



Rewarding Learning

**ADVANCED SUBSIDIARY (AS)
General Certificate of Education
2019**

Health and Social Care

Assessment Unit AS 5

assessing

Adult Service Users

[SHC51]

THURSDAY 30 MAY, 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** ways reablement differs from traditional home care. (AO1, AO2)

Examples of suitable points to be described:

- it is usually time limited (lasts up to six weeks), unlike traditional home care
- it is a holistic method of working with service users, assessing all their needs and supporting them to be met, whereas the traditional model is mainly focused on physical needs
- it is an ongoing process that focuses on supporting service users to regain independent living skills, whereas the traditional model is more static and the focus is on supporting the service user to live at home
- there are six clear stages to ensure the process is focused and time limited to aid a speedier recovery unlike the traditional model that has no specific stages
- it is about teaching service users new ways of doing daily tasks rather than doing them for them, e.g. encouraging them to make a meal rather than the home care worker making it
- its focus is to reduce the need for support rather than the maintenance focus of the traditional model
- it actively supports families and carers whereas the traditional model generally does not include the family/carers
- its focus is working as part of a multidisciplinary team, rather than professionals working independently
- reablement is a ‘doing with’ model unlike traditional home care that is a ‘doing for’

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

- (b) Explain **two** ways private providers may be funded. (AO1, AO2)

Examples of suitable ways to be explained:

- direct payment by individual
- direct payment by family members
- private health insurance, e.g. personal or employer policy
- government contracts, e.g. with trusts or social services
- business/bank loan
- investors
- bequests
- donations, e.g. from family members to a private care home

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

- (c) Describe **three** ways a care plan supports a patient to return home from hospital. (AO1, AO2)

Examples of suitable points to be described:

- there are a range of stages that enable the patients’ needs to be assessed and a care plan devised and, where needed, revised as needs changed
- it is based on multidisciplinary working to ensure a ‘needs led’ approach, and where knowledge and expertise is shared for the best patient provision
- it is holistic in nature to ensure all aspects of patients’ care are assessed, planned for and support provided

- the patient is involved in the assessment process so they can understand their health and care situation, treatment and care options, so more likely to accept care plan
- the service user and their family are involved throughout the process and know who to contact should problems arise and understand that they will be supported, e.g. by carers visiting the home, which can relieve anxiety about leaving hospital

Also accept responses referring to stages of a care plan –

- the assessment stage enables an agreed care plan to be devised that can help to improve the care and support offered to both the patient and their family
- at the planning stage a care plan is drawn up to meet specific needs and as the plan is written down, it is clear what has been agreed and what will happen and when it will happen; so each professional will be clear about their role and how they will be expected to support the patient, so this avoids confusion and should enable quality care to be provided
- a written plan should also mean any problems or difficulties in the plan can be identified quickly
- as the care plan includes a review date, this should enable the patient or other members of the team to check if the plan is working, so trying to ensure the care of the person is good enough to fully meet their needs
- at the implementation stage the care manager will ensure the plan is implemented, for example the home care workers know when to start and the hours and tasks they will be doing. It also enables the occupational therapist to ensure any aids and appliances are delivered before discharge so the patient and their family will be able to cope at home. This gives the family one point of contact
- the monitoring stage gives the patient and their family the opportunity to comment on how their plan is working so they can quickly voice their concerns if it is not working, enabling changes to be made to improve the care if necessary. The team will identify any new needs and a multi-disciplinary meeting can be called urgently if required to ensure the patient's needs are being met properly
- the evaluation stage gives the patient confidence to know that the aims and objectives of the care plan will be reviewed to make sure the patient's needs are being met. Any problems identified will be addressed and the care plan adjusted as required so the patient is fully aware of the ongoing nature of the support they require. After the initial review, there is usually a six-monthly review so the patient knows they will not 'fall through the net' and their needs will be re-examined regularly
- the modifying stage enables changes to be made to the original plan if it is failing to meet the patient's needs, i.e. it can be changed to provide any additional services required, enabling an increased package of care if it is noticed that the patient's health is deteriorating and their needs are not being met by the original plan. The modified changes would be made in writing so professionals, family and the patient are kept updated and are in agreement with the changes

All other valid responses will be given credit

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

(3 × [3])

[9]

- (d) Describe **two** ways the GP may support a patient who has come home from hospital. (AO1, AO2)

Examples of suitable points to be explained:

- provides advice about health issues or problems patients may have
- diagnoses any illness patients may develop when they return home
- assesses/identifies patient's needs on an ongoing basis
- can refer patients to specialist services and professionals as required
- liaises with the multidisciplinary team to ensure the care package is effective
- writes prescriptions for medication patients may need, including repeat prescriptions
- listens to patients' concerns and gives advice
- may have a counselling role
- liaises with family members as/if required
- writes up medical notes both in the home and in the surgery
- writes reports as required
- provides a call-out service to the home.
- provides review appointments

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

[6]

- (e) Describe **three** ways that health and social care staff could do this when caring for people in their own homes. (AO1, AO2)

Examples of suitable ways to be described:

- collection of information: staff should not ask for information from service users unless there is justification, both legally and practically, for doing so. Staff should document the purpose of any information they ask for, and where possible staff should inform the service user how their personal information might be used before they ask them to provide it. They should also involve the family and ensure it is explained to both the service user and the family in a way they can understand. For example, a social worker organising a home care package should not ask unnecessary questions about family relationships
- protection from unauthorised access: staff should ensure they use appropriate measures to protect the service users' personal information from being accessed by unauthorised personnel, and also protect it against accidental loss, destruction and damage. Staff should ensure that access to databases is restricted to authorised people. Care must be taken to ensure that manual records, files and printouts, etc are not left where they can be accessed by others. For example, home care workers should ensure their notes on the service user are not left where visitors could see them
- sharing information: staff should only share service user's personal information on a 'need to know' basis and in compliance with policy on Data Protection legislation, so protecting their privacy. Staff need to ensure that any personal information given or received in confidence for one purpose may not be used for a different purpose, or passed to anyone else without the knowledge and consent of the service user (or, if appropriate, his/her family or representative). For example, the GP should only share information with specific professionals as required and home care workers should refrain from discussing individual service users with others as they move from one house to another

- breaking confidentiality: staff should follow the instruction in the policy to override confidentiality when there are safeguarding issues. For example, a home care worker who suspects a service user is being financially abused by a family member should report this to his or her manager.

All other valid points will be given credit

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

[9]

AVAILABLE
MARKS

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- 2 (a) Name **three** practitioners who may have offered care to Karl while he was in hospital. (AO1)

Examples of suitable practitioners to be named.

- speech and language therapists
- occupational therapists
- nurses
- social workers
- doctors
- physiotherapists

All other valid responses will be given credit

(3 × [1])

[3]

- (b) Explain what is meant by the following: (AO1)

Disability

Examples of suitable points to be included in definition:

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

All other valid points will be given credit

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

(1 × [2])

[2]

Concept of need

Examples of suitable points to be included in definition:

- essential requirement which should be met in order to ensure that the individual reaches a state of health and social 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 points will be given credit

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

(1 × [2])

[2]

- (c) Analyse how staff at the hospital may meet the physical, intellectual and emotional needs of patients, such as Karl, who have physical disabilities.

In terms of analysis, candidates are required to separate their knowledge and understanding of how staff at the hospital may meet the needs of patients who have physical disabilities into the following components – physical needs, intellectual needs and emotional needs. They are required to present arguments and make judgements on how the staff at the hospital may meet examples of each of these different types of need.

Physical

- provides physical and/or mental health assessment of the patient and makes a health care plan for him/her
- prescribes or administers medication
- writes reports/updates records on the patient's condition to aid planning and information sharing so his/her physical health can be monitored
- provides menus so the patient can have a nutritious diet and maintains a log of his/her food and fluid intake

- provides medical treatments, e.g. operations
- works as part of a multi-disciplinary team so they can provide appropriate medical care to meet individual patient needs
- ensures the patient is warm and comfortable, providing more blankets if required
- encourages or helps the patient with his/her personal hygiene so he/she stays clean and protected from infection
- provides aids for the patient to help his/her mobility
- organises home visits to assess his/her home and provides aids and adaptations if required
- provides information on dietary needs to the patient and family so nutritional needs can be met after discharge.

Intellectual

- encourages a patient to keep his/her mind active, e.g. doing crosswords, watching news, reading books or magazines, watching television programmes
- talks to a patient about his/her condition and treatment, answering questions and giving him/her reading material to help them understand their health problems/needs
- discusses information about other practical issues, e.g. benefits or voluntary organisations

Emotional

- provides information on progress which can help a patient feel involved and encouraged to look towards the future
- explains a patient's health care needs clearly and in a way he/she can understand and involves him/her in his/her care plan so he/she has a sense of autonomy
- preserves his/her dignity in personal care which can help patients feel respected and valued
- encourages family to visit regularly so a patient feels cared for and loved by people important to them in their lives
- praises a patient and tells him/her how well he/she is doing so promoting his/her self confidence
- allocates patients a named nurse who in turn takes time to get to know them and their needs/requirements, helping them to feel valued
- encourages patients to interact with others on the ward to keep their spirits up, e.g. can encourage them to go to the day room
- provides therapies and/or counselling to aid improvement in patient's condition
- shows respect, e.g. by using appropriate forms of address to help patients feel valued
- takes time to chat with patients and listens to them to give them a sense of belonging
- acts as an advocate to promote a patient's wishes so he/she feels empowered
- provides information on how their spiritual needs can be met e.g. about visits from ministers/priests

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 staff at the hospital may meet the needs of patients, such as Karl, who have physical disabilities
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to analyse how staff at the hospital may meet the needs of patients, such as Karl, who have physical disabilities
- may only list points
- 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 how staff at the hospital may meet the needs of patients, such as Karl, who have physical disabilities
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to analyse how staff at the hospital may meet the needs of patients, such as Karl, who have physical disabilities
- must address at least two types of need to achieve at 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 ([7]–[9])

Overall impression: competent

- competent knowledge and understanding of how staff at the hospital may meet the needs of patients, such as Karl, who have physical disabilities
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to analyse how staff at the hospital may meet the needs of patients, such as Karl, who have physical disabilities
- must address all three types of need (physical, intellectual and emotional) 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. [9]

- (d) As an informal carer, explain **three** ways Emma may support her husband Karl when he returns home. (AO1, AO2)

Examples of suitable ways to be explained:

- shopping and cooking healthy meals and helping him to eat, if required
- cleaning the house and keeping it hygienically clean so limiting his exposure to infections
- making sure the house is heated and he is warm and comfortable
- washing his clothes to help him to stay clean and comfortable
- helping with his personal hygiene, if required, to keep his body fresh and help his self confidence
- helping him to dress in comfortable clothes, encouraging him to chose his own outfits, if required
- helping with toileting, if or when required
- managing their financial matters, e.g. pay bills, apply for benefits
- talking/keeping him company, and making sure he feels loved
- making appointments to see doctor/dentist, etc.
- attending appointments with him and collecting prescriptions
- helping him in and out of bed, if required
- buying him newspapers and books, or making sure he has an iPad or other forms of technology that help him to feel connected to the outside world
- giving him medicine and making sure he takes the prescribed dosage at the set times
- taking him on social visits or outings to see family and friends
- supporting his mobility, taking him swimming or to other activities that help him to keep active
- making sure he gets rest, e.g. avoiding interruptions when he is sleeping
- organise or provide aids and adaptations, e.g. handrails
- encouraging him to be independent, e.g. making decisions daily or doing tasks for himself

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(3 × [2])

[6]

- (e) Examine **three** ways the Carers and Direct Payments Act can support Karl as the service user and **three** ways it can support Emma as the carer. (AO1, AO2, AO3)

Examples of suitable ways to be examined (service user/Karl):

- provides Karl with direct payments: allows money to be given directly to him to enable him to purchase his own support package following an assessment of his needs (e.g. carers, respite, transport)
- gives Karl choice over his care and enables him to choose carers and the times they come to the house
- gives Karl more independence, i.e. arrange for carers to take him swimming so he has time to himself and also gives his wife a break
- empowers Karl as he can sack care workers if he is unhappy with their care, giving him a sense of control over his life

Examples of suitable ways to be examined (informal carer/Emma):

- as Emma's rights are recognised within legislation, it is strengthening her position to request services and support in her own right and helps her to feel supported

- entitles Emma to an assessment of her own needs and her ability to provide care
- allows a plan of services and support to be developed in accordance with Emma's wishes
- enables her to request services such as respite breaks and other forms of support so she can continue to care, e.g. a sitter to stay so she can go out or meet friends, which gives her a break
- enables her to access training if Karl has specialist needs
- allows financial support to be given to Emma to help her with costs incurred in her caring role

All other valid responses will be given credit

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

Level 1 ([1]–[4])

Overall impression: basic

- basic knowledge of three ways the Carers and Direct Payments Act can support Karl as the service user and three ways it can support Emma as the carer
- demonstrates limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to examine three ways the Carers and Direct Payments Act can support Karl and Emma
- may list points about how the Carers and Direct Payments Act can support Karl and/or Emma
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

- displays adequate knowledge and understanding of three ways the Carers and Direct Payments Act can support Karl as the service user and three ways it can support Emma as the carer
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to examine three ways the Carers and Direct Payments Act can support Karl and Emma
- answers that focus on only Karl or only Emma cannot score more than 6 marks
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent

- competent knowledge and understanding of three ways the Carers and Direct Payments Act can support Karl as the service user and three ways it can support Emma as the carer.
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to examine three ways the Carers and Direct Payments Act can support both Karl and Emma at the top of this level
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [12]

- (f) The Transforming Your Care strategy document highlights five reasons for change in how health and social care is organised in Northern Ireland. State any **three** of these reasons. (AO1)

Answers may address three of the following:

- a growing and ageing population
- increase in prevalence of long-term conditions
- increased demand for and over-reliance on hospital beds
- clinical workforce supply difficulties
- need for greater productivity and value for money

(3 × [1])

[3]

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AVAILABLE
MARKS

3 (a) Describe **three** ways a home care worker might support Phyllis. (AO1, AO2)

Examples of suitable ways to be described:

- provide personal care, e.g. helping her to get up and dressed in the morning and prepared for bed at night
- may undertake household tasks, e.g. fire lighting, meal preparation
- provide emotional support by talking and listening to her
- may help with medication, e.g. collecting prescriptions, checking medication has been taken
- occasionally may take her to doctor or hospital appointments
- liaise with social workers and health professionals if there are any changes in her condition or health and social care needs
- write up notes in her home as a record of care given and of her condition
- encourage independence by supporting her to develop confidence and skills in the tasks of daily living
- advocacy role e.g. with family or professionals
- encourages social interaction, e.g. family visiting or social outings

All other valid responses will be given credit

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

(3 × [3])

[9]

(b) Discuss how an advocate might support service users such as Phyllis. (AO1, AO2, AO3)

Examples of suitable points to be included in discussion:

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

All other valid responses will be given credit.

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

Level 1 ([1]–[2])

Overall impression: basic

- basic knowledge and understanding of how an advocate might support service users such as Phyllis
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss how an advocate might support service users such as Phyllis.

Level 2 ([3]–[4])

Overall impression: adequate

- adequate knowledge and understanding of how an advocate might support service users such as Phyllis
- demonstrates adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates adequate ability to discuss how an advocate might support service users such as Phyllis.

Level 3 ([5]–[6])

Overall impression: competent

- competent knowledge and understanding of how an advocate might support service users such as Phyllis
- demonstrates adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates competent ability to discuss how an advocate might support service users such as Phyllis.

[6]

(c) Explain **two** ways voluntary providers may be funded. (AO1, AO2)**Examples of suitable points to be included in explanation:**

- fundraising, e.g. sponsored walks, events such as coffee mornings,
- street collections
- commercial sponsorship
- contracts with government agencies
- government grants
- donations made by individuals or companies
- bequests/wills
- lottery funding
- partly paid for by service users
- paid for by their families
- charity shops

All other valid responses will be given credit

[1] basic explanation, [2] competent explanation

(2 × [2])

[4]

(d) Discuss **three** strengths and **three** weaknesses of voluntary providers providing care for service users such as Phyllis. (AO1, AO2, AO3)**Examples of suitable responses:**

Strengths

- the voluntary sector may increase the choice of services/supports available to service users such as Phyllis and their families, including services not available from the statutory sector

- these services may be shaped to meet the particular needs of the service users such as Phyllis within a community – can be flexible and adjust service provision at short notice
- may be easy access for service users such as Phyllis as they can refer themselves and not depend on professionals, whom they rarely see, to refer them; this may also mean they get the help when they are most in need
- may be staffed by volunteers from the local or surrounding community who have a genuine interest in the service user group or who know the family and want to support them
- services are normally free or at a small charge, enabling those who require the service to access it – this is important as many people may lack or have very limited funds
- may be more accessible, e.g. provision for outlying communities, such as bus services, mobile clinics, clinics at local health centres rather than service users having to travel long distances
- may be very responsive to local needs, e.g. set up and provide support fairly quickly
- staff may be highly trained in the most up to date methods of providing care, e.g. Macmillan nurses
- provide support groups, reducing isolation and providing friendship

Weaknesses

- can be difficult for service users such as Phyllis to call them to account, as voluntary organisations are often subject to less public scrutiny and are less accountable for their actions than statutory ones
- could cause harm as staff may not be trained or have limited training
- services may be unreliable, poor or inconsistent, perhaps due to funding difficulties or problems finding volunteers
- may be problems for service users such as Phyllis accessing services due to patchwork provision. This means there is an uneven spread of services so where you live can dictate the services offered, so may leave some without support
- may lack trust as service users such as Phyllis may feel that their information is not kept confidential in the voluntary sector
- some people may feel there is a stigma attached to using voluntary service, e.g. feel they are taking charity
- can be confusing for service users as there can be duplication of services

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 strengths and weaknesses of voluntary providers providing care for service users such as Phyllis
- demonstrates a limited ability to apply appropriate knowledge and understanding to the question
- demonstrates a limited ability to discuss the strengths and weaknesses of voluntary providers providing care for service users such as Phyllis
- may only list strengths or weaknesses or discuss one or two
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence.

There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

- displays adequate knowledge and understanding of strengths and weaknesses of voluntary providers providing care for service users such as Phyllis
- demonstrates an adequate ability to apply appropriate knowledge and understanding to the question
- demonstrates an adequate ability to discuss the strengths and weaknesses of voluntary providers providing care for service users such as Phyllis
- there is adequate discussion of three strengths and three weaknesses or competent discussion of a least two strengths and two weaknesses to reach the top of this level
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent

- competent knowledge and understanding of three strengths and three weaknesses of voluntary providers providing care services for service users such as Phyllis
- demonstrates a competent ability to apply appropriate knowledge and understanding to the question
- demonstrates a competent ability to discuss three strengths and three weaknesses of voluntary providers providing care for service users such as Phyllis
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear. [12]

Total

**AVAILABLE
MARKS**

31

100