

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
05833 & 05871

Mark Scheme for January 2024

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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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PREPARATION FOR MARKING**RM ASSESSOR**

1. Make sure that you have accessed and completed the relevant training packages for on-screen marking: *RM Assessor Assessor Online Training*; *OCR Essential Guide to Marking*.
2. Make sure that you have read and understood the mark scheme and the question paper for this unit. These are posted on the RM Cambridge Assessment Support Portal <http://www.rm.com/support/ca>
3. Log-in to RM Assessor and mark the **required number** of practice responses (“scripts”) and the **number of required** standardisation responses.

MARKING

1. Mark strictly to the mark scheme.
2. Marks awarded must relate directly to the marking criteria.
3. The schedule of dates is very important. It is essential that you meet the RM Assessor 50% and 100% (traditional 40% Batch 1 and 100% Batch 2) deadlines. If you experience problems, you must contact your Team Leader (Supervisor) without delay.
4. If you are in any doubt about applying the mark scheme, consult your Team Leader by telephone or the RM Assessor messaging system, or by email.
5. **Crossed Out Responses**
Where a candidate has crossed out a response and provided a clear alternative then the crossed out response is not marked. Where no alternative response has been provided, examiners may give candidates the benefit of the doubt and mark the crossed out response where legible.

Rubric Error Responses – Optional Questions

Where candidates have a choice of question across a whole paper or a whole section and have provided more answers than required, then all responses are marked and the highest mark allowable within the rubric is given. Enter a mark for each question answered into RM assessor, which will select the highest mark from those awarded. *(The underlying assumption is that the candidate has penalised themselves by attempting more questions than necessary in the time allowed.)*

Multiple Choice Question Responses

When a multiple choice question has only a single, correct response and a candidate provides two responses (even if one of these responses is correct), then no mark should be awarded (as it is not possible to determine which was the first response selected by the candidate).

When a question requires candidates to select more than one option/multiple options, then local marking arrangements need to ensure consistency of approach.

Contradictory Responses

When a candidate provides contradictory responses, then no mark should be awarded, even if one of the answers is correct.

Short Answer Questions (requiring only a list by way of a response, usually worth only **one mark per response**)

Where candidates are required to provide a set number of short answer responses then only the set number of responses should be marked. The response space should be marked from left to right on each line and then line by line until the required number of responses have been considered. The remaining responses should not then be marked. Examiners will have to apply judgement as to whether a 'second response' on a line is a development of the 'first response', rather than a separate, discrete response. *(The underlying assumption is that the candidate is attempting to hedge their bets and therefore getting undue benefit rather than engaging with the question and giving the most relevant/correct responses.)*

Short Answer Questions (requiring a more developed response, worth **two or more marks**)

If the candidates are required to provide a description of, say, three items or factors and four items or factors are provided, then mark on a similar basis – that is downwards (as it is unlikely in this situation that a candidate will provide more than one response in each section of the response space.)

Longer Answer Questions (requiring a developed response)

Where candidates have provided two (or more) responses to a medium or high tariff question which only required a single (developed) response and not crossed out the first response, then only the first response should be marked. Examiners will need to apply professional judgement as to whether the second (or a subsequent) response is a 'new start' or simply a poorly expressed continuation of the first response.

6. Always check the pages (and additional objects if present) at the end of the response in case any answers have been continued there. If the candidate has continued an answer there, then add a tick to confirm that the work has been seen.

7. Award No Response (NR) if:
- there is nothing written in the answer space

Award Zero '0' if:













- anything is written in the answer space and is not worthy of credit (this includes text and symbols).

Team Leaders must confirm the correct use of the NR button with their markers before live marking commences and should check this when reviewing scripts.

8. The RM Assessor **comments box** is used by your team leader to explain the marking of the practice responses. Please refer to these comments when checking your practice responses. **Do not use the comments box for any other reason.** If you have any questions or comments for your team leader, use the phone, the RM Assessor messaging system, or e-mail.
9. *Assistant Examiners will send a brief report on the performance of candidates to their Team Leader (Supervisor) via email by the end of the marking period. The report should contain notes on particular strengths displayed as well as common errors or weaknesses. Constructive criticism of the question paper/mark scheme is also appreciated.*
10. For answers marked by levels of response:
- To determine the level** – start at the highest level and work down until you reach the level that matches the answer
 - To determine the mark within the level**, consider the following

Descriptor	Award mark
On the borderline of this level and the one below	At bottom of level
Just enough achievement on balance for this level	Above bottom and either below middle or at middle of level (depending on number of marks available)
Meets the criteria but with some slight inconsistency	Above middle and either below top of level or at middle of level (depending on number of marks available)
Consistently meets the criteria for this level	At top of level


11. Annotations available for marking of scripts

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
	To acknowledge additional pages/ notes were read
	Not Relevant - 'noted but no credit given'
	Blank Page

DO NOT USE ANY OTHER ANNOTATION

Question		Answer	Marks	Guidance
1	(a)	<p>Two features required. One mark each</p> <p>Two key features of personalisation</p> <ul style="list-style-type: none"> ● voice, choice and control over care / empowerment ● personal budgets either direct or managed accounts ● co-production ● citizenship model ● self-assessment of needs ● changing roles of professionals ● individual knows what is best for them / can challenge professional opinions ● care adapted to personal needs ● promotes inclusive communities ● puts individual at centre of care ● allows individuals to take risks / independence 	<p>2 (2x1)</p>	<p>One mark for each feature Accept alternative language</p> <p>Do not accept: Consequences of personalisation eg: able to receive care in own home or limits to budgets</p>

Question			Answer	Marks	Guidance
1	(b)	(i)	<p>Describe the meaning of the following terms</p> <p>Values based recruitment,</p> <ul style="list-style-type: none"> to assist in recruiting staff who already have social care values asking for examples of social care at job interviews asking questions at interview that show the applicant applying social care principles 	<p>2 (1x2)</p>	<p>Two marks:</p> <ul style="list-style-type: none"> A full description of the principle <p>One mark</p> <ul style="list-style-type: none"> a brief description that lacks clarity
1	(b)	(ii)	<p>Resistance to change</p> <p>Either professionals or those being cared for or both</p> <ul style="list-style-type: none"> professionals not wanting to be challenged and change the way they have always done things professionals losing their status individuals fearing change / loss and losing routines etc. afraid to do things in different ways / making decisions for them 	<p>2 (1x2)</p>	<p>Two marks:</p> <ul style="list-style-type: none"> A full description of the principle <p>One mark</p> <ul style="list-style-type: none"> a brief description that lacks clarity
1	(b)	(iii)	<p>Respecting choice</p> <ul style="list-style-type: none"> professionals may find it difficult to accept the choices of those being cared for rather than what the professional thinks is best professionals may think they know best and ignore an individual's wishes / not listen / respect their wishes Acknowledge what an individual needs or wants Non judgemental History of usage of the medical model 	<p>2 (1x2)</p>	<p>Two marks:</p> <ul style="list-style-type: none"> A full description of the principle <p>One mark</p> <ul style="list-style-type: none"> a brief description that lacks clarity

Question	Answer	Marks	Guidance
1 (c)*	<p>Level 3 (7–9 marks) A detailed evaluation that is clearly balanced of how modelling behaviour can overcome challenges or hinder personalisation. AND Modelling behaviour is explained clearly and linked to a setting.</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4-6 marks) Sound evaluation that has both positive and negative points. AND Modelling behaviour is explained. It is clearly linked to a setting.</p> <p><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Sub max 4 if no link to care setting</p> <p>Level 1 (1-3 marks) A brief attempt at an evaluation. Likely to have either positive or negative points made. AND Modelling behaviour is described and or challenges are addressed. It may not be linked to a setting</p> <p><i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks No response worthy of credit</p>	9	<p>Annotate with + / - /  for overcoming challenge</p> <p>Modelling behaviour is:</p> <ul style="list-style-type: none"> observing good practice by other professionals or family members copying good practice/behaviour observed to provide better personalised care <p>Usefulness +</p> <ul style="list-style-type: none"> helps encourage others to change the way they behave positive results encourage personalisation can change the ethos of institutions challenges long held out of date behaviours encourages better communication between staff/individuals and staff to staff easier to practice personalisation / confidence /care values individuals are happy because they are being listened to and given care they would like individuals have voice choice and control over their care even if it is not the care the staff would like to give clarifies roles and responsibilities allows experimentation to find the best solution <p>Negatives -</p> <ul style="list-style-type: none"> poor behaviour can be copied as well as good - appropriate role models are essential may require retraining which is costly shadowing is expensive when resources are short not all staff can make or are prepared to change staff believe they know best it requires higher staffing levels language barriers may be an issue institutional practices quality of care will decrease

Question	Answer	Marks	Guidance
			<p>Challenges to personalisation</p> <ul style="list-style-type: none"> ● resistance to change ● institutional history ● medical model of disability ● lack of staff training ● communication barriers ● respecting choice when alternatives may promote better health or well being ● focusing on deficits not capacities ● lack of clarity over roles and responsibilities <p>settings: any appropriate health and care setting</p>

Question		Answer	Marks	Guidance
2	(a)	<p>The diagram is a mind map with 'Amit' at the center. It is divided into four quadrants by a vertical and a horizontal line. The top-left quadrant is labeled 'Family' and contains 'Mum', 'Dad', and 'Sister'. The top-right quadrant is labeled 'Friends' and contains 'School friends'. The bottom-right quadrant is labeled 'School' and contains 'Teacher' and 'Teaching Assistant'. The bottom-left quadrant is labeled 'Paid professionals' and contains 'Dr Kofi', 'Charlie', 'Sam', and 'Physio'.</p>	4 (4x1)	<p>One mark for each correct segment Use omission mark for incomplete segments</p> <p>Accept: Friends/school friends</p>

Question		Answer	Marks	Guidance
2	(b)	<p>Fair Access to Care Guidelines Issued to all local authorities in 2003</p> <ul style="list-style-type: none"> gives a framework which enables fair assessment for eligibility for social care services stops postcode lottery of assessment the framework addresses individual needs / equally / support there are 4 levels of need, critical, substantial, moderate, low when assessing individuals assessors must consider needs now and needs that may become worse if assistance is not given access to professionals / practitioners 	<p>1 (1x1)</p>	<p>One mark:</p> <ul style="list-style-type: none"> Identification of one way the guideline may help Amit <p>Do not accept:</p> <ul style="list-style-type: none"> Empowered / voice choice and control Same care as others like him
2	(c)	(i) <p>The Care Act</p> <ul style="list-style-type: none"> Adults should have continuity of care when moving around England There should be no gap in services - care or support when they move from one local authority to another It is the responsibility of the local authority to organise this The Care Act provides a system to follow when someone decides to move Continuity of care / access to care they need 	<p>2 (1x2)</p>	<p>The Care Act 2014 only applies to England</p>
2	(c)	(ii) <p>Important to Amit because</p> <ul style="list-style-type: none"> Amit may wish to go to university or other training away from home Amit may move with his family Amit may wish to live independently away from his family Amit may choose to live in supported accommodation Amit can travel to access specialist care out of his usual area Removes worry about care for Amit May have another assessment / review meeting when he moves 	<p>4 (1x4)</p>	<p>One mark for identifying the reason</p> <p>Three marks for a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. It is related to Amit</p> <p>Do not accept: Foreign travel / Worldwide trips / move to another country</p>

Question	Answer	Marks	Guidance
3 (a)*	<p>Level 3 (5–6 marks) A detailed evaluation that is clearly balanced on two impacts of personalisation.</p> <p>AND Two impacts fully evaluated</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (3–4 marks) A sound evaluation of impacts that has both positive and negative points on impacts of personalisation. Answer may or may not be balanced</p> <p><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Sub max 3 for one impact done well</p> <p>Level 1 (1–2 marks) A brief attempt of an evaluation of impacts of personalisation.</p> <p>AND One or two impacts identified but answer may be list like.</p> <p><i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks No response worthy of credit.</p>	6	<p>Evaluate two impacts of personalisation</p> <p>Annotate +/-</p> <p>Positive impacts</p> <ul style="list-style-type: none"> ● direct payments for care - either managed or direct ● rapid access to services if needed ● inclusive communities ● prevents isolation / sense of belonging ● can live at home and not an institution ● access to information/guidance ● better / more choices / voice choice control / empowerment ● new opportunities / employment ● independence ● centre of their care / person centred ● adds to quality of life <p>Negative impacts</p> <ul style="list-style-type: none"> ● care is limited to a budget ● poor availability of services ● access to some services very limited ● resistance to change ● carer may use medical model ● lack of staff training <p>If the impact is incorrect then mark the answer as incorrect.</p>

Question	Answer	Marks	Guidance
3 (b)	<p>Three decision making tools are required</p> <p>Tools/description:</p> <ul style="list-style-type: none"> ● good days / bad days - ensure more good things than bad when making decisions, learning from past decisions ● routines - talking about routines enables a good routine to be established and what works well and what does not ● top tips / two-minute drill - a quick profile of what is important to and for an individual so that positive helpful decisions can be made ● one page profile - all about an individual on one page so decisions that suit that person and lifestyle are made ● communication chart - individual can use ways other than words to describe what he wants/feels in order to make good decisions ● decision making chart / agreement - describes what decisions need to be made and how he can make them ● Doughnut chart - this enables professionals and individual to see what they need to do and what is not their responsibility. ● effective relationships - Carers and individual can build effective relationships and trust enabling support and decisions can be made. ● PATH identifies goals and helps identify people who can help the individual achieve these. Action plans in short and long term. ● MAPS – a planning tool to support someone heading to a more positive future - dreams, nightmares, strengths etc and then builds an action plan. 	6 (3x2)	<p>One mark for identification of tool One mark for describing how the tool can help</p> <p>Do not credit relationship circle or schedule</p>

Question	Answer	Marks	Guidance
4 (a)*	<p>Level 3 (5–6 marks) A detailed explanation of two purposes of a review meeting</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (3–4 marks) A sound explanation of two purposes of a review meeting.</p> <p><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence</i></p> <p>Level 1 (1–2 marks) A basic attempt at an explanation of purposes of a review meeting.</p> <p>One or two purposes may be described or briefly explained but answer may be list like.</p> <p><i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks No response or no response worthy of credit.</p>	6	<p>Two purposes required</p> <p>Purpose:</p> <ul style="list-style-type: none"> ● allows the care plan to be updated to reflect changing care needs ● to review the staffing to meet those needs ● to review the budget ● to examine relationships with carers ● voice choice and control ● puts the individual at the centre of care ● everyone who is important to the individual is on one place eg: carers, family, professionals ● it allows everyone to understand what is and is not working ● actions and solutions can be co-produced and generated ● plans for the future can be made

Question	Answer	Marks	Guidance
4 (b)*	<p>Level 3 (5–6 marks) A detailed explanation of two ways why a self-assessment may help any person at a review meeting.</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (3–4 marks) A sound explanation of two ways why a self-assessment may help any person at a review meeting.</p> <p><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Level 1 (1–2 marks) A basic attempt at an explanation of one or more ways a self-assessment may help any person at a review meeting. Answer may be list like with no clear links on how it may help any person.</p> <p><i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i></p> <p>0 marks No response worthy of credit.</p>	6	<p>Self-assessment</p> <ul style="list-style-type: none"> ● Individual is at the centre and leads ● Individual may work with a professional / family ● Individual will decide on his priorities and what support he may need to help him ● it may include others e.g. the whole family, professional staff and school ● Individual may suggest equipment to help him personally, at home or at school. ● a budget may be discussed ● clarify roles and responsibilities ● enhance voice choice and control <p>Any appropriate reasons why the self-assessment may help any person e.g. individual, family, professionals at the meeting</p>

Question		Answer	Marks	Guidance
4	(c)	<p>ANY THREE FROM:</p> <ul style="list-style-type: none"> ● suitable time ● familiar place ● suitable refreshments ● have people there you want ● Individual placed at centre of meeting / involvement in meeting ● ensure actions are co-produced ● ensure goals and aspirations are considered ● have an effective facilitator ● suitable resources/refreshments ● ensure individual understands what is being said at the meeting ● ensure individual is content with how the meeting is being conducted ● give opportunity for individual to speak - voice, choice and control ● advocate attends 	<p>3 (3x1)</p>	<p>One mark for each way</p>

Question		Answer	Marks	Guidance
4	(d)	<p>Reviewing the budget</p> <ul style="list-style-type: none"> • makes sure budget is suitable for needs • budget can be increased • ways to spend budget can be discussed increasing voice choice and control for individual • the budget could move from a managed account to a direct payment or vice versa • Individual can buy things he would like/needs e.g. a personal assistant <p>Updating records</p> <ul style="list-style-type: none"> • As individual grows older needs change so records need to change • records must be accurate to reflect current and future needs • they are a record of needs and actions • records may be used by professionals who have not met individual and so just fully reflect his circumstances <p>Generating actions</p> <ul style="list-style-type: none"> • anything that is discussed at the meeting can have an action • specific needs can be targeted • dates can be agreed for actions to happen • someone is accountable for the action • someone can be held to account if the action does not happen • there is a record of what is decided • action shows individual is listened to – voice choice and control 	3 (1x3)	<p>Candidate must choose one action. Do not accept more than one action.</p> <p>Answer must be a positive and relate to an individual</p> <p>Do not accept negative answers</p> <p>Action and description must be linked but do not award marks for action.</p> <p>Accept interchangeable answers for updating records and generating answers as there is considerable overlap</p>

Question		Answer	Marks	Guidance
4	(e)	<p>ANY TWO FROM:</p> <p>Any suitable question that links to a review meeting and needs for example</p> <ul style="list-style-type: none"> • What support do you need to remain as independent as possible? • Is there any other support you would like? • How are you coping at school/work/home? 	<p>2 (2x1)</p>	<p>Accept: Questions from the individual or from those present at the review meeting</p> <p>Do not accept: Vague questions e.g. how are you feeling? Questions must be specific to the review meeting e.g. how are feeling about the level of care you receive?</p>

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