

Cambridge Technicals Health and Social Care

Unit 6: Personalisation and a person-centred approach to care

Level 3 Cambridge Technical in Health and Social Care 05830 - 05833

Mark Scheme for June 2019

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This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by examiners. It does not indicate the details of the discussions which took place at an examiners' meeting before marking commenced.

All examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the report on the examination.

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These are the annotations to be used when marking Unit 6.

Annotation	Meaning
~	Tick – correct answer
×	Cross – incorrect answer
L1	Level 1
L2	Level 2
L3	Level 3
BOD	Benefit of doubt (This does count as a mark – so do not 'tick' as well)
^	Omission mark
TV	Too vague
REP	Repeat
SEEN or	Noted but no credit given

Q	uestion	Answer		Guidance	
1	(a)	 Three responsibilities, one mark each. Responsibilities of a facilitator: to provide support to the individual to ensure the individual is made to feel as comfortable as possible during the review to ensure the individual is at the centre of their review to ensure the individual has choice over the people attending the review, invite those important to the individual consult regarding time and place for the meeting to ensure the individual has voice/choice/control, e.g. identify what is important to the individual asking appropriate questions to facilitate discussions about care, e.g. what is working/not working to make sure the individual understands what is being discussed make notes review progress made ensure all those attending understand their roles/responsibilities after the meeting 	3 (3x1)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: TY REP SEEN Accept alternative language Do not accept Vague responses, e.g. 'in a safe environment', 'not being judgemental', 'being professional', 'everything goes to plan', 'best interests', 'ask the individual where to hold the meeting', ask the person if they're happy, 'ensure their needs are met', 'knowing their needs' Roles which are not related to being a facilitator, e.g. review budget, review care plan, 'review legislation', 'gather relevant information to bring to the meeting' Generic responsibilities, e.g. maintaining confidentiality, 'caring for the individual'	

Question	Answer		Guidance
1 (b)	 One mark for identification of a principle One mark for explanation. Principles of a person-centred approach: Independence/rights, e.g. the person has the right to be employed; to have meaningful relationships, to live life the way they want to, to be put at the centre of their care, to live where they choose. Co-production, e.g. the person works with the professionals to produce care plans. Voice/choice/control, e.g. the person can choose the kind of services they want; can have control over their own budget; can have their views heard. Inclusive communities, e.g. Community facilities must be accessible; the person is valued and welcome in their community. 	2 (2x1)	 Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: TV REP SEEN Two marks: principle is correctly identified an example is given which explains the principle One mark: principle is correctly identified with no explanation; or an example is given which explains the principle but the principle is not clearly identified

Question	Answer/Indicative content		Gu	idance
Question	Answer/indicative content	Marks	Content	Levels of response
1 (c) [*]	 Challenges: Care is limited to the prescribed budget – so the person may not be able to have all the services / adaptations they want or need. Availability and access to some services may be restricted in some areas – so the person may not be able to access the services they want or need, lack of wheelchair access, lack of transport, waiting lists e.g. for assessment, lack of staff capacity. Lack of qualified staff. Lack of choice of services – so the person cannot exercise their right to choose the care they want or need e.g. in rural areas, due to lack of funding. Resistance to change – so the person may not want to 	6	 This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is description. Annotation: The number of ticks will not necessarily correspond to the marks awarded. Level 3 checklist: detailed description of two or more challenges explicit reference to how challenges limit positive impact QWC – High 	 Level 3 (5-6 marks) Answer provides a detailed description of challenges which limit the positive impact of personalisation. Reference to how challenges limit positive impacts is explicit. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling. Level 2 (3-4 marks) Answer provides a sound description of challenges which limit the positive impact of personalisation. The link to how challenges limit positive impacts may be implicit. There may be some errors of grammar, punctuation and spelling.
	 receive person-centred care, professionals presumed to know best. Institutional history of public services – which promoted a medical rather than social model of care, limits inclusion in the community. Support for a medical rather than social model – which leads to staff thinking they know what is best for an individual and not giving them choice and control. Lack of staff training – in person-centred approaches and principles Lack of information/guidance for individuals to make choices. Communication barriers – leading to the person's voice not being heard; their choices not being communicated. Professionals not respecting choice when alternatives would promote better health or wellbeing –as they are not trained in a person-centred approach. 		 Level 2 checklist: sound description of one or more challenges lacks depth in how challenges limit positive impact QWC – Mid Sub-max of 3 if answer does not explain how the challenges limit the positive impacts of personalisation Level 1 checklist basic/limited description lack of knowledge and understanding demonstrated may be muddled or list-like QWC - Low 	Sub-max of 3 if answer does not give description how the challenges limit the positive impacts of personalisation. Level 1 (1-2 marks) Answer provides a limited or basic description of challenges with little or no understanding demonstrated of how they limit the positive impacts of personalisation. Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive. 0 marks = response not worthy of credit for a zero mark response

Question	Answer/Indicative content	Marks	Gu	iidance
Question	Answer/Indicative content	IVIA 1K5	Content	Levels of response
	 Focusing on deficits rather than capacities – leads to a medical rather than social model of care. Lack of clarity over roles and responsibilities – leading to the person not receiving the care they have chosen, want and need. 			

Question	Answer	Marks	Guidance	
2 (a)	 Three marks for an explanation. Commissioning is the outsourcing of services by the local authority which promotes choice by having different types of care available. Commissioning leads to services being provided by a range of providers e.g. From the public, private and voluntary / third sectors/ gives choice over where they receive care. Having a range of service providers means they can include services which cater to the needs of different individuals e.g. allows individuals to choose where they live, ensures services cover all areas. Ensures services are working together and sharing relevant information Promotes competition between providers raising quality Commissioning of services, products, equipment Do not accept: Local authority generic responsibilities, e.g. inspecting services, giving equal opportunities, assessment of needs, budgets Repeats of the question, e.g. promoting choice/fair access 	3 (1x3)	 Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: ITY REP SEEN Accept alternative language Three marks: Clear understanding of the meaning of the term commissioning. Detailed explanation of how commissioning promotes choice. QWC - high Two marks: Some understanding of the meaning of the term commissioning. Detailed explanation of how commissioning promotes choice. QWC - high Two marks: Sound explanation of how commissioning promotes choice which lacks depth. QWC - mid One mark: Limited understanding of the term commissioning. Basic explanation of how to promote choice. QWC - low 	

Qı	uestion	Answer		Guidance
2	(b)	One mark for each way listed. Three required. Ways local authorities support personalisation: • assessment of needs • EHPs (education health care plans) • ensuring fair access to care, e.g. provide funding for a range of services • allocating personal/individual budgets • responsible for managed accounts • housing adaptations; meeting housing needs; choice of residence • inclusive community/ access to public environments • facilitating support networks • monitor/inspect to ensure quality of services • promoting choice • removing geographical barriers to care • decentralising and commissioning/ outsourcing services • co-production • providing information/guidance • providing choice	3 (3x1)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: IN TY REP SEEN Accept key words e.g. assessment, commissioning, housing, funding Do not accept: 'self-assessment', 'quick access to care', 'after-care',

Question	Answer/Indicative content	Marks	Gi	uidance
Question	Answer/Indicative content	IVIAI NS	Content	Levels of response
2 (c)*	 Person-centred tools: good days/bad days routines top tips communication charts decision-making chart building effective relationships doughnut chart Do not credit 'relationship circles' and 'one page profiles'. If students only identify a person-centred tool, award one mark. Benefits: find out what is important to Jez and for Jez finds out what does not work for Jez gives Jez more voice/choice/control, e.g. involved in decision-making focus on capabilities rather than deficits co-produce/update care plans identify gaps in care generate actions/solutions find out who is important in Jez's life clarify roles and responsibilities, e.g. of professionals and Maisie find creative ways to improve care, e.g. personal assistant/adaptations to improve inclusion in community/ promote independence improve relationships e.g. with Maisie 	8 (1x1 1x7)	This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation. Annotation: The number of ticks will not necessarily correspond to the marks awarded. Level 3 checklist: detailed explanation identifies a person-centred tool explicitly focused on how tool benefits benefits for both Jez and Maisie clearly relates to the scenario QWC - high Level 2 checklist: sound explanation identifies a person-centred tool benefits may be generic related to the scenario but may lack depth of understanding of the benefits Benefits for only Jez/Maisie QWC - mid Level 1 checklist limited or basic explanation may identify a tool limited or basic explanation of how it benefits May be muddled or list-like QWC - low	 Level 3 (7–8 marks) Answer identifies a person-centred tool and provides a detailed explanation of how it could be used in a review meeting to benefit Jez and Maisie. Answer is clearly related to the scenario and demonstrates an in-depth understanding of how person-centred tools can generate improvements. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling. Level 2 (4-6 marks) Answer identifies a person-centred tool and provides a sound explanation of how it could be used in a review meeting to benefit Jez and/or Maisie. Answer is clearly related to Jez's circumstances but may lack in-depth understanding of how tools can improve care. Answer will be factually accurate and will demonstrate some understanding of the terminology used. There may be some errors of grammar, punctuation and spelling. Level 1 (1-3 marks) Answer provides a limited or basic description of a person-centred tool. Answer may not be clearly related to the scenario and may not explain how the tool can improve care. Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.

Question	Answer/Indicative content	Marks	Guidance			
Question	Answer/indicative content	IVI di KS	Content	Levels of response		
	 provide Maisie with respite, allow Maisie to carry on with life/activities/work expand network of support identify services which might support identify professionals/individuals who Jez would like to support him assess needs assess needs assess eligibility for a personal budget help carers have a better understanding of Jez's needs improve his quality of life / empower him/achieve goals/aspirations/wishes, improve his self-esteem 					

Question	Answer		Guidance	
3 (a)	Answer Two marks for a reason. Three required. Care at Southfields is not person-centred because: • Staff are focusing on deficits not capacities: they do not view residents as being capable of making decisions • Do not make efforts to communicate with residents/do not use communication tools.	6 (3x2)	Guidance Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: Image: I	
	 Staff are not respecting individual's rights to voice/choice/control as they are given the same meals; care. Lack of staff trained in person-centred approaches, e.g. assuming all individuals needs are the same A medical rather than social model of care is in place so care workers are focusing on what is important for the individual not what is important to the individual. Staff may be resistant to change due to institutional history of care e.g. they have always provided standardised care Staff think they know what is best for the residents and do not provide choices; co-produce care plans; use communication tools; find out what is important to individuals. The individual is not at the centre of their care: care is not adapted to their needs, treating all individuals the same may lead to discrimination Care follows a set routine, institutional approach Person-centred tools are not used: no one-page profiles/person-centred records/person-centre review meetings 		 Two marks: a clear description of that qualifies why care is not person-centred explicit reference to the scenario which demonstrates sound understanding One mark: a basic description that lacks clarity just identification of a way care is not person-centred Do not accept Repeated reasons or descriptions 	

Question	Answer/Indicative content	Marks	Guidance				
		Wai NS	Content	Levels of response			
3 (b)*	 Ways of introducing person-centred care: staff training/ meetings values based recruitment regular review of support/care provided to residents key worker's assigned to individuals, e.g. so they get to know the person and their needs holding person-centred review meetings identifying which practices are not person-centred and taking action, e.g. introducing meal choices, facilitating individual routines modelling, supervision, mentoring overcome communication barriers, e.g. use person-centred tools, appoint advocate, consult next of kin ensure all individuals have a care plan review/update/write policies/procedures promote compliance with legislation, e.g. The Care Act Analysis to change staff attitudes to look for ways to improve choices to generate actions and solutions to support those resistant to change 	9	 This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is analysis. Annotation: The number of ticks will not necessarily correspond to the marks awarded. Level 3 checklist: detailed analysis pros and cons of ways analysed in depth explicitly relevant to scenario QWC – high Level 2 checklist: sound analysis ways analysed but may lack depth only pros/ cons relevance to scenario may be implicit sub-max 4 for one way done well QWC - mid Level 1 checklist basic/limited analysis may identify ways with little or no analysis may not be relevant to scenario QWC - low 	Level 3 (7-9 marks) Answer provides a detailed analysis of several ways a person-centred approach could be introduced at Southfields. Answer gives an In- depth analysis of how the ways may and may not lead to person-centred care in this context. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling. Level 2 (4-6 marks) Answer provides a sound analysis of several ways a person-centred approach could be introduced. Answer may lack in-depth analysis of how the ways may or may not lead to person- centred care. Relevance to the context may be implicit. Answer will be factually accurate and will demonstrate some understanding of the terminology used. There may be some errors of grammar, punctuation and spelling. Sub-max 4: for one way done well Level 1 (1-3 marks) Answer provides a limited or basic analysis of ways to introduce a person-centred approach. Answer may not be relevant to the scenario. Answer smay be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive. 0 marks = response not worthy of credit FERN for a zero mark response			

Question	Answer/Indicative content	Marks	Gu	uidance
Question	Answei/indicative content	Warks	Content	Levels of response
	 to overcome barriers, e.g. resistance to change, institutional history of care, focusing on deficits not capabilities, lack of budget, limited availability of services, lack of staff, lack of funding for staff training 			
	Do not credit social activities unless linked to promoting inclusion or choice			

Question	Answer	Marks	Guidance
3 (c)	 One mark for each way identified. Four required. Ways Alfred could be put at the centre of his care review meeting: Give Alfred choice about who to have at the meeting; timing; location. Give voice, choice and control over his care, e.g. No decision about me without me. Ensure all those involved in Alfred's care and support attend the meeting e.g. key worker, Alfred. Ask relevant questions, e.g. what is working/not working from Alfred's perspective, ask him what support he requires Use a relationship chart/doughnut chart to identify who is important to Alfred/ clarify roles/ responsibilities. Use a communication chart to understand how Alfred communicates his needs. Create/use a one page profile to understand his needs Overcome barriers e.g communication barriers, advocate. Co-produce Alfred's care plan with people who are important to him. Use a decision-making chart to clarify which decisions Alfred wants to make. Facilitator uses a person-centred approach. Listen to what Alfred says/answer any questions Alfred has 	4 (4x1)	Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: Image: The seen Accept: • alternative language • other appropriate ways Do not accept repeats

0	stion	Answer/Indicative content	Marks	Guidance				
Que	5000	Answer/Indicative content	IVIAI NS	Content	Levels of response			
4	(a)*	 Benefits for Joshua can set goals/specify what he would like to achieve/aspirations personal budget choose/review the services/care he wants/needs improve his confidence/self-esteem/enjoyment employ a personal assistant housing adaptations/wheelchair access. identify and improve his network of support. identify the support Joshua will need to participate in work/the community. enable him to regain some independence. help those who provide care to understand what is important to him. identify suitable sports / social clubs for Joshua. improved quality of life. help identify what is important to him, e.g. regaining independence. clarify ways Joshua does not need supporting. Limitations for Joshua personal budget may be insufficient for the care Joshua wants/needs there may not be a range of services available in his local area there may not be a football team in the area for individuals with physical disabilities his work may not be able to make adaptations which enable him to participate professionals working with Joshua do not adopt a person-centred approach 	6	 This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is evaluation. Annotation: The number of ticks will not necessarily correspond to the marks awarded. Level 3 checklist: detailed evaluation explicitly linked to the scenario balance of benefits and limitations considered in depth appropriate terminology used QWC – high Level 2 checklist: sound evaluation relevant to the scenario refers to benefits and/or limitations but may lack detail or balance some use of correct terminology QWC - mid Level 1 checklist basic/limited evaluation may identify generic features of personalisation little or no relevance to the scenario QWC - low 	 Level 3 (5-6 marks) Answer provides a detailed evaluation of how a person-centred review meeting could benefit Joshua. Answer includes a balance of the benefits and limitations and is explicitly related to the scenario. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling. Level 2 (3-4 marks) Answer provides a sound evaluation of how a person-centred review meeting could benefit Joshua. Answer is relevant to the scenario but may lack detailed or balanced consideration of the benefits and limitations. Answer will be factually accurate and will demonstrate some understanding of the terminology used. There may be some errors of grammar, punctuation and spelling. Submax 3 marks for only benefits or only limitations Level 1 (1-2 marks) Answer provides a limited or basic evaluation of how a person-centred review meeting could benefit Joshua. Answer may identify generic features of personalisation with little or no relevance to the scenario. Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive. 			

Mark Scheme

Question		Answer		Guidance	
4 (I	b)	 One page profile identifies Joshua's strengths, positive qualities and talents clarifies/summarises what is important to Joshua identifies the important people in Joshua's life lists Joshua's hobbies and routines is a quick and easy way of representing important information about Joshua for those involved in his care focuses on Joshua's strengths rather than his deficits shows information about Joshua generate actions identify deficits/gaps in care can be used to create a care plan to suit his needs/wishes 	6 (2x3)	 Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: TY REP SEEN Three marks detailed description in-depth understanding of the tool's features describes clearly how the tool could be used in Joshua's review meeting 	
		 Relationship circle shows who Joshua knows shows who is most and least important to Joshua clarifies roles and responsibilities of those involved in Joshua's life and care identifies gaps in Joshua's care/network identifies who may be able to provide more support for Joshua identifies those who should be included in the review meeting helps Joshua discuss how he feels Do not credit 'to support Joshua' as this a repeat of the question; a 'medical' record 		 Two marks sound description some understanding of the tool's features description of how the tool could be used may lack depth or relevance to Joshua One mark basic or limited description may identify a feature of the tool with little or no additional detail little or no relevance to Joshua 	

Qı	uestion	Answer	Marks	Guidance
4	(c)	 Ways a personal budget could benefit Joshua: He could employ a personal assistant who could support him to live independently/in his own home. He could pay for adaptations/equipment to his house which could enable him to live independently. He will have choice and control over his care which will improve his self-esteem, empower him, improve his quality of life. He can use the budget to support him with retraining in order to participate in work. He can use the budget to buy a wheelchair/mobility scooter so he can be included in his community; get out by himself. Rapid access to a range of services to meet his needs, e.g. so he doesn't have to wait for care to be provided Provide access to leisure facilities 	4 (2x2)	 Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross or appropriate annotation from the following: IV REP SEEN Marks: describes how the budget could be used AND how a budget could benefit Joshua One mark describes how the budget could be used OR how a budget could benefit Joshua Do not accept repeats of ways or description; paying for medication or treatment;

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