

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 2025

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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:
 - a. **To determine the level** – start at the highest level and work down until you reach the level that matches the answer
 - b. **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)	<ul style="list-style-type: none"> • Allowing everyone who uses health and care services to have choice and control e.g. Choose all that happens to them. • Allowing people to have their care determined by their wishes e.g strengths, aspirations and wishes. • Making an individual at the centre of their care e.g. having a voice and being heard. • Allowing individuals to have voice, choice and control e.g. empowerment. • Working together with professionals and people to deliver personalised care e.g. co-production. • Self-assessment e.g. to determine need. • Allowing individuals to risk take e.g. in order to promote independence. 	(1x2)	Accept alternative language 1 mark for a basic outline 2 marks for outline with detail

Question		Answer	Marks	Guidance
1	(b)	<ul style="list-style-type: none"> • Voice choice and control for children and families when making decisions • The importance of including children/young people and families in making decisions • Integrated services of health care and education provided by the Local Authority / adaptations • One single coordinated assessment of need • An Educational Health Plan (EHP)– only one to cover all needs • Assisting children and young people to make plans and decisions about their lives • Carry out a Children in Need assessment (CNA) so that choices are given to meet need • Provide information in any form, support and advice on health and social care issues and education • Ensuring children are at the centre of their care 	2 (2x1)	<p>1 mark for naming the feature.</p> <p>1 mark for description of how it promotes personalisation.</p> <p>The answers are the main features but accept any less usual feature</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • Personal budgets – this was the Care Act 2014 • Do not accept any examples relating to divorce and children choosing who they live with
1	(c)	(i) <ul style="list-style-type: none"> • Examples may include; • Not being asked what sort of clothes to wear. • No choice of routines e.g. bedtime, meal times, activities • No choice in how to spend money available. • No personal effects in care homes • Lack of housing adaptations • 'One size fits all' • Using medical model of care 	(2x1)	<p>Accept any two suitable answers</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • Repeats

1	(c)	(ii)*	<p>Level 3 (5–6 marks)</p> <ul style="list-style-type: none"> • At least one method for overcoming non-personalised care is explained in detail • a number of practical examples of solutions directly relevant to the example are explained in depth • Answer relates to example given in (c)(i) • May contain proportional emotional impact e.g. frustration, low self esteem <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is explained, relevant and substantiated with examples of how to overcome non- personalised care.</i></p> <p>Level 2 (3–4 marks)</p> <ul style="list-style-type: none"> • There is a method of overcoming non-personalised care • There may be some practical examples to overcome • Examples may not directly relate to 1(c) (i) • The explanation may be more of a description • May contain proportional emotional impact e.g. frustration, low self esteem <p><i>There is a line of reasoning presented with some structure and explanation/description. The information presented is relevant and supported by some evidence relating to overcoming non-personalised care.</i></p> <p>Sub-max 3 if answer is not linked to 1(c) (i)</p>	(6)	<p>Methods for overcoming non -personalised care</p> <p>Staff training – in personalisation practices for example allowing choice. Increase confidence of staff new to personalised care.</p> <p>Modelling – imitate professionals who practice person centred approach to care.</p> <p>Value based recruitment – employ staff who already practice personalised care or ask questions at interviews that allow candidates to show knowledge of personalised care, identify attitudes.</p> <p>Decentralising and commissioning – enabling choice of services or commissioning new services to meet need</p> <p>Budgets – allow people to buy/use services that are relevant to them e.g. a personal assistant</p> <p>Voice choice and control – allow people to choose where when and how they have care, or not at all</p> <p>Respecting choice – allow people to make their own choices even if they are not the best option</p> <p>Reviewing support – have frequent review meetings to assess the care given – what is working and what is not and adjust support if required.</p> <p>Social model of care and not the medical model – to enhance voice choice and control and ensure individual at centre of care</p> <p>Providing information and advice to enable informed choice</p>
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Question	Answer	Marks	Guidance
	<p>Level 1 (1–2 marks)</p> <ul style="list-style-type: none"> • There may be an inaccurate explained method of overcoming non-personalised care • There may not be a practical example that is relevant • May contain proportional emotional impact e.g. Frustration, low self-esteem • <p><i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant and descriptive. There may be no examples.</i></p> <p>0 marks <i>No response or no response worthy of credit.</i></p>		<p>Practical ways of how the example may be overcome For example;</p> <p><i>Getting to know the person</i></p> <ul style="list-style-type: none"> • Ask appropriate questions • Find out likes/dislikes, hobbies, interests <p><i>Create individual care plan</i></p> <ul style="list-style-type: none"> • Responds to individual needs and wants <p><i>No choice of clothes to wear.</i></p> <ul style="list-style-type: none"> • Provide a selection of clothing e.g. suitable for time of year, weather, personal favourites, appropriate to occasion. • Ask the individual's opinion e.g. what is her favourite, what would she prefer. • Make appropriate suggestions e.g. weather, warmth of clothing, occasion • Do not override individual's decision and think you know best <p><i>No choice of routine</i></p> <ul style="list-style-type: none"> • Build routine around individual and not the service where possible • Be flexible where possible e.g. move a meal time. • Use family to assist, if possible, for example individual going out of the setting • Compromise if routine is hard to change because of staffing – e.g. a shower 4 nights and a bath 3 nights

1	(d)			(3x1)	<p>One mark for each principal</p> <p>Accept the first example for each principal given</p> <p>Accept alternative language</p> <p>Do not accept: For all principals</p> <ul style="list-style-type: none"> • disabled access examples eg. Ramps for any of the principals • repeated examples <p>For Independence and rights</p> <ul style="list-style-type: none"> • allow individual to do what they want • Choose where they live <p>For co-production, choice and control</p> <ul style="list-style-type: none"> • allow individual to do what they want • choose where they live
		Principal of person-centred care	Example		
		Independence and rights	<ul style="list-style-type: none"> • Live the way they want to/daily activities • Be employed • Form meaningful relationships • Voice choice and control • Provision of aids to assist daily living • Personal budgets to travel 		
		Co-production, choice and control	<ul style="list-style-type: none"> • Treated as an equal partner in all decisions about their care • To have more of what is important to them • Respecting wishes • Acknowledging needs and wants • Co- produce care plan • Voice 		
		Inclusive and competent communities	<ul style="list-style-type: none"> • Participate in community activities • Volunteer opportunities • Feel like they belong • Remain in own home 		

Question	Answer	Marks	Guidance
2 (a)*	<p>Explanation of two ways is required.</p> <p>Level 3 (7–8 marks)</p> <ul style="list-style-type: none"> Two ways of demonstrating personalised care are explained in detail Answer relates to Orla’s / dementia needs <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is explained relevant and substantiated.</i></p> <p>Level 2 (4–6 marks)</p> <ul style="list-style-type: none"> Two ways of demonstrating personalised care are explained May not refer to Orla’s / dementia needs <p><i>There is a line of reasoning presented with some structure. The information presented is mainly relevant and supported by some evidence.</i></p> <p>Sub-max 4 if only one way is explained</p> <p>Level 1 (1–3 marks)</p> <ul style="list-style-type: none"> One basic way of demonstrating personalised care is described Answer may not relate to Orla’s / dementia needs <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</p> <p><i>No response or no response worthy of credit.</i></p>	(8)	<p>Ways of demonstrating personalised care may include:</p> <ul style="list-style-type: none"> Get to know Orla and her likes and dislikes Understand her family situation e.g. Know names of her family and their position in her support network Show respect for Orla’s wishes e.g. do not feed her foods she doesn’t like or make her participate in activities she doesn’t want to Understand and respect her values e.g. this may be faith or no faith. It may be views on topics like abortion or crime. Give Orla choice/empowerment in everything that happens e.g. choosing clothing or activities Give Orla respect e.g. if her views are different understand them and allow her to have that opinion Allow Orla dignity e.g. covering her body appropriately, care when dressing Show empathy e.g. when she is sad comfort her Use person centred tools – to allow her to understand and be understood/ using Orla’s preferred methods of communication Allow Orla to take risks Adapt care to Orla’s personal needs and put her at the centre of care allowing choice - enables building of trusting relationship involve Orla in the community – according to likes and dislikes Orla may have limited mental capacity Ben attends review meetings – for updated needs to be delivered to Orla <p>Do not accept:</p> <ul style="list-style-type: none"> Co-production if only professionals are written about budgets

Question		Answer	Marks	Guidance
2	(b)	<ul style="list-style-type: none"> • Used when a person finds communication difficult or is non-speaking – to allow others to understand wants and needs • Used to allow communication with others – family and carers recognise needs and wants • Allows the individual to be understood - to reduce misunderstanding/frustration • Can reduce frustration - at not being understood. • Allows the individual to explain what is happening to them or around them – so their needs are met. • Allows choice and individual to make decisions – no decision about me without me. • Takes away confusion - explains wants and need • Allows individual to be respected/valued – individual feels listened to • Clarifies the preferred way of communication – reduces confusion about needs 	(1x2)	<p>A clear description is required for 2 marks showing its purpose</p> <p>1 mark if the description is brief or incomplete or unclear</p> <p>Descriptions are interchangeable</p>

2	(c)*	<p>Level 3 (5-6 marks)</p> <ul style="list-style-type: none"> • A detailed explanation of how a communication chart could be used for Orla • Explain in detail at least one practical example of how the chart could be used to improve Orla's care • Examples are linked to how this will enhance Orla's voice, choice and control • Reference to Orla's dementia <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is explained relevant and substantiated.</i></p> <p>Level 2 (3-4 marks)</p> <ul style="list-style-type: none"> • An explanation of how a communication chart could be used for Orla • Examples used may not link to enhancing Orla's voice, choice and control • Examples may not be detailed • Orla's dementia may not be referred to <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)</p> <ul style="list-style-type: none"> • A basic description of how a communication chart may be used which may or may not be linked to Orla • There may be general examples given that may or may not link to Orla <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 <i>No response or no response worthy of credit.</i></p>	<p>(6)</p> <p>Indicative points may include:</p> <ul style="list-style-type: none"> • No guessing as to Orla's needs and wants. • Ben can notice reactions to events and recognise trends that identify what Orla wants or needs e.g. a smile could be yes, a frown could be no • Orla is calmer as frustration is reduced as she can communicate e.g., she is able to communicate what she would like to wear and not be dressed according to the carer's choice. • Personalised care is given as carer's know her needs e.g. Orla can ask for a hair wash or a shower rather than a bath. • Orla can express feelings so appropriate caring can be provided e.g. when she is sad empathy can be shown • Orla's voice is enhanced e.g. she has as much power as a verbal person to express her needs and be treated as an equal in decision making. • Orla has choice and control e.g. Orla can say what she likes and doesn't like and say yes or no. • Orla can be more independent e.g. she can visit a shop and communicate her needs. • Orla can clarify things she doesn't understand e.g. she can ask questions about medication • Orla will feel valued e.g. she can take part in activities with others and not feel excluded. • Confirms Orla's likes and dislikes • Orla will be involved in making decisions about care
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Question			Answer	Marks	Guidance
2	(d)		<ul style="list-style-type: none"> • Resistance to change / refuse the support • Orla doesn't want to make her own decisions • Institutional history of public services/professional knows best • Institutions promoting the medical model of disability • Lack of staff training • Communication barriers / capacity issues • Respecting choice when alternatives may promote better health or wellbeing • Focusing on deficits rather than capabilities • Lack of clarity over roles and responsibilities • Financial or staffing issues / lack of appropriate services • Likes and dislikes may change daily due to dementia • Orla may forget what she has asked for due to dementia • Lack of trained staff • Care limited to prescribed budget 	(2x1)	<p>Two challenges are required. Accept different terminology.</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • Orla may not know what she wants • Lack of services

Question		Answer				Marks	Guidance
2	(e)	What is happening	What Orla does	What we think this means	What should Ben do	(3)	Accept no other answers
		Breakfast	Orla sits at the table.	Orla is hungry and wants to eat breakfast.	4		
		Bed making	Orla gets into bed.	Orla is tired or doesn't want her bed made.	2, 3 or 5		
		Armchair exercise class	Orla joins in with the exercises.	Orla is enjoying this.	2		
		Room is cleaned	Orla helps dusting.	Orla wants to help and be useful.	2 or 3		
3	(a)	Answers may include; <ul style="list-style-type: none"> • Shopping/cooking • Paying bills • Personal care • Trips out • Medical appointments • Meeting family • Manual handling • Daily tasks 				(1x1)	Accept any suitable answer Do not accept: <ul style="list-style-type: none"> • Vague answers e.g. 'helping Sam', move around • mobility

Question		Answer	Marks	Guidance
3	(b)	<p>One from</p> <ul style="list-style-type: none">• Decision making chart• Building effective relationships• Doughnut chart• Good days/bad days chart• Routines• Top tips / 2-minute drill• Relationship circle / relationship chart• One page profile / one page about them• PATHS and MAPS	(1x1)	<p>Do not accept communication chart</p> <p>Accept any two suitable tools</p>

Question	Answer	Marks	Guidance
3 (c)*	<p>Level 3 (5–6 marks)</p> <ul style="list-style-type: none"> • There is a clear evaluation with both positive and negative points • The evaluation is balanced • It is specific to Sam and his needs • There will be reference to how the point may affect Sam e.g. gives more choice <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated. There is a balanced evaluation.</i></p> <p>Level 2 (3–4 marks)</p> <ul style="list-style-type: none"> • The evaluation may not be balanced • The evaluation is mainly specific to Sam’s personal budget and / or his needs • Evaluation may have separate positive and negative points or the same point reversed • There will be reference to how the point may affect Sam e.g. gives more choice <p><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence. There is limited evaluation or either positive or negative done well.</i></p> <p>Sub-max 3 for either positive or negative points done well</p> <p>Level 1 (1–2 marks)</p> <ul style="list-style-type: none"> • There may be only positive or negative points • The answer is not balanced • The answer may be generic <p><i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant. There is no evaluation.</i></p> <p>0 marks No response or no response worthy of credit.</p>	(6)	<p>This requires an evaluation. Accept any other suitable positive or negative points. Positive points may be reversed as negative points.</p> <p>Annotate with + or –</p> <p>Indicative points may include:</p> <p>Positive</p> <ul style="list-style-type: none"> • Has support from the Local Authority. • Sam’s needs are at the centre of care • Sam has voice/choice and control e.g. choice over the type of care he receives and where • Sam can manage his own budget or choose to have it managed by the LA or by a trusted friend. • Sam can choose how the money is spent and is in control e.g. he can decide how and when to spend it. • Less anxiety about money e.g. he can budget. • Rapid access to care when it’s needed e.g. pay for emergency or routine care like physiotherapy to shorten the wait. • Can participate in the community / employment e.g. can pay for a taxi to employment or to an activity. • Can employ an advocate to overcome communication issues e.g. he can pay for someone to represent him at care meetings. • Allows Sam to meet his care needs e.g. pay for a PA, wheelchair/transport

Question	Answer	Marks	Guidance
			<ul style="list-style-type: none"> • Can employ a carer/ personal assistant e.g. to help with personal care or dealing with paperwork. • Enables self-respect and empowerment e.g. Sam can use the money for a motorised wheelchair so he can be independent. • Pay for adaptations/equipment to the house to enable independent living e.g. a stair lift or ramps. • Sam can use the money to enable re-training e.g. to choose a new career or interest. • Sam could have better access to leisure facilities e.g. pay for swimming lessons • Can pay for transport to access services out of area e.g. a particular service you wish to use <p>Negative</p> <ul style="list-style-type: none"> • May be stressful managing the money. • May not understand financial matters. • May not want to make decisions about care. • May be open to financial abuse by family friends, carers. • Care is limited to prescribed budget • Transport costs may use much of the budget e.g. in order to access services <p>Accept any other relevant points</p>

Question		Answer	Marks	Guidance
3	(d)	<ul style="list-style-type: none"> • Assessment in education (EHCP) • Fair access to care • Budgets – individual or direct payments • Housing e.g. choice, adaptations, meeting housing needs. • The Care Act e.g. removal of geographical barriers • Decentralisation • Commissioning • Co-production • Advice and guidance/information • Provide a carer / care package 	(1x1)	Accept no other answers but do accept other language

4	(a)*	<p>Level 3 (5-6 marks)</p> <ul style="list-style-type: none"> • A number of clear purposes explained in detail • Effects on individual considered <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is explained, relevant and substantiated.</i></p> <p>Level 2 (3-4 marks)</p> <ul style="list-style-type: none"> • Purpose explained but not in detail • May not give effects on individual <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)</p> <ul style="list-style-type: none"> • A limited explanation • No effects given or only effects given <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 <i>No response or no response worthy of credit.</i></p>	<p>(6)</p> <p>Indicative points may include:</p> <ul style="list-style-type: none"> • To provide a forum for views to be expressed by all e.g. all the people involved in the individual's life should be present and the individual. • To review the budget e.g. if care needs have changed then the budget should change. • To make sure care relationships are working e.g. a change of personnel may be required or increased. • To make change where it is necessary e.g. add or reduce care. • To update the individual's person-centred description e.g. if care needs change, then the description must be updated. • To share and update other information e.g. medical needs. • To share information e.g. from individual to professionals and professional to professional. • To assess what is working and is not working e.g. change / adapt the care plan • To consider housing needs • To consider if home adaptations are required • To come up with solutions and generate actions • Plans for the future can be made • Explore the use of tools e.g. good days bad days <p>Effects</p> <ul style="list-style-type: none"> • Proportionate effects for example empowered, feeling valued, respected
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Question			Answer	Marks	Guidance
4	(b)		<ul style="list-style-type: none"> • Charlie makes Gabi the centre of the meeting • Asking appropriate questions e.g. what are Gabi's strengths and capabilities. • Asks what is important now and in the future to Gabi. • Asks Gabi what is working and not working. • Invites others to contribute to the meeting. • Makes sure Gabi is happy with the meeting. • Make sure Gabi understands what is being said by everyone. • Brings the meeting to a close summarising what has been said an agreed, and what is outstanding. • Agrees updated plan with Gabi and professionals • Use preferred styles of communication with Gabi/use of tools • Ensures Gabi's voice is heard • Generate actions / assign roles and tasks • 	(1x1)	<p>Accept any other suitable answer</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • Advocate • Invite others • Vague answers e.g. communicate with Gabi
4	(c)	(i)	Doughnut chart	(1x1)	Accept no other answer.

Question			Answer	Marks	Guidance
4	(c)	(ii)	<ul style="list-style-type: none"> • It can be referred to if a carer is uncertain of their role or responsibility • It shows carers and professionals what they need to do correctly (core responsibility) • It enables the carer to see when they can use their own judgement and do something different with their client e.g. some cooking or sport • It enables the carer to know what is not their responsibility and what they should not be involved in e.g. personal relationships • It can enable a wider family plan to be made to support the individual 	(1x1)	<p>One way is required If the answer to 4 (c) (i) is incorrect but the description in this answer is correct then it can be accepted</p> <p>Answers can be reversed e.g. Carer can clarify what they can do OR Carer can clarify what they can't do</p> <p>Accept any other suitable answers</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • Show how close people are to Gabi
4	(d)		<ul style="list-style-type: none"> • Choice of who is present at the meeting - e.g. friends, family. Professionals so relevant people attend. • Allow Gabi to invite relevant people to the meeting - to feel supported. • Ask about time of the meeting - to suit Gabi's routine. • Ask about the location of the meeting - to suit Gabi's routine • Offer suitable refreshments – meeting may be long / may be thirsty • Use an advocate – to put Gabi's views across • Placing Gabi at the centre of the meeting – voice choice and control • Ensuring Gabi is content with the way the meeting is being conducted – using appropriate language and understanding 	(1x2)	<p>Accept any one suitable answer</p> <p>1 mark for identifying the way 1 mark for development</p> <p>Do not accept:</p> <ul style="list-style-type: none"> • Comfortable as a description • Hold meeting in own home

Question		Answer	Marks	Guidance
4	(e)	<ul style="list-style-type: none"> • To generate actions – to improve Gabi’s life. • To monitor progress made against the plan – to ensure needs are met. • Ensure all personal information is up to date – so all professionals have correct details. • Ensure opinions/discussion and decisions are recorded – to provide evidence to support decisions. • To give an accurate record for other professionals later – helps those not at the meeting. • To enable targets to be made and deadlines set – enables forward planning. • Assign tasks/duties - to allow accountability for tasks to be actioned. • Updated records are shared with Gabi and professionals- give service user confidence that new plan is in place • New review date made – in order to address changing need • To avoid miscommunication so everyone has the same information clearly set out • Write minutes as soon as possible to ensure accuracy. 	(1x2)	Accept any other relevant point
4	(f)	<ul style="list-style-type: none"> • What is working well? • What is not working well? • Do you have any questions? • Do you understand? • Can you tell me about my budget? 	(1x1)	Accept any suitable question from either Gabi to the professionals or professionals to Gabi.

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