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 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.

MARKING INSTRUCTIONS

PREPARATION FOR MARKING
RM ASSESSOR

1. Make sure that you have accessed and completed the relevant training packages for on-screen marking: *RM 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 available in RM Assessor

3. Log-in to RM Assessor and mark the **required number** of practice responses ("scripts") and the **required number** of 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, email or via the RM Assessor messaging system.

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 the annotation 'SEEN' to confirm that the work has been seen and mark any responses using the annotations in section 11.

7. There is a NR (**No Response**) option. Award NR (No Response):

   - if there is nothing written at all in the answer space
   - OR if there is a comment which does not in any way relate to the question (e.g., 'can't do', 'don't know')
   - OR if there is a mark (e.g., a dash, a question mark) which is not an attempt at the question.

   Note: Award 0 marks – for an attempt that earns no credit (including copying out the question).

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.**

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: Not applicable in F501
    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 - **DO NOT USE ANY OTHER ANNOTATION**

Annotation	Meaning
	Tick – correct answer
	Cross – incorrect answer
L1	Level 1
L2	Level 2
L3	Level 3
BOD	Benefit of doubt (This **does** count as a mark – so **do not 'tick'** as well)
^	Omission mark
TV	Too vague
REP	Repeat
SEEN	To acknowledge additional pages/ notes were read
	Not Relevant - 'noted but no credit given'
	Positive point made
	Negative point made
BP	Blank Page

Question			Answer	Marks	Guidance
1	(a)	(i)	Identify **one** advantage of a managed account • Support from the Local Authority • Needs are at the centre of care • Voice/choice and control are still given • Individual may not want the responsibility of managing an account • Individual may have no family to help • Individual may have communication difficulties • Individual may have difficulty/not want to organising care • Protection from financial abuse/not used or accessed by anyone else • Reduces stress/worry/anxiety • Useful when individual lacks capacity • Independence • Services found for individual by LA • Do not have to keep a record of spending / submit accounts to the LA	**1 (1x1)**	**Accept any other appropriate answer** **Do not accept:** • Local authority manages account • Money spent correctly/misused/not wasted • Advocate

Question			Answer	Marks	Guidance
1	(a)	(ii)	Identify **one** disadvantage of a managed account • Individual is not in control of their own budget / less independent • Individual cannot choose the care services /carer they want • Care may be slow to be organised • Care may be limited • Voice, choice and control may be difficult to maintain • Time consuming to contact the LA • May not know how much they are entitled to/received • Others may take advantage of the account • Have to request money each time it is needed	**1 (1x1)**	**Accept any other appropriate answer** **Do not accept:** • Others may steal money • Care is capped to the budget

Question			Answer	Marks	Guidance
1	(b)	(i)	Describe **one** way the Health and Social Care Act of 2012 improves the quality of care • Voice, choice, control, empowerment • Choose services • Can use private sector if costs the same • Select a hospital /service • Encourages collaborative working • Feedback on services encouraged • Established Healthwatch / promotes good health and wellbeing • Established Monitor • Centre of care • Personalisation • Stay in own home • No decision about me without me • Advocacy • Training of staff in personalisation • Promoting innovative care • Builds trusting relationships	**2 (1x2)**	**Two marks** Identification of an advantage and description **One mark** Identification of an advantage but no description Advantages and descriptions can be interchangeable **Accept alternative language** **These are the main purposes – accept any other relevant answer** **Accept:** Formation of CCG in 2012 abolished in 2022 and replaced by ICG (Integrated Care systems). e.g. plan and deliver local health services **Do not accept:** • Formation of the CQC (Care Act 2008)

Question			Answer	Marks	Guidance
1	(b)	(ii)	Identify **one** right of an individual under the Care Act (2014) • Assessment and support • Encourage people to be healthy / improve wellbeing • Information and guidance • Use of advocates • Better safeguarding • Right of appeal on decisions made • Professionals have more regulation • Outcomes matter • Individuals decide on the outcomes that matter to them / no decision about me without me • Use of personal budgets/payments encouraged • Integration of health and care services • Remain in own home and receive care • Co production / consultation • Continuity of care • Diversity and equality in services • Personalisation / person centred care • Effective communication • Individual put at the centre of care • Independence	**1 (1x1)**	**Do not accept:** • Voice, choice and control/empowerment • Right to refuse care (this is linked to consent) • Support without qualification • Support for Carers

<table>
<tr><th colspan="3">Question</th><th>Answer</th><th>Marks</th><th>Guidance</th></tr>
<tr><td>1</td><td>(b)</td><td>(iii)</td><td>Tick (✓) three other key features of personalisation

<table><tr><th>Feature of personalisation</th><th>Tick (✓)</th></tr><tr><td>Changing role of professionals</td><td>✓</td></tr><tr><td>coproduction</td><td>✓</td></tr><tr><td>Focusing on deficits</td><td></td></tr><tr><td>Medical model of care</td><td></td></tr><tr><td>Personal budgets</td><td>✓</td></tr><tr><td>Treating everyone the same</td><td></td></tr></table></td><td>3
(3x1)</td><td>No other answers are acceptable</td></tr>
<tr><td>1</td><td>(c)</td><td></td><td>Identify one role of a Local Authority other than personal budgets, in delivering personalisation

• Assessment (EHCP) / education
• Fair access to care
• Housing – choice, adaptions
• Removal of geographical barriers under the Care Act
• Decentralisation
• Commissioning / outsourcing of new services
• Co-production
• Review meetings</td><td>1
(1x1)</td><td>No other answers are acceptable

Do not accept:
• personal budgets
• self-assessment</td></tr>
</table>

Question			Answer	Marks	Guidance
2	(a)		Explain **three** reasons why a person centred review meeting is important for Jane • Putting the individual at the centre of the meeting e.g. meeting Jane's specific needs • Sharing information about Jane e.g. enables collaboration and co-production • Finding out things / what is important to Jane e.g. what is and isn't working and changes that may be made. • Giving voice/choice/control to Jane e.g. no decision about me without me / empowerment • Generate actions e.g. assistance to meet needs of socialising – attending a day centre • Meet changing needs e.g. make alternations to the care plan • Reviewing the budget e.g. sufficient to meet needs or not • Making sure care relationships are effective e.g. daily carers • Review person centred description e.g. to ensure it matches Jane's needs • Use of tools to facilitate the review eg One page profile / decision making chart • What is and isn't working for Jane e.g. evaluate and make alterations to care plan • Collaborative work / co-production between Jane and professionals e.g. no decision about me without me / working together • Help organise community involvement e.g. facilitate attendance at relevant clubs, activities	**6 (3x2)**	**Two marks for each detailed explanation which shows a clear knowledge of the importance of a review meeting** **One mark for each explanation that is basic or limited and lacks clarity** **Accept: repeated explanations** **Do not accept: repeated reasons** **Reasons and explanations are interchangeable** **Accept: alternative language** **Do not accept:** • Support – this must be qualified with an example • Emotional effects other than empowerment

Question			Answer	Marks	Guidance
2	(b)		Describe **two** ways the facilitator would ensure that Jane is at the centre of her person-centred review meeting • Give Jane choice e.g. about who to have at the meeting / time/ location / suitable environment • Ask relevant questions e.g., what is working/not working for Jane • Answer any questions Jane has • Allow Jane to have voice choice and control over care • Ask what support Jane needs e.g., personal care • Use personalisation tools to understand how Jane communicates her needs e.g., Doughnut Chart • Use a communication chart if Jane needs one • Create and use a one-page profile to understand Jane's needs • Overcome communication issues e.g., use of an advocate • Co-produce Jane's plan e.g., with people who are important to her • Use a decision-making chart e.g. to clarify who makes what decisions • Use a person centred approach • Listen to Jane's views • No decision about me without me • Not allow the meeting to go off the topic of Jane	**6 (2x3)**	**One mark for identifying each way, plus** **One mark for each description that is basic or limited and lacks clarity** **Two marks for each detailed description which shows a clear knowledge how Jane can be put at the centre of the meeting** **Do not accept:** • Jane can have whoever she likes at the meeting • Facilitator is neutral • Emotional effects **Accept: alternative language**
2	(c)		State **two** questions a facilitator could ask at Jane's person-centred review meeting. What is working? What is not working?	**2 (2x1)**	**Accept any appropriate question from the facilitator to Jane** **Do not accept:** • **repeated answers** • **questions from Jane to the facilitator**

Question			Answer	Marks	Guidance
2	(d)	(i)	Identify **one** person-centred tool that will enhance Jane's voice, choice and control • Communication chart • Decision marking chart • Building effective relationships	(1x1)	**Do not accept: other tools**
2	(d)	(ii) *	Evaluate how the tool may or may not help Jane **Level 3 (5–6 marks)** There is a balance of positives and negatives. Explicit reference to Jane and her needs. *There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.* **Level 2 (3–4 marks)** Positives and negatives are included but may not be balanced. Implicit reference to Jane and her needs. *There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence* **Level 1 (1–2 marks)** May include positives and or negatives. Implicit reference to Jane.	(1x6)	**The tool evaluated must match the tool in (i)** **Indicative content may include:** **<u>Communication charts</u>** **Positive** • Useful if Jane finds communication difficult e.g. able to express feelings • Avoids misunderstandings e.g. Jane and carer can be explicit about their needs • Promotes voice choice and control e.g. empowerment • Other people can understand Jane's wishes e.g. reduces confusion and promotes understanding • Reduces frustration at not being understood e.g. explains her wants and needs • Inclusivity e.g. no decision about me without me; enables socialisation • Proportionate effects e.g. raise self-esteem, increase self-confidence, dignity • Can describe what Jane likes / dislikes clearly e.g. activities, food • It's visual for all to see e.g. avoids confusion / interpretation • Promotes trust e.g. improves relationships

Question	Answer	Marks	Guidance
	There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant. 0 marks *No response or no response worthy of credit.*		**Negative** • Can take a long time to create and use e.g. training and time is needed • Can make meetings lengthy e.g. can reduces carers time with Jane • Proportionate effects e.g. reduce Jane's self-esteem, decrease, self-confidence, embarrassment • Carer may not know how to use the chart / has no training e.g. this is time consuming and can be expensive • Carer ignores the chart e.g. poor care standards • Jane may not wish to use the chart e.g. disclose personal needs **<u>Decision making charts</u>** **Positive** • Enables Jane to make decisions herself e.g. promotes voice choice and control • Enables others to see what decisions Jane wants to make and which ones she doesn't e.g. no decision about me without me • Other professionals can see the control Jane has in making decisions e.g. collaboration and co-production and sets boundaries • Voice, choice and control e.g. empowerment • Visual aid and clarifies what decisions need to be made and by who e.g. sets boundaries for professionals/family • Proportionate effects e.g. raise self-esteem, increase self confidence • Generate actions e.g. change a care plan to meet need

Question	Answer	Marks	Guidance
			Negative • Can be lengthy to do e.g. reduces care time for Jane • Charts may change frequently depending on decisions being made e.g. time spent updating information rather than caring • Difficult to show all decisions at once e.g. one decision may result in another having to be made • Proportionate effects e.g. reduce Jane's self-esteem, decrease, self-confidence, embarrassment • May not want to make decisions e.g. believes professionals know best **<u>Building effective relationships</u>** **Positive** • Carer and Jane have positive strong bond e.g. understand needs • Jane can trust the carer/professional e.g. carer understands Jane's needs • There is respect for Jane's wishes e.g. carer is clear of her role and boundary • It is an open honest relationship e.g. Jane can express her needs without fear • Proportionate effects e.g. raise self-esteem, increase self confidence **Negative** • A lengthy process to build trust e.g. carers change and may not always have same one. • Carers/professionals may change constantly and so trust cannot be built easily e.g. may have several carers who change frequently • Requires a knowledge of personalisation e.g., may not be trained and thinks carer knows best (medical model

Question	Answer	Marks	Guidance
			• Proportionate effects e.g. reduce Jane's self-esteem, decrease, self-confidence, embarrassment **Annotate with + / -** **Sub-max of 3:** If tool written about is not correct for 2d(i) e.g. good day bad day, marks can be awarded for 2d(ii) if the candidate has shown explicit links to how that tool gives Jane voice choice and control. The acceptable tools in addition to those listed in 2d(i) are: Good days / bad days, Routines, Top tips, Relationship circles, One- page profiles, Doughnut chart

Question			Answer	Marks	Guidance
3	(a) *		Discuss **two** challenges of delivering person-centred care **Level 3 (6–8 marks)** A thorough discussion showing detailed understanding. Examples of two challenges of delivering person-centred care Many relevant points which are developed Correct terminology is used throughout. Challenges must be correctly identified e.g. focusing on deficit not capacities *There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.* **Level 2 (3–5 marks)** An adequate discussion showing sound understanding of two challenges. Examples may not be detailed. Challenges may not be correctly identified. *There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.* **Level 1 (1–2 marks)** A basic discussion showing limited understanding of at least one challenge. There may be no examples.	**8 (1x8)**	**Indicative content may include:** • Staff are focusing on deficits not capacities e.g. they do not view residents as being capable of making decisions. • Staff/individuals do not make an effort to communicate with residents/do not use communication tools e.g. using medical model of care. • Professional knows best (medical model) e.g. individual is afraid / reluctant to speak out about their needs • Staff are not respecting individual's rights to voice/choice/control e.g. given the same meals; care. • Lack of staff trained in person-centred approaches, e.g. assuming all individuals needs are the same / training is expensive. • A medical / Institutional approach rather than social model of care is in place eg. care workers are focusing on what is important for the individual not what is important to the individual. • Individual /staff may be resistant to change due to institutional history of care e.g. they have always provided standardised care. • Staff think they know what is best for the residents and do not provide choices e.g. co-produce care plans; use communication tools; find out what is important to individuals. • The individual is not at the centre of their care e.g. care is not adapted to their needs, treating all individuals the same may lead to discrimination. • Care follows a set routine e.g. institutional approach. • Person-centred tools are not used e.g. no one-page

Question	Answer	Marks	Guidance
	There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant. 0 marks *No response or no response worthy of credit*		profiles/person-centred records/person-centred review meetings. • Lack of clarity over roles and responsibilities e.g. no one is quite sure what they should be doing and how they should be doing it, care neglected or repeated. • Lack of services in local area e.g. specific service may not be within reach and so travel for long distances is required. • Time may limit the type, amount and quality of care e.g. carers may have to rush between appointments. • Difficult to access services e.g. a specialist service or held in inappropriate / inaccessible place due to no public transport /building. • Limit on amount of care provided e.g. some services may offer 6 sessions so need may not be met. • Communication / language barriers e.g. individual unable to explain need without use of tools or advocate • Budget e.g. Care limited to prescribed budget and may be insufficient to meet need • Time constraints e.g. fixed visit times for home care means personalised care is not always possible • Capacity Issue e.g. dementia, memory loss, confusion, changing needs **Do not accept:** • Inaccessible buildings due to ramps etc • Not including an individual in a care planning meeting • Solutions to the challenges • Emotional effects e.g. disempowerment

Question			Answer	Marks	Guidance
3	(b) *		Regular review of support provided for individuals is one method of overcoming challenges to person-centred care. Analyse **other** ways these challenges can be overcome. **Level 3 (7-9 marks)** Detailed analysis of at least two ways to overcome challenges Detailed examples of ways that challenges to personalisation can be overcome. Positives and negatives are included and balanced *There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.* **Level 2 (4-6 marks)** Sound analysis of at least two ways that challenges to personalisation can be overcome. There are positives and negatives but are not balanced. Examples are relevant *There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence* **Sub max of 4 for one challenge done well including either positives and or negatives** **Level 1 (1–3 marks)**	**9 (1x9)**	**Tick each way** **Annotate with + / - for each point made** **Indicative points may include:** **Positive** • **Value based recruitment** e.g., recruiting people who practice the social model of health, have same values, asking for examples of social care at job interviews, can be used as role models for others **Negative** • Many carers not trained in Person centred care • Untruthful at interview • May know person centred care but choose not to apply it **Positive** • **Staff training** e.g. remove the practice that staff think they know best for an individual, person-centred values introduced. • Increase staff confidence to use social model **Negative** • Training is expensive • Training is time consuming • Training may not be appropriate • Staff may not follow their training **Positive** • **Recognising when provision is not person centred and taking action to rectify** e.g., individual likes choice in what they are able to do

Question	Answer	Marks	Guidance
	Limited analysis of one or more way/s that challenges to personalisation can be overcome. There may be positives and/or negatives There may be examples *There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.* 0 marks *No response or no response worthy of credit.*		and have e.g. choice of food., personal belongings in room. Likes and dislikes. **Negative** • Staff may continue to be resistant to change • Staff may be afraid to do things in different ways • Staff may be afraid to challenge senior staff not showing personalised care • Individuals (staff and individuals) fear change **Positive** • **Modelling behaviour of social model** e.g., work shadowing, leading by example, observing good practice • copying good behaviour to provide better personalised care. **Negative** • Poor inappropriate behaviour can be copied • Higher staffing levels needed • May require re-training that is costly • Not all staff are prepared to make changes to their practice **Positive** • **Communication issues** e.g., using tools to help communication to personalise care; no guessing as to needs and wants • Individual is calmer as frustration is reduced • Carer knows and understands needs • Feelings can be expressed, building trust between carer and individual • Enables clarification; no decision about me without me. **Negative**

Question	Answer	Marks	Guidance
			• poor communication between carer and individual • Tools are not understood and used • individuals not involved in decision making • language barriers **Positive** • **Social model of care** rather than the medical model used e.g. flexible care suited to individual needs. • Focus on improvements to environment rather than person • Poor attitudes • Assumes people with disabilities can do whatever they choose **Negative** • Staff do not recognise the social model • Staff cannot adapt to change • One size does not fit all • Focus on 'fixing' the person • Assumes people with disabilities cannot participate in everyday activities **Do not accept:** • Personal budgets • Dismissal • Effective relationships

Question			Answer	Marks	Guidance
4	(a) *		Evaluate **one** way that the disability rights movement may have an impact on Gabi. **Level 3 (5–6 marks)** Detailed evaluation of the impact of the disability rights movement on Gabi now and or in the future. Examples show how the impact assists Gabi are accurate Explicitly linked to Gabi. The answer contains positives and negatives and is balanced *There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.* **Level 2 (3–4 marks)** Sound evaluation of the impact of the disability rights movement on Gabi now and/or in the future Positives and negatives are included but may not be balanced. Links to Gabi may be implicit Examples are given *There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence* **Level 1 (1–2 marks)** Limited evaluation or only positive or negative points of the impact of the disability rights movement May be generic. There may be no examples	**6 (1x6)**	**Annotate with + / -** **Indicative points may include:** **Positive impacts:** • **The right to work** e.g., employers must make reasonable adjustments • **The right to attend a school of choice** e.g. mainstream or special school to meet her needs • **The right to participate in community life** e.g., wheelchair access to transport, leisure, services • **The right to live independently** e.g., support and home adaptations • **Personal budgets** e.g., pay for PA, choose appropriate services • **Social model of health** used and not medical model e.g., one size does not fit all, no decision about me without me • **Inclusive and competent communities** e.g. able to join community groups, take part in activities with • **Focus on strength and not weakness** others e.g. what she can do and not what she can't do • **Legislation** e.g., The Equality Act - disability is a protected characteristic • **Voice, choice and control** e.g., ability to choose treatment etc • **No decision about me without me** e.g., must be involved in every decision if there is capacity • **Better access to care** and services than in the past e.g., new treatments, physiotherapy etc • Setting up of Statutory bodies/**charities** to help maintain equal rights e.g.,EHRC • **Proportionate effects** e.g. raise self-esteem, increase self confidence

Question		Answer	Marks	Guidance
		Implicitly linked to Gabi *There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.* 0 marks *No response or no response worthy of credit.*		**Limitations:** • **Direct discrimination** e.g., people may not ask Gabi's opinions about treatment • **Indirect discrimination** e.g., policies/practices for all may have a bad impact on Gabi • **Reasonable adjustments** not always made e.g., alterations to work place / school / university • **Harassment** e.g., disabled people may be treated in ways that humiliate • **Victimisation** e.g., disabled individuals can be treated badly when they complain about an employer or a service • **Marginalisation** eg. Despite legislation disabled people are still marginalised / not included in activities/decisions • **Transport challenges** eg. Wheelchair users • **Proportionate effects** e.g. lower self-esteem, decrease self confidence • **Budget limitations** eg. May affect care given / anxious about keeping records **Do not accept:** • Answers which repeat the stem pf the question without development • A restricted budget limits services • Voice choice and control without specific examples

4	**(b)**	Match the following statements to each tool **Tool** / **Statement** Routines — 4 One page profile — 4 Decision making chart — 2 Doughnut chart — 1 Relationship circle — 4 Good days/bad days — 4 Communication chart — 2 Building effective relationships — 2	**7 (7x1)**	**No other answers are acceptable**

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