OCR
Oxford Cambridge and RSA

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 2017

Question		Answer	Marks	Guidance
1	**(a)**	**Three** features required. **One** mark each. Features of a managed account: • it is a personal budget allocated to meet care needs • it is not paid directly to the individual • 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	**3** (3x1)	**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

Question		Answer	Marks	Guidance
1	**(b)**	**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 • 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	**2** (2x1)	**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'

Question		Answer/indicative content	Marks	Guidance	
				Content	**Levels of response**

1	(c)*	• 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.
			7	This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is analysis.
				Annotation:
				The number of ticks will not necessarily correspond to the marks awarded.
				
				Level 3 checklist:
				  • detailed analysis
				  • 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 2 – checklist:
				• sound analysis
				• some reference to the legislation
				• some reference to Janice
				• mostly relevant and accurate information
				• QWC - mid
				
				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
					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.
					
					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 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.
					
					0 marks – response not worthy of

			• limited structure, may be list like or muddled • QWC – low	credit.

Question		Answer/indicative content	Marks	Guidance	
				Content	**Levels of response**
2	**(a)***	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.	**10**	This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation. **Annotation:** The number of ticks will not necessarily correspond to the marks awarded. **Level 3 checklist:** • detailed explanation • reference to historical overview • logically structured • factually accurate • correct use of terminology • QWC - high **Level 2 – checklist:** • sound explanation • some reference to historical overview • some reference to how personalisation represents a new approach • mostly relevant and accurate information • QWC - mid **Level 1 – checklist** • limited / basic explanation • may not reference historical overview • may identify generic facts about personalisation • no explanation of ways personalisation has changed	**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. **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. **Submax** 4 – if no mention of before personalisation **Level 1 [1-3 marks]** 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

		• 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		HSC provision • limited structure, may be list like or muddled • QWC – low	intrusive. **0 marks –** response not worthy of credit.

Question		Answer	Marks	Guidance
2	**(b)**	**Two** principles required. **Two** examples required. **The three person centred principles:** **Independence and rights** • individuals have the right to live how they want to • individuals have the right to be employed • individuals have the right to form meaningful relationships with others **Co-production, choice and control** • individuals must be treated as an equal partner in decisions their care • individuals should be involved in decisions about their life/care • individuals should be able to make choices that give them the things that are important to them • individuals should feel in control of their own lives **Inclusive and competent communities** • individuals should be able to participate in community activities • individuals should have opportunities to volunteer • individuals should feel they belong	**4** (2x1+ 2x1)	**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'

		• community services should be accessible for all. • public places should be accessible to all		

Question		Answer	Marks	Guidance
2	**(c)**	**Three** factors. **One** mark for each factor. • 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	3 (3x1)	**Annotation:** The number of ticks must match the number of marks awarded. Accept alternative wording Do not accept: 'What is wrong with them' Just 'choice and control' 'What they want'

		• budget limitations/available budget		

Question		Answer	Marks	Guidance

3	(a)	**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
		
		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
			6
			(3 x
			2)
				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

- 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**

Question		Answer	Marks	Guidance	
				Content	**Levels of response**
3	**(b)***	**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	**6**	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	**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

him	muddled	credit.
• Locates people who may be able to care for and support Jeremy	• QWC – low	
• Supports Jeremy's parents to feel part of his community/they are not alone		

Question		Answer	Marks	Guidance	
				Content	**Levels of response**
4	**(a)***	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	**6**	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 • Sandra at the centre • logically structured • factually accurate • correct use of terminology • QWC – mid/high **Level 1 – checklist** • limited / basic explanation • basic information • may be generic, not specifically	**Level 2 [4-6 marks]** 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 1 [1-3 marks]** 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

		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		linked to Sandra • limited structure, may be list like or muddled • QWC – low	intrusive. **0 marks –** response not worthy of credit.

Question			Answer	Marks	Guidance
4	**(b)**		**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)	**8** (8x1)	**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

			consider shared accommodation/moving to live with other people		

Question			Answer	Marks	Guidance
4	**(c)**		**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	**2** (2x1)	**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

Question		Answer	Marks	Guidance
4	**(d)**	**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	**3** (3x1)	**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