may become stressed, e.g. by having to fight for treatment
- may take legal action at a cost to themselves emotionally and financially
- may be required to provide greater level of informal care and this may affect job opportunities and relationships with others if the service user's health deteriorates
- may strengthen relationships as families try to help their loved one get the care/treatment they require

All other valid responses will be given credit.

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

### Level 1 ([1]–[5])

Overall impression: basic

- basic knowledge and understanding of how decisions to ration treatment might impact on service users with a physical disability or illness and on their families
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss ways decisions to ration treatment might impact on service users with a physical disability or illness and different ways decisions to ration treatment might impact on their families
- 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 ([6]–[10])

Overall impression: adequate

- adequate knowledge and understanding of how decisions to ration treatment might impact on service users with a physical disability or illness and on their families
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss ways decisions to ration treatment might impact on service users with a physical disability or illness and different ways decisions to ration treatment might impact on their families
- answers which focus only on service users or only on their families 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 ([11]–[14])

Overall impression: competent

- competent knowledge and understanding of how decisions to ration treatment might impact on service users with a physical disability or illness and on their families
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss three ways decisions to ration treatment might impact on service users with a physical disability or illness and three different ways decisions to ration treatment might impact on their families
- to achieve in this mark band candidates should discuss three ways decisions to ration treatment might impact on service users with a physical disability or illness **and** three ways it might impact on their families
- 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.

### Level 4 ([15]–[18])

Overall impression: highly competent

- highly competent knowledge and understanding of how decisions to ration treatment might impact on service users with a physical disability or illness and on their families
- demonstrates highly competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a highly competent ability to discuss three ways decisions to ration treatment might impact on service users with a physical disability or illness and three different ways decisions to ration treatment might impact on their families
- to achieve in this band there must be clear application to the service user group
- at the top of this mark band candidates should discuss in detail three ways rationing treatment impacts on service users with a physical disability or illness and three ways it impacts on families
- quality of written communication is excellent. 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.

[18]

32

**Total**

**120**

AVAILABLE  
MARKS