

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 2018

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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
	Level 1
	Level 2
	Level 3
	Benefit of doubt (This does count as a mark – so do not ‘tick’ as well)
	Omission mark
	Too vague
	Repeat
 or 	Noted but no credit given

Question		Answer/Indicative content	Marks	Guidance
1	(a)	<p>Three features required. One mark each. Key features of personalisation:</p> <ul style="list-style-type: none"> • personal budgets • direct payments • managed accounts • coproduction • citizenship model • voice, choice and control over care • self-assessment of needs • changing roles of professionals • individual knows what is best for them/ can challenge professionals' opinions • care adapted to individual needs • promotes inclusive communities • puts individual at the centre of care • allows individuals to take risks 	<p>3 (3x1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>One mark for any of the listed answers.</p> <p>Accept alternative language</p> <p>Do not accept:</p> <p>Empowerment Consequences of personalisation</p>

Question		Answer/Indicative content	Marks	Guidance
1	(b)	<p>Three marks for an explanation. One required.</p> <ul style="list-style-type: none"> • Independence and rights – being able to live life the way they want to, the right to be employed, the right to form meaningful relationships. • Co-production, choice and control – being treated as an equal partner in decision making about their care, being able to make decisions about their life/care, being able to have more of what is important to them. Decisions are made by individual and professionals working together • Inclusive and competent communities - being able to participate in community activities, to be able to volunteer, to feel they belong in their community. 	3	<p>Annotation:</p> <p>The number of ticks must match the number of marks awarded.</p> <p>One mark for stating a principle and up to two marks for the explanation.</p> <p>Three marks:</p> <ul style="list-style-type: none"> • states a principle • fully explains the principle • provides a rationale for the principle <p>Two marks:</p> <ul style="list-style-type: none"> • states a principle • a brief/sound explanation of the principle <p>One mark:</p> <ul style="list-style-type: none"> • states a principle OR • brief explanation which lacks clarity

Question		Answer/Indicative content	Marks	Guidance	
				Content	Levels of response
1	(c)*	<p>Impact of the Children and Families Act 2014 for children with SEN and disabilities</p> <ul style="list-style-type: none"> • Education and Health Care Plans (EHC plans) introduced so their needs are assessed in a holistic way. • Rights to a personal budget for children with EHC plans. • Families have to be involved in discussions and decisions about their children's care and education when writing an EHC plan. • Local authority must inform young people and parents of support they are entitled to so they are aware of their choices. • More support to be provided to schools for children with medical conditions in order to meet their needs e.g. make adaptations. <p>Gives children the right to access any type of school.</p>	7	<p>This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is analysis.</p> <p>Annotation: The number of ticks will not necessarily correspond to the marks awarded.</p> <p>Level 3 checklist:</p> <ul style="list-style-type: none"> • detailed analysis • clear knowledge & understanding of EHC plans • explicitly linked to the legislation • correct use of terminology • QWC – high <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • clear knowledge about SEND support • some reference to legislation • mostly relevant and accurate information • QWC – mid <p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited / basic description • information may not be relevant to the legislation • may identify generic facts about personalisation in schools • limited structure, may be list like or muddled <p>QWC – low</p>	<p>Level 3 [6–7 marks] Answers provide a detailed analysis of how EHC plans support children with SEN and disabilities. Clear links are made between personalisation and EHC plans. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 [3–5 marks] The answer provides clear knowledge of how children with SEN and disabilities are supported in schools. Some reference should be made to the legislation. Answers will be factually correct. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1 [1–2 marks] Answer provides a limited or basic description of the ways that children with SEN and disabilities can be supported. May only identify generic features of personalisation. Answers may be list like, muddled, demonstrating little knowledge or understanding of legislation. Errors of grammar and spelling may be noticeable and intrusive.</p> <p>0 marks – response not worthy of credit.</p>

Question		Answer/Indicative content	Marks	Guidance
1	(d)	<p>Three marks for a description. One required.</p> <ul style="list-style-type: none"> Leads to better co-ordinated services due to the person being at the centre of their care and professionals working with them collaboratively. Gives people dignity, compassion and respect by taking account of their social and practical needs rather than just treating their condition. Promotes independence and allows patients to recognise and develop their own strengths and abilities which improves their self-esteem and allows them to live well. Can improve clinical outcomes because individuals learn how to manage their conditions more effectively and decide what they need to stay healthy/well. A person-centred approach leads to professionals treating individuals with empathy so the individual feels respected and confident to express their voice. 	3	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>Mark for the explanation, not for specific points.</p> <p>Three marks:</p> <ul style="list-style-type: none"> a full and detailed description clearly linked with a person-centred approach an example of how the approach is applied in practice <p>Two marks:</p> <ul style="list-style-type: none"> a brief description linked to a person-centred approach with some reference to practice <p>One mark:</p> <ul style="list-style-type: none"> a simple description/statement may only link to either practice or a person-centred approach

Question		Answer/Indicative content	Marks	Guidance
2	(a)	<p>The doughnut chart should:</p> <ol style="list-style-type: none"> 1. Emma at the centre/pivotal 2. Are all the professionals on the chart: Naomi, Rachel, Steven and Laura? 3. Are sister, parents and Tom on the chart? 4. Does it clarify who provide professional care? 5. Does it clarify who does not provide care? 6. Is it quick to read at a glance? 7. Is it logical? ie Naomi (Steven and Rachel) close to Emma, Tom nearer than parents and sister 	<p>8 (6 x 1 1 x 2)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>One mark for points 1-6</p> <p>Two marks for point 7:</p> <p>Two marks: The relative importance of people to Emma is clearly demonstrated</p> <p>One mark: The importance of people to Emma is partially demonstrated</p>
2	(b)	<p>Three marks for an explanation. One required.</p> <p>Purpose of a doughnut chart: Any of these points may be featured in the response</p> <ul style="list-style-type: none"> • To find out who is important in a person's life. • To clarify the roles and responsibilities of people involved in a person's care. • To evaluate their network of support. • To look for ways to improve their network of support • To review the support available • To collect/collate information about the person • Quick way of representing information • Includes people in their life as well as people directly involved in their care 		<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>Mark for the explanation, not for specific points.</p> <p>Three marks:</p> <ul style="list-style-type: none"> • a full and detailed explanation • clear understanding of the purpose of a doughnut • clear reference to improving care <p>Two marks:</p> <ul style="list-style-type: none"> • a sound explanation • some understanding of the purpose of a doughnut <p>One mark:</p> <ul style="list-style-type: none"> • a brief statement without clear explanation

Question		Answer/Indicative content	Marks	Guidance
2	(c)	<p>Two marks for a description. Two required.</p> <p>Ways a doughnut chart could be used:</p> <ul style="list-style-type: none"> • When planning a person-centred review to decide who should be there. • During the meeting – to clarify roles and responsibilities, e.g. to see who is important to them/to see who is involved in their care • During the meeting – to think about what is working or not working in their network. • During the meeting – to think about ways to expand/improve someone’s network. • During the meeting – to see what care a person receives 	<p>4 (2x2)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>Two marks for a full description which is relevant to a person-centred review.</p> <p>One mark for a brief answer/statement which lacks clarity.</p> <p>Do not credit:</p> <ul style="list-style-type: none"> • simple re-iteration of the situation • ‘to see who they do not like’

Question		Answer/Indicative content	Marks	Guidance	
				Content	Levels of response
3	(a)*	<p>A person-centred review meeting could help Jessica by:</p> <ul style="list-style-type: none"> • putting her at the centre of her care • improve her confidence/self-esteem/empower her • it would allow her to have voice, choice and control • improve her quality of life or support • receive the care she wants or needs • it would allow Jessica to maintain her independence if that is what is important to her, e.g. adaptations to home if required/ PA support with household tasks/mobility • consider how husband/children can/can't support her • it means everyone who is important to her wellbeing will be in one place including her husband and children • it would allow everyone to understand what is and isn't working for Jessica and her family e.g. difficulties / challenges / wants / needs • it would allow actions and solutions to be coproduced • it would allow everyone to share their perspective on how Jessica's needs have changed and update/create a care plan 	10	<p>This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is analysis</p> <p>Annotation: The number of ticks will not necessarily correspond to the marks awarded.</p> <p>Level 3 checklist:</p> <ul style="list-style-type: none"> • detailed analysis • explicitly linked to Jessica • explicitly linked to person-centred care • discusses pros and/or cons in depth • Correct use of terminology • QWC – high <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • sound explanation which may lack depth • linked to Jessica • some reference to the importance of a person-centred review • mostly relevant and accurate information • QWC – mid <p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited / basic description • information may be generic with little/no analysis • limited structure, may be list like or muddled • QWC – low 	<p>Level 3 [8-10 marks] Answers provide a detailed analysis of the importance of a person centred review meeting for Jessica. Answers are explicitly linked to Jessica's circumstances and person-centred review meetings. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-7 marks] The answer provides a sound explanation of the importance of a person centred review meeting for Jessica. Answers will be factually correct but may lack depth. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1 [1-3 marks] Answer provides a limited or basic description of review meetings. May not refer to Jessica or review meetings. Answers may be list like or muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.</p> <p>0 marks – response not worthy of credit.</p>

Question	Answer/Indicative content	Marks	Guidance
	<ul style="list-style-type: none"> • it will allow Jessica to make plans for her future • it will determine if Jessica's budget is sufficient for her care needs <p>How it a person-centred review may not help:</p> <ul style="list-style-type: none"> • care is limited to the budget • availability or accessibility of care • lack of staff training in a person-centred approach • lack of family support for a person-centred approach 		

Question		Answer/Indicative content	Marks	Guidance
3	(b)	<p>Two questions required. Two marks each.</p> <p>Example questions (one mark):</p> <ul style="list-style-type: none"> • What can we do to support you ? • What is/isn't working well for you? • What is/isn't working well for your family? • What are your wishes/needs etc? <p>Example questions (two marks)</p> <ul style="list-style-type: none"> • How does it make you feel now your condition is deteriorating and you are able to do less things? • What do you need to stay well-supported as you become less mobile • What care do you think is best for you now and afterwards when your condition deteriorates further? • What is important to you for the future now that your needs are changing? • How are your needs changing now that you are less mobile? 	<p>4 (2x2)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>Two marks for an answer that relates to Jessica's changing circumstances</p> <p>One mark for a generic answer which does not reference Jessica's circumstances</p> <p>Accept alternative language.</p> <p>Accept other reasonable questions</p> <p>Do not credit:</p> <ul style="list-style-type: none"> • simple re-iteration of the situation, ie repeat of 'deteriorating condition'

Question		Answer/Indicative content	Marks	Guidance	
				Content	Levels of response
3	(c)*	<p>Benefits of personalisation for Jessica:</p> <ul style="list-style-type: none"> • Maintain control over her life • Be able to continue to work as long as she can • Be able to remain in her own home with her family if she wishes to • Be included in her community • Receive the care she wants/needs • Improve her emotional health and wellbeing e.g. confident, happier, empowered. • Not defined by her condition • Improved quality of life <p>How benefits arise</p> <ul style="list-style-type: none"> • Personal budget can be spent on adaptations • Personal assistant can adapt care to individual needs • Receives improved information and guidance about her choices • Care givers are trained in a person-centred approach • Community facilities are adapted to suit those with limited mobility 	6	<p>This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation.</p> <p>Annotation: The number of ticks will not necessarily correspond to the marks awarded.</p> <p>Level 3 – checklist:</p> <ul style="list-style-type: none"> • detailed explanation • clearly linked to Jessica • reference made to how benefits arise <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • clear explanation • related to Jessica • QWC – mid <p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited / basic explanation • generic and not related to Jessica • limited structure, may be list like or muddled • QWC – low 	<p>Level 3 [5-6 marks]</p> <p>The answer provides a detailed explanation of the benefits of personalisation for Jessica. Answers make reference to how the benefits arise. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 [3-4 marks]</p> <p>The answer provides a clear explanation of the benefits of personalisation for Jessica. Answers will be factually correct. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 1 [1-2 marks]</p> <p>Answer provides a limited or basic explanation of the benefits of personalisation not related to Jessica. Answers may be list like or muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.</p> <p>0 marks – response not worthy of credit.</p>

Question		Answer/Indicative content	Marks	Guidance
4	(a)	<p>One mark for an example. Three required.</p> <p>Examples of non-person centred care:</p> <ul style="list-style-type: none"> • lack of choice of activities • lack of choice of meals • lack of choice of routines • treating residents all the same • focusing on deficits rather than capabilities • not getting to know people as individuals • not focusing on what is important to individuals • carers making decisions for individuals • not taking time to understand how individuals communicate their needs • no adaptations made to individual needs • fixed routines e.g. visiting hours 	<p>3 (3x1)</p>	<p>Annotation:</p> <p>The number of ticks must match the number of marks awarded.</p> <p>One mark for any of the listed answers</p> <p>Accept alternative language</p> <p>Accept other reasonable examples</p> <p>Do not accept:</p> <ul style="list-style-type: none"> - lack of care - abuse - lack of training - inadequate practice - no review meetings

Question		Answer/indicative content	Marks	Guidance	
				Content	Levels of response
4	(b)	<p>How barriers to a person-centred approach could be overcome in a residential care home:</p> <ul style="list-style-type: none"> • values based recruitment • staff training • regular review of the support given to staff and individuals • recognising when support is not person-centred and taking action to rectify, e.g. fixed bed times are changed to variable bed times. • modelling behaviour <p>[Barriers to a person-centred approach (may be implicit in the answer)</p> <p>Lack of staff training Staff attitude (thinking you know what is best for an individual) Communication issues Medical rather than social model of care]</p>	6	<p>This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation.</p> <p>Annotation: The number of ticks will not necessarily correspond to the marks awarded.</p> <p>Level 3 – checklist:</p> <ul style="list-style-type: none"> • detailed explanation • explicit reference to barriers and how they are overcome • examples clearly relate to a residential care home • QWC – high <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • sound explanation • provides detailed examples of how barriers are overcome • relevant to a residential care home (may be implicit) • QWC – mid <p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited / basic description • brief statements of ways to overcome barriers • limited structure, may be list like or muddled • QWC – low 	<p>Level 3 [5-6 marks] The answer provides a detailed explanation of barriers to a person-centred approach and ways of overcoming them. Examples are given which clearly relate to a residential care home. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 [3-4 marks] The answer provides an explanation of how barriers to a person-centred approach are overcome. Examples are given which are relevant to a residential care home. Answers will be factually correct. There will be few errors of grammar, punctuation and spelling.</p> <p>Submax of 3 for one barrier done well</p> <p>Level 1 [1-2 marks] Answer provides a limited or basic description of ways to overcome barriers to a person-centred approach. Answer may not be related to a residential care home. Answers may be list like or muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.</p> <p>0 marks – response not worthy of credit.</p>

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