Cambridge TECHNICALS LEVEL 3

HEALTH AND SOCIAL CARE

Combined feedback on the June 2017 exam paper (including selected exemplar candidate answers and commentary)

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

Version 1

ocr.org.uk/healthandsocialcare
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INTRODUCTION
This resource brings together the questions from the June 2017 examined unit (Unit 6), the marking guidance, the examiners comments and the exemplar answers into one place for easy reference.

We have also included exemplar candidate answers with commentary for Question 2a, 2b and 3a.

The marking guidance and the examiner’s comments are taken from the Report to Centre for this question paper.

The Question Paper, Mark Scheme and the Report to Centre are available from: https://interchange.ocr.org.uk/Modules/PastPapers/Pages/PastPapers.aspx?menuindex=97&menuid=250
GENERAL EXAMINER COMMENTS ON THE PAPER

Candidates generally demonstrated an understanding of the principles of personalisation and its benefits for individuals receiving health and social care. The correct terminology to describe personalisation was used by the majority of candidates. Most candidates understood that a person-centred approach to care is how personalisation is delivered in practice. Candidates’ knowledge of how to apply a person-centred approach in practice was varied. Candidates would benefit from having opportunities to practice applying a person-centred approach in a variety of case study scenarios.

Candidates who scored well understood that personalisation replaced an institutional model of care. Those who understood this were better able to articulate why personalisation and person-centred approaches are fundamental to upholding the rights of individuals receiving health and social care. To score highly candidates needed to demonstrate a clear understanding that personalisation and person-centred approaches can lead to a better quality of life for those receiving health and social care.

The majority of candidates attempted all questions. Very few additional sheets were used and those who scored highly made good use of the space allocated for each question. The highest scoring candidates were able to provide examples of person-centred approaches that demonstrated they had a depth of understanding.

Resources which might help address the examiner comments:
From the link below, you’ll find ‘The OCR guide to examinations’ (along with many other skills guides)
http://www.ocr.org.uk/i-want-to/skills-guides/

Command Verbs
Question 1 (a)

Janice lives in a residential care home. She has dementia. Janice has a personal budget called a ‘managed account’.

(a) Identify three key features of a managed account.

1. Three features required. One mark each.
   
   Features of a managed account:
   
   2. • it is a personal budget allocated to meet care needs
   • it is not paid directly to the individual
   3. • the local authority manages the account
   • the local authority organises appropriate care and support in line with their wishes
   • can be spent on things to achieve their goals and aspirations
   • can be spent on a personal assistant
   • gives the individuals choice about their care

Mark scheme guidance

Annotation:
The number of ticks must match the number of marks awarded.

One mark for any of the listed answers. Accept alternative language.

Accept ‘government’ instead of Local Authority

Do not accept
Less choice than a direct budget
It is managed for her
She isn't capable
Helps to improve their care

Examiners comments

1 (a)

Most candidates could identify one or two features of a managed account and many understood the local authority’s role. Candidates seemed to focus on features that distinguished a managed account from a direct budget. However they could have scored marks for identifying features that are common to both, such as ‘they give individuals choice about their care’.
Question 1 (b)

(b) State two possible reasons why Janice receives her personal budget as a managed account.

1. Two reasons required. One mark each.
   - Lack of mental capacity
   - Janice did not have a person she could nominate to manage the direct payment on her behalf

2. Janice did not want to receive a direct payment
   - Janice wanted the local authority to organise her care and manage her budget
   - To protect her from financial abuse/look after her interests

Mark scheme guidance

Annotation:
The number of ticks must match the number of marks awarded.

One mark for any of the listed answers. Accept alternative language.

Do not accept
‘She has dementia’

Examiners comments

1 (b)
This question was well answered by the majority of candidates. A significant number gave dementia as a reason for having a managed account. This was not credited as this does not necessarily denote a lack of mental capacity.
Question 1 (c)

(c)* Analyse how The Care Act 2014 enables individuals like Janice to receive personalised care.

- Prior to the Care Act 2014, only those who received direct payments had a personal budget.
- The importance to Janice is that a personal budget is a crucial factor in making sure her care and support is personalised.
- The local authority must do everything it reasonably can to agree a care and support plan with Janice.
- They must provide an independent advocate for Janice to help her take part in the planning and review process if they decide that she would have difficulty in doing so.
- The care and support planning process helps the local authority decide on the best way to meet a person's needs.
- The local authority has to consider what Janice's needs are, what she wants and what type of support is available in the local area.
- The local authority is responsible for there being a range of types of provision
- Part of the planning process will include determining the amount of money needed to meet Janice's needs.
Mark scheme guidance

<table>
<thead>
<tr>
<th>Content</th>
<th>Levels of response</th>
</tr>
</thead>
</table>
| This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is analysis. | Level 3 [6 – 7 marks]  
Answers provide a detailed analysis of the impact of the Care Act which introduced personal budgets for all individuals in need of care and support. Clear links are made between personalisation and care and support planning. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling. |
| Annotation: The number of ticks will not necessarily correspond to the marks awarded. | Level 2 [4 – 5 marks]  
The answer provides a sound analysis of the impact of the Care Act which introduced personal budgets for all individuals in need of care and support. Some reference should be made to the personalisation of Janice’s care. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling. |
| Level 3 checklist:  
- detailed analysis  
- knowledge & understanding of the legislation is demonstrated e.g. the introduction of personal budgets  
- explicitly linked to Janice  
- logically structured  
- factually accurate  
- correct use of terminology  
- QWC - high | Level 1 [1 – 3 marks]  
Answer provides a limited or basic analysis of personalisation. The impact of the Care Act on Janice is not clear. May be a description/identification only. Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive. |
| Level 2 – checklist:  
- sound analysis  
- some reference to the legislation  
- some reference to Janice  
- mostly relevant and accurate information  
- QWC - mid | 0 marks – response not worthy of credit. |
| Level 1 – checklist  
- limited / basic analysis  
- information may not be relevant to the legislation  
- may identify generic facts about personalisation with little or no analysis  
- limited structure, may be list like or muddled  
- QWC – low | |

Examiners comments

1 (c)

Candidates who scored well on this question focused their answer on the legislation and the duties it placed on local authorities. Many candidates gave generic answers about the benefits of personalisation with little reference to the role the local authority has in facilitating it.
Question 2 (a)

(a)* Explain how personalisation represents a new approach to health and social care.

Personalisation represents a new approach to health and social care.

**Before personalisation:**

- History of institutionalisation in health and social care, e.g. institutions were focused on meeting medical and physical needs.
- Individuals may not have had a choice about the care they received.
- The professional made the decision and did not need to take their views into account.
- There were less choices available.
- The local authority provided most social care directly.
- The professional was seen as ‘the expert’ and the decision-maker.

**After personalisation:**

- Personalisation has its roots in the disability rights movement. Their campaign led to changes in legislation.
- The changes began with direct payments for those who wanted control over their own care.
- Now all individuals have a care plan with a personal budget allocated.
- It has meant that an individual’s care is co-produced (a citizenship model has replaced a medical model).
- Individuals have more choice and control over their lives including being involved in assessing their own needs.
- A range of services have developed, run by private and third sector organisations to meet individual needs more flexibly.
- The relationship has changed between professionals and individuals receiving care.

... [10]
Mark scheme guidance

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<tr>
<td>This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation.</td>
<td>Level 3 [8–10 marks] Answers provide a detailed explanation of how personalisation is a new approach to health and social care. Clear links are made to the historical context and the changes that personalisation has brought about. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling.</td>
</tr>
<tr>
<td>Annotation: The number of ticks will not necessarily correspond to the marks awarded.</td>
<td>Level 2 [4–7 marks] The answer provides a sound explanation of how personalisation is a new approach to health and social care. Some reference is made to the historical context and some of the changes that personalisation has brought about. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling.</td>
</tr>
<tr>
<td><strong>Level 3 – checklist</strong></td>
<td>Submax 4 – if no mention of before personalisation</td>
</tr>
<tr>
<td>• detailed explanation</td>
<td><strong>Level 1 [1-3 marks]</strong> Answer provides a limited or basic explanation of how personalisation is a new approach to health and social care. The historical context is not made clear. May be a description/identification of features of *personalisation only. Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.</td>
</tr>
<tr>
<td>• reference to historical overview</td>
<td>0 marks – response not worthy of credit.</td>
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<td>• some reference to how personalisation represents a new approach</td>
<td>0 marks – response not worthy of credit.</td>
</tr>
<tr>
<td>• mostly relevant and accurate information</td>
<td><strong>Level 1 [1-3 marks]</strong> Answer provides a limited or basic explanation of how personalisation is a new approach to health and social care. The historical context is not made clear. May be a description/identification of features of *personalisation only. Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.</td>
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<td>• may identify generic facts about personalisation</td>
<td>0 marks – response not worthy of credit.</td>
</tr>
<tr>
<td>• no explanation of ways personalisation has changed HSC provision</td>
<td><strong>Level 1 [1-3 marks]</strong> Answer provides a limited or basic explanation of how personalisation is a new approach to health and social care. The historical context is not made clear. May be a description/identification of features of *personalisation only. Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.</td>
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<td>• limited structure, may be list like or muddled</td>
<td>0 marks – response not worthy of credit.</td>
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<td>• QWC – low</td>
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Examiners comments

2 (a)

This question differentiated well with a full range of responses. Candidates who scored highly were aware that the focus of the question was on how personalisation had changed health and social care services. While the majority of candidates knew that personalisation meant individuals had more choice about their care, few seemed to be aware that choice has been made possible by an increase in the number and range of service providers offering a variety of health and social care services.
Exemplar Candidate Work

This question required candidates to understand that personalisation represents a new approach to health and social care. They were expected to demonstrate an understanding of the historical context of an institutional model of care.

Question 2 (a) – Low level answer

2 (a) Explain how personalisation represents a new approach to health and social care.

Personisation represents a new approach to health and social care because it is all about helping those who need it. It’s all about setting a personal care plan for an individual and helping them achieve the goals that are set. This represents a new approach to health and social care because it highlights that it is all about the individual and their needs.

Not only that, but personalisation is there to help those who suffer from illnesses to physical and mental disabilities.

Personalisation also represents a new approach because there are many different ways in which it helps someone mentally and physically. It makes someone feel about the life they live. For example, it can help people live independently when they never thought they could. It helps them manage their own money and in turn, it can help better someone’s life.
Commentary

The candidate has given a basic description of features of personalisation. They have gained marks for identifying two features of personalisation which include, having a care plan and meeting individual needs. The candidate makes reference to managing ‘their own money’ but does not make it clear that individuals receive a personal budget to meet their care needs. This point was therefore too vague to gain an additional mark.

In order to achieve a medium level answer the candidate would need to demonstrate awareness that prior to personalisation the care that individuals received was not tailored to their individual needs. For instance they could explain that individuals may not have had a choice about where to receive their care. They might have explained that care was focused on meeting individuals’ medical/physical needs and did not take account of their social/emotional needs. The candidate could also have used the correct terminology such as referring to individuals receiving personal budgets and exercising choice and control over their care to improve their answer.
(a)* Explain how personalisation represents a new approach to health and social care.

Personalisation has... and... Social care... a... approach... as... it's all about... person-centred care. Meaning... it has moved... from... the... medical model... where... it's... your... fault... if... you... have... a... disability. So... they... try... to... help... you... by... what... they... think... is... the... best... (professional),... and... also... do... give... the... individuals... choices.

However, now... it's... the... social... model... where... disability... or... money... status... don't... define... you. Now... in... health... and... social... care,... it's... all... centred... around... the... individuals... and... what... they... want. All... service... users... who... are... getting... treatment... or... live... in... a... residential... home... for... example... will... now... get... multiple... choices... on... what... they... can... do... and... are... now... told... what... they... are... getting. Also... they... will... be... given... advice... on... different... things... to... help... support... them. They... will... also... have... empowerment... and... equal... partnership... with... professionals... about... their... treatment.

As... well... the... new... approach... knows... not... one... size... fits... all... meaning... that... one... treatment... won't... work... for... every... one... with... that... disability... or... condition... e.g.,... someone... who... is... an... alcoholic... might... not... work... well... with... one... to... one... counselling... but... does... with... group... therapy....

[10]
Commentary

The candidate has given a sound explanation of how personalisation is a new approach to health and social care. They have made reference to the historical context by explaining that care has moved from a ‘medical model’ to a ‘social model’. They have also identified some key features of personalisation such as having an ‘equal partnership’ with professionals and having more choices about their care.

In order to achieve a high level answer the candidate could have provided a more detailed explanation of how personalisation is a new approach using appropriate terminology. For instance, they could have explained that in the past the professionals made the decisions whereas now their relationship is based on co-production. They could have explained how the introduction of personal budgets has facilitated greater choice and control and has led to there being more choices available for individuals.
Question 2 (a) – High level answer

Co-production: changing role professionally
Self assessment needs
Personal budgeting: changing role professionally
Voice and control

2 (a) Explain how personalisation represents a new approach to health and social care.

Personalisation represents a new approach because it offers choice and control to the service user. Before personalisation, service users weren’t given any choice because professionals believed they knew what was best for the individual. However, now there is a change of role in professional care because they now encourage and empower service users to make their own decisions, even if it means the wrong one.

Furthermore, co-production is now present as individuals now gain information and advise through partnership in order to help them make better informed decisions. Whereas, previously they weren’t valued enough to have choice and were not respected.

Personalisation also represents a new approach to health and social care because individuals receive personal budgets to help further support them. Whereas, previously they weren’t given a budget which meant they weren’t receiving the best care or support.

Personalisation is a new approach because it allows the patient to remain in their own home where there is their memories which adds to quality of life. However, previously they would have to go to residential care as it was believed to be best for them.

There is also a self-assessment of needs which is a new approach so that individuals with complex needs are assessed to ensure they receive the support best fit for them. Realisation has also helped strengthen the voice of rather...
Commentary

The candidate has scored full marks for their answer. They have given a detailed explanation of how personalisation is a new approach to health and social care. Their answer is well structured into paragraphs which identify and explain a feature of personalisation followed by a detailed explanation of the historical context.

It is clear from the candidates response that they have a very sound understanding of personalisation and how it has changed health and social care. They have used appropriate terminology and then demonstrated their understanding by explaining what the terms mean. For instance: ‘Co-production is now present as individuals now gain information and advice through partnership in order to help them make better informed decisions whereas previously they weren’t valued enough to have choice’.

This answer is coherent and factually accurate. The candidate remains focused on answering the question throughout with no deviation into repetition or irrelevant information.
Question 2 (b)

(b) **State two principles of a person-centred approach. For each principle give a different example of how it supports person-centred care in practice.**

<table>
<thead>
<tr>
<th>Principle 1</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence and rights</td>
<td>• individuals have the right to live how they want to &lt;br&gt; • individuals have the right to be employed &lt;br&gt; • individuals have the right to form meaningful relationships with others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 2</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-production, choice and control</td>
<td>• individuals must be treated as an equal partner in decisions their care &lt;br&gt; • individuals should be involved in decisions about their life/care &lt;br&gt; • individuals should be able to make choices that give them the things that are important to them &lt;br&gt; • individuals should feel in control of their own lives</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inclusive and competent communities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• individuals should be able to participate in community activities &lt;br&gt; • individuals should have opportunities to volunteer &lt;br&gt; • individuals should feel they belong &lt;br&gt; • community services should be accessible for all. &lt;br&gt; • public places should be accessible to all</td>
<td></td>
</tr>
</tbody>
</table>
Mark scheme guidance

Annotation:

The number of ticks must match the number of marks awarded.

One mark for each person-centred principle – 2 required

One mark for each example of how that principle supports person-centred care in practice – 2 required

Accept alternative wording

Accept

Either ‘Co-production’ or ‘Choice and control’

‘Independence’

‘Inclusive communities’

Can accept explanation if principle is wrong

Do not accept

Just ‘choice’ on its own

‘Empowered’

‘Respected’

Examiners comments

2 (b)

This question differentiated well. Candidates who scored well knew the principles and could give a clear and unambiguous example of what they meant in practice. Some candidates could identify the principles using the correct terminology but were not able to provide concrete examples of what they meant in practice. Others were not able to identify the principles but provided explanations that demonstrated that they understood them. When candidates learn about the principles, it is important that they learn both the correct terminology and what they mean in practice.
Exemplar Candidate Work

Question 2 (b) – Low level answer

Commentary

This question required candidates to state two principles of a person-centred approach and provide an example of each. The principles of a person-centred approach as listed on the unit specification are: independence and rights; co-production, choice and control; and inclusive and competent communities. There was some leeway in the mark scheme, for instance ‘choice and control’ and ‘co-production’ could be credited or just ‘independence’.

However this candidate did not correctly identify any of the principles of a person-centred approach.

It was possible to achieve marks for giving an example of the principles even when the principles were not correctly identified. However the examples the candidate gave were too vague to be credited and they focused on the individual’s deficits, which is oppositional to a person-centred approach. They could have achieved a mark for example by explaining that a personal assistant could help individuals receive care in a way that allowed them to live the way they wanted to.
Question 2 (b) – Medium level answer

Commentary

The candidate has correctly identified ‘choice and control’ and ‘co-production’ as two principles of a person-centred approach. Although these are listed together on the unit specification they can be explained separately and therefore were credited as separate principles.

The explanation provided for example 1 is too vague and superficial. Having choice and control is about individuals being able to make choices about the things that are important to them. For some individuals this might mean having a choice about the food they eat but this is not important to everyone. In order to access higher level marks the candidate needed to consider the deeper issues involved in a person-centred approach. The second example has been credited as it is a clear example of co-production.
Question 2 (b) – High level answer

(b) State two principles of a person-centred approach. For each principle give a different example of how it supports person-centred care in practice.

Principle 1...Inclusive and competent communities...
Example...Allows the individual to live...the way they want...Taking part in community activities which improve quality of life...enabling friendships.

Principle 2...Independence and rights...
Example...Allows the individual to live...the way...they want which gives them control of their life and their care.

[4]

Commentary

The candidate correctly identified two principles of a person-centred approach: inclusive and competent communities and independence and rights. The exact wording has been used in line with the person-centred principles listed on the unit specification.

The examples given have demonstrated that the candidate understands what the principles mean and how they support person-centred care in practice. This is a model answer for this question.
Question 2 (c)

(c) List three factors that are important to consider when developing a person-centred plan.

1. Three factors. One mark for each factor.

2. • understand how the individual communicates their wishes and needs
   • focus on the individual’s capabilities
   • how they can best be supported to make decisions
   • what is important to a person to have a good quality of life
   • who is important in a person’s life
   • their goals and aspirations
   • what can be done to improve their care
   • how to put the individual at the centre
   • needs and wants
   • likes and preferences
   • views and beliefs
   • budget limitations/available budget

Mark scheme guidance

Annotation:
Accept alternative wording

Do not accept:
‘What is wrong with them’
Just ‘choice and control’
‘What they want’

Examiners comments

2 (c)
Candidates who scored well on this question gave three concise answers that demonstrated a clear understanding of a person-centred approach.
Question 3 (a)

3 Jeremy, 29, has a brain injury resulting from a car accident. Before the accident Jeremy shared a flat with two friends and he had a job as a mechanic. Jeremy’s brain injury means that he will need care and support 24 hours a day. His mental capacity has been assessed as ‘limited’, though he is able to communicate verbally. Jeremy’s parents have been advised that residential care is best for Jeremy.

(a) Describe three challenges to adopting a person-centred approach for Jeremy’s care and support.

1 Resistance to change
   - Jeremy and his parents may be finding it hard to come to terms with the change in their lives
   - The doctor is not taking Jeremy and his parents’ views into account

Institutional history of public services
   - The doctor has decided that Jeremy’s needs can only be met in a residential care setting

Institutions promoting a medical model of disability
   - The doctor is focusing on Jeremy’s medical needs rather than his emotional, social and intellectual needs

Lack of staff training
   - Lack of training by the doctor in person-centred approaches

3 Communication barriers
   - Jeremy may have difficulty in communicating his wishes
   - Jeremy will need support to make decisions due to his mental capacity being limited
   - Choices that are available have not been communicated to Jeremy or his parents.

Respecting choice when alternatives may promote better health or wellbeing
   - The doctor has not discussed the range of options available for Jeremy’s care

Focusing on deficits rather than capacities
   - The doctors focus is on what Jeremy can’t do, not what he can do

Lack of clarity over roles and responsibilities
   - The doctor is not considering Jeremy’s wishes or his parents’ wishes in decisions about his care
   - Care limited to prescribed budget
Mark scheme guidance

Annotation:
The number of ticks must match the number of marks awarded.

One mark for the challenge
One mark for the description.
Answers must relate to Jeremy
Accept alternative wording
Do not accept:
Jeremy can’t make decisions

Examiners comments

3 (a)

In order to score highly on this question, candidates needed to recognise that in this case study the doctor had not adopted a person-centred approach to care. This question, therefore, differentiated well between candidates who understood how a person-centred approach is applied in practice and those who did not.
Exemplar Candidate Work

This question required candidates to know the challenges of adopting a person-centred approach to care and be able to apply them to the scenario in the question.

Question 3 (a) – Low level answer

3 Jeremy, 29, has a brain injury resulting from a car accident. Before the accident Jeremy shared a flat with two friends and he had a job as a mechanic. Jeremy’s brain injury means that he will need care and support 24 hours a day. His mental capacity has been assessed as ‘limited’, though he is able to communicate verbally. Jeremy’s parents have been advised that residential care is best for Jeremy.

(a) Describe three challenges to adopting a person-centred approach for Jeremy’s care and support.

1. A challenge would be finding out what Jeremy would want as he is able to communicate verbally but his mental capacity has been impaired, so he might not be fully aware of the situation or what’s happened.

2. Another challenge would be finding out if Jeremy would want to go into residential care.

3. Also getting the assessing for managed payments as he doesn’t have the capacity to have direct payments.

Commentary

The candidate has scored two marks for the first challenge identified. The challenge of communication barriers has been described in depth. It is clear that the candidate understands that having a limited mental capacity makes it difficult to establish what is important to an individual.

The candidate has clearly found it challenging to identify other challenges and in the two further examples given has remained focused on the issue of lack of mental capacity. There were many other challenges the candidate might have given relating to the presumption that residential care was the ‘best’ option. The doctor in this case did not adopt a person-centred approach and was highlighting that historically there has been an institutional approach to care.

In order to access medium level marks candidates should know the challenges to adopting a person-centred approach and be able to apply their knowledge to practical scenarios.
Question 3 (a) – Medium level answer

3 Jeremy, 29, has a brain injury resulting from a car accident. Before the accident Jeremy shared a flat with two friends and he had a job as a mechanic. Jeremy’s brain injury means that he will need care and support 24 hours a day. His mental capacity has been assessed as limited, though he is able to communicate verbally. Jeremy’s parents have been advised that residential care is best for Jeremy.

(a) Describe three challenges to adopting a person-centred approach for Jeremy’s care and support.

1. It may be difficult to find staff based on person-centred values who can support him 24 hours a day. This may be through the job description and availability of training and recruitment.

2. There may be communication barriers as it may be difficult for Jeremy to make decisions within his care and support, which may be due to mental capacity.

3. There may be a lack of clarity for roles and responsibilities within his care and support, as carers may not understand a person-centred approach.

Commentary

The candidate has identified three challenges to adopting a person-centred approach: lack of staff, communication barriers, and lack of clarity over roles and responsibilities. There were two marks available for describing each of these three challenges. The candidate has not provided enough detail in examples 1 and 3 to gain the additional mark. In the second example the candidate has clearly identified communication barriers as a challenge. In their description they have demonstrated awareness that lack of mental capacity makes it difficult for individuals to make decisions about their care.

In order to have accessed a high level marks in the first example the candidate could have scored two marks if their description had explicitly referenced there being a lack of staff who are trained in providing person-centred approaches. In the third example the candidate could have scored two marks if their description had been related to the scenario: for instance, there is a lack of clarity of roles and responsibilities as Jeremy’s parents have not been involved in making decisions about his care.
Question 3 (a) – High level answer

Jeremy, 29, has a brain injury resulting from a car accident. Before the accident Jeremy shared a flat with two friends and he had a job as a mechanic. Jeremy’s brain injury means that he will need care and support 24 hours a day. His mental capacity has been assessed as ‘limited’, though he is able to communicate verbally. Jeremy’s parents have been advised that residential care is best for Jeremy.

(a) Describe three challenges to adopting a person-centred approach for Jeremy’s care and support.

1. Resistance to change, because Jeremy may be too not want to make decisions for himself, because he may feel he cannot trust himself due to a loss of mental capacity. This may result in the service provider feeling disempowered as they are no longer in control.

2. Focusing on deficits rather than capabilities, professionals may focus on Jeremy’s weaknesses rather than his strengths, which will lead to a lack of improvement. This is because a strength has much more of a possibility rather than a weakness so for Jeremy.

3. Lack of staff training may be a challenge, because a person-centred approach may not be included in staff training, which results in staff not being able to deliver a person-centred approach to individuals.

Commentary

The candidate has identified three challenges to adopting a person-centred approach: resistance to change; focusing on deficits rather than capacities; and lack of staff training. In the second and third examples provided, the full two marks have been awarded. These examples clearly show that the candidate understands why these challenges lead to person-centred approaches not being adopted in practice.

In the first example provided the description is vague and lacks clarity. The candidate has not clearly demonstrated how the challenge of resistance to change applies in this scenario.

They could have scored full marks if their answer had included a reason why there may have been resistance to change: for instance, Jeremy and his parents may be resistant to change due to finding it difficult to come to terms with the change in their lives.
Question 3 (b)

(b)* Explain why a relationship circle would be a helpful tool to use with Jeremy and his parents.

Using a relationship circle would help to find out:
- who is important to Jeremy and his parents
- how important people are relatively
- who Jeremy knows
- how they could support Jeremy
- who is or could be involved in his care

Benefits of using the tool:
- Identifies people who are important to Jeremy so they can be involved
- Ensures Jeremy stays connected with his community and people who are important to him
- Locates people who may be able to care for and support Jeremy
- Supports Jeremy’s parents to feel part of his community/they are not alone

... [6]
### Content

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 2 – checklist
- detailed explanation of how the tool is used
- benefits of using the tool
- relevant to Jeremy’s situation
- relevant and accurate information
- logically structured
- QWC – mid-high

#### Level 1 – checklist
- limited / basic explanation
- may only refer to how the tool is used or the benefits to Jeremy
- may be generic/not be relevant to Jeremy
- limited structure, may be list like or muddled
- QWC – low

### Levels of response

#### Level 2 [4 – 6 marks]
Answers provide a detailed explanation of how a relationship circle could be used and the benefits of using the tool. Clear links are made with Jeremy. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling.

#### Level 1 [1 – 3 marks]
Answers provide a limited / basic explanation of how a relationship circle could be used or the benefits of using the tool. Answers may be generic and not linked to Jeremy. 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.

### Examiners comments

3 (b)

This was well answered when candidates knew what a relationship circle was. To score highly candidates needed to understand that involving key people would benefit the individual both practically and emotionally.
4 Sandra, 35, has physical disabilities and is a wheelchair user. She lives independently with support for her personal care and daily living provided by Julie, her personal assistant. Sandra works as a volunteer in a charity shop, but would like to find paid work. She doesn’t have any qualifications as she missed a lot of school due to health problems. Sandra’s parents live near her and are concerned about her. They worry what her life will be like after their deaths, as they are getting older. Sandra loves having an independent life, but she is sometimes lonely. She relies on Julie’s company.

(a)* Sandra has asked Julie to organise a meeting to review her care plan.

Explain actions that Julie should take to prepare for the meeting.

-------------------------------------------------------------------------------------

Actions Julie should take to prepare for the meeting:

- talk to Sandra about how she wants the meeting to be organised
- ask Sandra who she wants to be at the meeting
- clarify with Sandra what role she wants to take in the meeting
- clarify with Sandra what role she would like Julie to take
- think about the points that should be raised for discussion in the meeting
- discuss with Sandra when and where to hold the meeting so that Sandra will be comfortable
- make the arrangements for the meeting e.g. transport, accessibility, location, timing, refreshment
- think about who else (other professionals/friends/family) it might be helpful to have at the meeting and discuss this with Sandra
- Ensure she has all the paperwork necessary to take to the meeting

-------------------------------------------------------------------------------------

[6]
Mark scheme guidance

<table>
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<th>Content</th>
<th>Levels of response</th>
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| This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation. | **Level 2 [4 – 6 marks]**
| **Annotation:** The number of ticks will not necessarily correspond to the marks awarded. | The answer provides a sound explanation of appropriate actions that Julie should take to prepare for the meeting. Answers will clearly reference how Julie will ensure Sandra is at the centre of the meeting. Answers will be relevant to the context. There may be some noticeable errors of grammar, punctuation and spelling. |
| **Level 2 – checklist** | **Level 1 [1 – 3 marks]**
| • detailed explanation | Answer provides a limited or basic explanation of action(s) that Julie should take to prepare for the meeting. Answers may not reference Sandra as being at the centre of the meeting. Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive. |
| • Sandra at the centre | 0 marks – response not worthy of credit. |
| • logically structured | |
| • factually accurate | |
| • correct use of terminology | |
| • QWC – mid/high | |
| **Level 1 – checklist** | |
| • limited / basic explanation | |
| • basic information | |
| • may be generic, not specifically linked to Sandra | |
| • limited structure, may be list like or muddled | |
| • QWC – low | |

Examiners comments

4 (a)

The majority of candidates understood what a review meeting was and that the focus of the question was on planning the meeting. To score highly candidates needed to clearly demonstrate that they understood how to put an individual receiving care at the centre of the process.
(b) Sandra and Julie have been talking about what is working and what is not working for Sandra, and what action is needed to enable Sandra to have the life she wants.

Use the information you know about Sandra to complete the chart below.

<table>
<thead>
<tr>
<th>What is working</th>
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</table>

**What is working for Sandra:**
- she enjoys living independently
- she has a good relationship with Julie
- she has the support she needs for independent living
- volunteering in the charity shop
- her family are close by

**What is not working for Sandra:**
- she doesn't have paid work but would like to
- she doesn't have any qualifications which makes finding paid work more difficult
- her parents are worrying about her
- her network of support is limited to her parents and Julie
- she is lonely

**Suggestions for action:**
- careers advice to consider possibilities for paid work
- think about further study to obtain qualifications
- possible ways to expand Sandra's network of support (e.g. joining clubs, taking up a hobby)
- consider shared accommodation/moving to live with other people
Mark scheme guidance

Annotation:
The number of ticks must match the number of marks awarded.
Accept alternative wording.

Maximum of 3 marks for what is working.
Maximum of 3 marks for what is not working.
Maximum of 2 marks for suggestions.
Do Not Credit
‘Getting her a job’
Arrange days out with friends/family
Socialise
Vague general answers such as ‘ensure she goes out more’
Repeated responses in different sections

Examiners comments

4 (b)
The majority of candidates could recognise what was working well and what was not working well. Where the question differentiated was in the suggestions for action. Those who scored highly made concrete practical suggestions that did not disempower the individual.
Question 4 (c)

(c) A careers advisor is attending Sandra’s review meeting. Suggest two questions that could be discussed in the meeting in order to generate actions.

1. Questions relating to:
   - Sandra's strengths and capacities
   - Sandra's interests
   - How to overcome limitations (i.e. lack of qualifications)
   - What Sandra wants for her future
   - What Sandra wants now
   - Courses available
   - Suitable jobs

Mark scheme guidance

Annotation:
The number of ticks must match the number of marks awarded.
Accept appropriate questions that can be classified into one of the listed categories.

Questions must be relevant to Sandra
Do not accept answers that relate to Sandra's care, e.g.
What is/isn't working for Sandra
What are good/bad days
Hours/days Sandra wants to work

Examiners comments
4 (c)
This was well answered when candidates understood a careers advisor's role.
Question 4 (d)

(d) A facilitator will also attend Sandra’s review meeting.

Identify three aspects of the facilitator role.

1. Three aspects. One mark for each aspect.

   Role of a review meeting facilitator:
   • supports the person whose review it is
   • considers how the person wants to be at the centre of the meeting
   • helps the group of people to understand their common objectives
   • assists in planning how to achieve objectives
   • remains ‘neutral’, does not take sides
   • works with the team, not manages it
   • helps individuals such as Sandra understand their needs
   • takes notes or minutes of the discussion
   • ensures everyone has a chance to heard
   • asks questions to promote discussion
   • updates care plan with actions agreed

Mark scheme guidance

Annotation:
The number of ticks must match the number of marks awarded.
Accept alternative wording
Do not accept:
Answers that relate to a leadership role or shaping decisions

Examiners comments

4 (d)
This was well answered when candidates understood a facilitator’s role.
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