CAMBRIDGE TECHNICALS LEVEL 3 (2016)

Examiners' report

HEALTH AND SOCIAL CARE

Cambridge
TECHNICALS

Unit 6 January 2019 series

Version 1

Contents

Introduction

Our examiners' reports are produced to offer constructive feedback on candidates' performance in the examinations. They provide useful guidance for future candidates. The reports will include a general commentary on candidates' performance, identify technical aspects examined in the questions and highlight good performance and where performance could be improved. The reports will also explain aspects which caused difficulty and why the difficulties arose, whether through a lack of knowledge, poor examination technique, or any other identifiable and explainable reason.

Where overall performance on a question/question part was considered good, with no particular areas to highlight, these questions have not been included in the report. A full copy of the question paper can be downloaded from OCR.

Unit 6 series overview

This paper assessed candidates' knowledge and understanding of personalisation and a person-centred approach to care. To do well candidates had to know the principles of personalisation and understand how these may be applied in practice in relation to different scenarios. They needed to demonstrate an understanding of the institutional history of health and social care services, the continuing barriers to implementing personalisation and person-centred approaches in practice and how these can be overcome. Those who did well had assimilated the values of a person-centred approach and demonstrated this in their responses. They had a good understanding of different health and social care settings and the diversity of needs of those receiving care.

Candidates who did less well did not demonstrate a clear understanding of the principles of personalisation. They sometimes used terminology incorrectly. They also showed a lack of understanding of the importance to those receiving care of being informed about their choices and being in control of decisions about their lives. Those who did least well generally reflected a medical rather than social model of care in their responses.

Question 1(a)

1   **(a)** Identify **two** ways the principle of 'independence and rights' supports a person-centred approach to care.

1..

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2..

....

[2]

In general candidates demonstrated a good understanding of the principle of independence and rights. Frequent correct responses were that individuals could make their own decisions; and have voice, choice and control over their care. Candidates seemed less aware that individuals have the right to be employed, form meaningful relationships and be included in their communities. Some candidates gave responses which lacked clarity and these were not credited.

Question 1 (b)

(b) Describe **three** reasons why an individual in need of care may **not** want to exercise choice and control over their care.

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2..

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3..

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[6]

To score well on this question candidates were required to provide a detailed description of three different reasons why a person may not want to exercise choice and control. Most candidates could give three different reasons showing a good general understanding of individual barriers to personalisation.

However not all descriptions were of sufficient depth to gain the additional mark. For example candidates scored two marks for responses such as not receiving appropriate information and therefore not knowing what care was best for them. Candidates who gave brief answers such as lacking mental capacity scored one mark.

Question 1 (c)

(c) Explain how a personalised approach differs from an institutional history of care.

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....**[3]**

Candidates generally understood what was meant by an institutional history of care and how it differed from a personalised approach. Those who could explain this by comparing feature(s) of the approaches scored well. Many correct responses focused on the different role of professionals who used to make all the decisions but now coproduce decisions with individuals; or that communities are more inclusive so individuals' independence and rights are upheld and they no longer have to receive care in institutions. Some candidates lost marks for describing feature(s) of only a personalised or an institutional approach.

Question 1(d)*

(d)* Explain how a person-centred review means individuals can achieve a balance between what is important to them and what is important for them.

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....**[7]**

Candidates generally understood what was meant by a person-centred review meeting and knew that these were attended by professionals, family members and the individual receiving care. Fewer were able to apply their knowledge to explain how professionals and individuals coproduce care plans during review meetings in order to achieve a balance of what an individual wants and needs. The most frequent credited responses referred to the importance of discussing issues and developing solutions collectively. Some described how person-centred tools could facilitate this process. Very few candidates understood the importance of person-centred review meetings for building good relationships between the individual and those who provide care to enable a better understanding of what is important to and for them.

Question 2 (a)(i)

2   Ralph is in hospital recovering after an operation. He would like to return home but will need support to help him with daily tasks such as getting dressed and preparing food.

Key professionals meet with Ralph to assess his needs.

Before his operation Ralph lived alone with his dog. Ralph enjoyed walking his dog every morning and volunteering in a charity shop twice a week. His daughter, Lucy visited him every evening on her way home from work.

(a) (i)   Identify **four** positive impacts a direct budget may have on Ralph's life.

1 ....

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2 ....

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3 ....

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4 ....

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[4]

The majority of candidates understood that a positive impact of a direct budget is that it enables the individual to receive the care they want and need. Candidates were not credited for repeated examples of how the individual might do this in practice, for instance employing a carer to help with daily tasks and paying someone to walk the dog. Those who scored well knew a range of different ways that a direct budget could benefit individuals. For instance many candidates understood that a direct budget could be used to support the individual to participate in employment or to pay for transport in order to support their mobility.

Question 2(a)(ii)

(ii)   Give **two** reasons why a direct budget may **not** have a positive impact on Ralph's life.

1 ....

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2 ....

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[2]

Most candidates could give at least one reason why a direct budget may not have a positive impact. Frequent correct responses referred to there being insufficient funds to cover care costs, to negative emotional impacts or to not having the skills to manage a budget.

Question 2 (b)

(b)* Create a one-page profile about Ralph.

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....**[6]**

This question differentiated well between candidates. Those who scored well on this question knew that a one page profile should be succinct and easy to read at a glance. Key information was summarised and organised under appropriate headings. Some candidates wrote lengthy descriptions of the individual which indicated a lack of knowledge of how to create person-centred records.

Question 3 (a)

3   Susanne, is 86, she lives in a residential care home. She enjoys living in the home and receives the care she needs. However the daily routines in the home don't always suit her preferences. The staff try their best to adapt the routines to meet Susanne's preferences whenever possible.

Susanne's two sons do not live nearby and do not visit as much as she would like. Her friend, Janet, takes her out for lunch on Tuesdays to a local cafe. She used to enjoy going to the theatre but no longer feels confident going out in public environments.

(a)   Complete the chart to show what is working and what is not working for Susanne.

What is working:	What is not working:
1..	1..
....	....
....	....
2..	2..
....	....
....	....
3..	3..
....	....
....	....

[6]

Candidates generally scored well on this question. Most could identify three things which were working well for Susanne. Candidates most frequently lost marks when identifying what was not working well by being too vague. For instance, staff not adapting routines was not credited as some routines were working for Susanne.

Question 3(b)

(b)* Analyse the benefits and limitations of personalisation for Susanne.

[8]

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Candidates who scored well on this question applied their knowledge about the benefits and limitations of personalisation to the scenario. Their responses gave a balance of the benefits and limitations. For instance they understood that putting Susanne at the centre of her care would enable her needs and wishes to be met. However, a lack of staff would mean staff may be too busy to adapt the routines to suit Susanne. Candidates who did less well tended to emphasise the benefits while giving few of the limitations. Those who did least well reiterated the scenario but did not relate the information to their knowledge about personalisation.

Question 3 (c)

(c) List **three** questions a health and social care professional might ask Susanne during a meeting about her care needs.

1...

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2...

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3...

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[3]

Candidates generally scored well and were able to list two or three appropriate questions which might be asked in a review meeting. Questions which were too open such as 'Are you happy with your care?' were not credited.

Question 4(a)*

4　(a)* Bob recently had a stroke. His speech is affected and he is finding it difficult to communicate. He can understand his choices and can make decisions. Bob lives alone and does not have a close family. Bob is going to receive a personal budget from the local authority.

Evaluate whether a managed account or a direct payment would be a better choice for Bob.

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....**[7]**

To do well on this question candidates needed to compare the features of a managed account with a direct budget. They were required to weigh up the pros and cons of these features in order to determine which would be a better choice for Bob. Some candidates demonstrated a lack of understanding that individuals still were given choices about their care if they had managed accounts. However, most understood that having a direct budget led to greater independence and control.

Question 4(b)(i)

(b)　(i) Describe **one** way that a person-centred review meeting could support Bob to make choices about his care.

....

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....

....**[3]**

Candidates demonstrated a good understanding about person-centred review meetings and an individual's rights to have choice about their care. Those who scored well were able to write a clear and detailed description of one feature. Those who scored less well gave a series of ways with no description or an answer which lacked clarity or depth.

Question 4(b)(ii)

(ii) Identify **three** ways Bob could be made to feel as comfortable as possible during the review meeting.

1 ....

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2 ....

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3 ....

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[3]

Candidates scored well on this question as most understood that individuals should be in control of who attends the meeting, the location and the time it takes place. Answers which made assumptions about what might make Bob feel comfortable, such as playing music to relax him, were not credited.

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