

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 June 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)	(i)	<p>Describe the purpose of a one-page profile</p> <ul style="list-style-type: none"> • A4 or single page so quick to read • summary of what matters most to the person • quick reference for new health professionals • summary of case/support they need • easy to update • identify strengths and weaknesses <p>credit other appropriate purposes</p>	2 (2x1)	<p>Annotation: The number of ticks must match the number of marks awarded</p> <p>Accept: A description of a one-page profile OR 2 points that may be on a one-page profile</p>
1	(a)	(ii)	<p>Identify two tools other than a one-page profile that could help Ali communicate what is important</p> <p>ANY TWO FROM FROM</p> <ul style="list-style-type: none"> • Good days/bad days • Routines • Top tips • Relationship chart 	2 (2x1)	<p>Annotation: The number of ticks must match the number of marks awarded</p> <p>Do not accept any other answers</p>

Question			Answer	Marks	Guidance
1	(b)	(i)	<p>An example of a one-page profile that could be used for Ali</p> <p><u>Ali's positive qualities and strengths</u></p> <p>Independent</p> <p>She has interests</p> <p>Has friends</p> <p><u>What is important to Ali</u></p> <p>Benefits and direct payment</p> <p>Car</p> <p><u>Ali's hobbies and routines</u></p> <p>Social club</p> <p>Library</p> <p>Cooking</p> <p>Social media</p> <p>Television</p> <p><u>Ali's important people</u></p> <p>Mum</p> <p>Friends</p> <p>Carer</p> <p><u>Challenges</u></p> <p>Shopping</p> <p>Stairs</p> <p>Standing</p> <p>Mobility issues</p>	<p>7</p> <p>(7x1)</p>	<p>Annotation:</p> <p>The number of ticks must match the number of marks awarded</p> <p>Maximum 1 mark each for:</p> <ul style="list-style-type: none"> organised logical layout quick and easy to follow with headings a positive quality and or strength what is important to Ali Ali's hobbies and or routines Ali's important people Ali's challenge <p>Content should be summarised into key words each for summary under headings</p> <p>Accept alternative language</p> <p>Do not credit:</p> <p>re-writing of the case study</p> <p>The same point made twice</p>

Question			Answer	Marks	Guidance														
1	(b)	(ii)	<ul style="list-style-type: none">Ask Ali about her likes and dislikesEnable Ali to visit friendsInvolve Ali when making decisions about care <table><tr><th>Description of personalised care</th><th>Tick (✓) three only</th></tr><tr><td>Ask Ali when she would like to go to bed</td><td>✓</td></tr><tr><td>Enable Ali to visit friends</td><td>✓</td></tr><tr><td>Exclude Ali from a review meeting</td><td></td></tr><tr><td>Involve Ali when making decisions about care</td><td>✓</td></tr><tr><td>Not include Ali when discussing treatment</td><td></td></tr><tr><td>Tell Ali what she is having for breakfast</td><td></td></tr></table>	Description of personalised care	Tick (✓) three only	Ask Ali when she would like to go to bed	✓	Enable Ali to visit friends	✓	Exclude Ali from a review meeting		Involve Ali when making decisions about care	✓	Not include Ali when discussing treatment		Tell Ali what she is having for breakfast		3 (3x1)	Annotation: The number of ticks must match the number of marks awarded Do not accept any other answers
Description of personalised care	Tick (✓) three only																		
Ask Ali when she would like to go to bed	✓																		
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Tell Ali what she is having for breakfast																			
1	(c)*		<p>Explain how the institutional history of public services has led to people receiving personalised care</p> <p>History</p> <ul style="list-style-type: none">19th century view that people with disability should be treated out of the community19th Century view that people with disability should not be seen – they were an embarrassment19th century view that professionals knew bestExtensive use of the medical model	9	Annotation: Level 3 (7-9 marks) There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. A balance of history and personalisation explained in detail including a link showing why the medical model became the social model.														

Question	Answer	Marks	Guidance
	<ul style="list-style-type: none"> • Huge building programme of institutions especially mental hospitals/asylums in 19th century • People with any health conditions e.g. a deformed hand were put in asylums regardless • People were rarely encouraged to make their own decisions – they were deemed incapable • people rarely came out - most stayed there for life • staff had no respect for patients • staff had little empathy for patients • patients had no voice choice or control over their futures • visitors were discouraged • patients often buried within the institution when they died • Institutions were expensive to run <p>Personalised care movement</p> <ul style="list-style-type: none"> • post WW2 a few charities set up specialist homes e.g. Leonard Cheshire and the Cheshire Homes for disabled ex-servicemen. Other charities followed this example to provide independent living/social model of health • Cheshire / Disability Rights Movement / other charities campaign for equality • 2014 Care Act introduced / Disability Discrimination Act • residents have voice choice and control • young residents given equal access to education • meaningful work provided for people to do to create respect • accessible activities provided • open visiting • people lobbied for the social model of care to be the norm • smaller homes in the community are now the norm providing specialist care in a home setting 		<p>Level 2 (4–6 marks) There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</p> <p>A balance of history and personalisation explained with a link showing why the medical model became the social model</p> <p>Sub max 4 The history explained in detail OR personalisation explained in detail</p> <p>Level 1 (1–3 marks) There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</p> <p>An attempt to explain the history OR personalisation OR The answer is focussed on the disability rights movement</p> <p>0 marks No response or no response worthy of credit.</p>

Question			Answer	Marks	Guidance
			<ul style="list-style-type: none"> people believe in an equal society with equal opportunity direct budgets for care provided by Government Stay in own home 		
2	(a)		<p>Direct budget payments from the Local Authority help provide for individual's needs.</p> <p>Explain three ways this is positive ANY THREE FROM</p> <ul style="list-style-type: none"> Agreed sum to deliver care in their care plan e.g. there is a fixed sum and so money can be budgeted according to need Can employ personal assistant e.g. to help with shopping and cooking Can pay for care via an agency e.g. this allows quick care in case of an emergency or specific need. Can request particular carers Enhances voice choice and control empowers e.g. Individuals feel in control of care and has choice over what care and how it is provided Individual controls the money – makes decisions e.g. can prioritise what individual thinks they need rather than what others think Individuals can ask a friend/relative to help her with the money – not a managed account e.g. a trusted relative can discuss care needs and offer support Enables bespoke care e.g. Individual can request carers with specific training to meet mobility needs / specific equipment Encourages independence – budgeting Can be used for transport e.g. appointments at hospital 	6 (2x3)	<p>Annotation: The number of ticks must match the number of marks awarded</p> <p>Answer must be related to direct payments only</p> <p>Accept alternative language</p> <p>Do not accept:</p> <ul style="list-style-type: none"> negative answers spend on whatever individuals please receive correct amount of money unless qualified with assessment or to match need

2	(b)*	<p>The Local Authority has many responsibilities in supporting people with additional needs. Explain ways the Local Authority may help meet housing needs.</p> <p>Choice of residence</p> <ul style="list-style-type: none"> • where individuals live • how individuals live • accessibility e.g. no stairs • specialist housing managers • options/choices/information to meet need <p>Housing adaption</p> <ul style="list-style-type: none"> • Own home or housing association/council home • LA adult services assess need • Enable independence • Any suitable example of an adaption e.g. walk in shower • Direct payment from Local Authority can be used for equipment e.g. ramp <p>Meeting housing needs</p> <ul style="list-style-type: none"> • Enable individuals to stay in own home • Provide specialist accommodation as needs change e.g. a house with no stairs or wide doors for wheelchairs • Warden assisted/sheltered accommodation with supervision/alarms • A residential home 	<p>6</p> <p>Annotation: Level 3 (5–6 marks) There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</p> <p>At least two ways explained in detail</p> <p>Level 2 (3–4 marks) There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</p> <p>At least two ways explained briefly OR one explained in detail</p> <p>Level 1 (1–2 marks)</p> <p>One, two or three ways briefly explained or listed</p> <p>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</p> <p>0 marks No response or no response worthy of credit.</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • any other ways • Travel without qualification • Answers relating to providing or spending personal budgets • Repeat examples e.g. adaptations
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Question		Answer	Marks	Guidance
2	(c)	<p>Sometimes individuals may have to enter a care home to meet their care needs</p> <p>Identify three challenges for a care home in adopting a person-centred approach</p> <p>ANY THREE FROM</p> <ul style="list-style-type: none"> • Resistance to change • Institutional history of public services e.g. professional knows best • Promotion of medical model • Lack of staff training / need for training • Communication barriers • Respecting choice even if alternatives promote better health • Focusing of deficits and not capability/capacity • Lack of clarity over roles and responsibilities 	<p>3 (3x1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • alternative answers or repeats • staff training

Question	Answer	Marks	Guidance
3*	<p>Explain, using examples, what focussing on a person's capabilities rather than their deficits means</p> <ul style="list-style-type: none"> • Focus is on what individuals can do and not what they can't do / focus on strengths not weakness • Medical model was historically used / Institutional practices using the medical model e.g. professionals know best • Staff may have been resistant to change • Not respecting a person's right to choose and determine how they live - 'professional know best' • People were assessed on what they can't do not what they can do e.g. work • People encouraged to overcome the deficit and focus on what can be done • Focusing on strengths is holistic and multiagency • Outcome led and not service led • Strengths focus can be expensive and use lots of staff time • Improving / Increasing access to work / facilities / leisure • Improved self-esteem/confidence/motivation 	6	<p>Annotation: Level 3 (5–6 marks) There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</p> <p>Detailed explanation of at least two examples</p> <p>Level 2 (3–4 marks) There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</p> <p>Explanation of at least two examples</p> <p>Level 1 (1–2 marks) There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</p> <p>An attempt at explaining at least one example</p> <p>0 marks No response or no response worthy of credit</p> <p>Do not credit: Paraphrasing of the question Individuals being involved in care plans</p>

Question		Answer	Marks	Guidance
4	(a)	<p>Describe the purpose of a review meeting</p> <p>ANY FOUR FROM</p> <ul style="list-style-type: none"> • Consider what will be important to you in future • Assess what is working now • Establish what is not working • Find out if my budget will increase • Work out if the budget is meeting your needs • Find out if any needs not being met • Update care plan • Ensure care is personalised • Care relationships are effective • Meeting with all involved in care delivery 	<p>4 (4 x 1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded</p> <p>Accept: A description of the purpose of a review meeting OR 4 points that may be included at a review meeting</p>

Question		Answer	Marks	Guidance
4	(b)	<p>Describe three ways that an individual could be made to feel at the centre of the review meeting</p> <p>ANY THREE FROM</p> <ul style="list-style-type: none"> • Suitable time • Familiar place • Involvement in planning the meeting • Have the people there the individual wants • Ensure individual is at the centre of the meeting • Ensure actions are coproduced • Ensure goals and aspirations are considered • Ensure there is an effective facilitator • Suitable resources/refreshments available • Ensure individual understands what is being said at the meeting • Ensure individual is comfortable with how the meeting is being conducted • Update care plan • Encourage individual to ask questions 	<p>3 (3 x 1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • comfortable unless qualified • Choice and control unless qualified • happy

Question		Answer	Marks	Guidance
4	(c)*	<p>Explain with examples the term ‘generate actions’</p> <ul style="list-style-type: none"> • Comes from a review meeting • Needs/wants are discussed in detail • Action plan is created with needs/wants • Timeframe given to plan • Person in charge of each action • One person for service user to talk to about progress on action • Progress on actions reported at next meeting or before • Enables people to be accountable for tasks • Gives service user confidence their needs/wants are important • Gives service users confidence things are progressing 	6	<p>Annotation: Level 3 (5–6 marks) There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</p> <p>At least two examples clearly explained in detail</p> <p>Level 2 (3–4 marks) There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</p> <p>Two explained with examples OR One example explained in detail</p> <p>Level 1 (1–2 marks) There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</p> <p>One or two examples briefly explained 0 marks No response or no response worthy of credit.</p> <p>Answers must include: A need identified at a care plan meeting Professional tasked with making this happen Professional identifies timescales Report back on action / progress Relevant examples</p>

Question		Answer	Marks	Guidance
4	(d)	<p>State three examples of the role of a facilitator</p> <p>ANY THREE FROM</p> <ul style="list-style-type: none"> • ensures the individual has voice, choice and control • ensures individual at centre of meeting • ensure the individual understands the meeting • supports the individual whose review it is • invites contributions from those attending the meeting • review actions/points from previous meeting • checks with the individual that they are content with the way the review is going • ensures people attending the meeting are aware of the individual's strengths and capabilities • asks what's going well and what isn't • makes sure that people attending the meeting focus on the individual's current needs • ensures the review focuses on what is important for the individual's future / everyone listens • reviews budget • provide tools for individual to use • lead/conduct the meeting 	<p>3 (3 x 1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded</p> <p>Examples must relate to the role during the meeting</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • to generate actions • happy with care / comfortable unless qualified /OK with care • give further guidance • make notes / minute the meeting • risk assessment • training • vague answers • attendees understand their roles and responsibilities • ensure all topics are discussed • clarify the plan • ensure everything is fair

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