

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 2022

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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 ON-SCREEN

1. Make sure that you have accessed and completed the relevant and training packages for on-screen marking: *RMA assessor3 Online Training* and the *OCR Essential Guide to Marking*.
2. Make sure that you have read and understood the Instructions for On-Screen Marking and 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 RMAssessor3 and mark the **required number** of practice responses and the **required number** of standardisation responses.

PREPARATION FOR PAPER BASED MARKING

1. Make sure that you have accessed and completed the relevant training for paper based marking.
2. Make sure that you have read and understood the Instructions for Specialist Marking and the mark scheme and the question paper for this unit.
3. Before the Standardisation meeting you must mark at least 10 scripts from several centres. Use **pencil** and follow the **mark scheme**. Bring these **marked scripts** to the meeting.

MARKING INSTRUCTIONS – FOR MARKING ON-SCREEN AND FOR PAPER BASED 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 RMAssessor3 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 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.

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).

Short Answer Questions (requiring only a list by way of a response, usually worth only **one mark per response**)

If the candidates are required to provide a description of, say, three items or factors and four items or factors are provided, then only the set number of responses should be marked. The response space should be marked downwards, marking the first response on each line only. *(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**)

Where candidates are required to provide a set number of short answer responses then only the set number of responses should be marked. Mark on a similar basis – that is downwards, marking the first response only. Any 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.)*

Contradictory Responses

When a candidate provides contradictory responses, then no mark should be awarded, even if one of the answers is correct.

6. Always check the pages (and additional lined pages if present) at the end of the response in case any answers have been continued there. If the candidate has continued an answer there annotate the answers as usual or if the response is not worthy of any marks add a 'seen' annotation to confirm that the work has been seen.
7. Paper scripts: Draw a line through the space:
 - if there is nothing written at all in the answer space
 Use the 'seen' annotation:
 - 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 isn't an attempt at the question
 Note: Award 0 marks - for an attempt that earns no credit (including copying out the question)
8. On RMAssessor3 there is a NR (No Response) option. Award NR (No Response)
 - if there is nothing written at all in the answer space

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

9. The RMAssessor3 **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 RMAssessor3 messaging system, or e-mail.












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

10. Annotations

These are the annotations to be used when marking Unit 6.

Annotation	Meaning
	Tick – correct answer
	Cross – incorrect answer
	Level 1
	Level 2
	Level 3
	Benefit of doubt (Do not 'tick' as well - BOD does count as a mark)
	Omission mark
	Too vague
	Repeat
 or 	Noted but no credit given

Subject-specific marking instructions:

For points questions: The number of ticks must match the number of marks awarded.

For levels of response questions: The number of ticks will not necessarily correspond to the marks awarded.

Question		Answer	Marks	Guidance
1	(a)	<p>ANY THREE FROM:</p> <ul style="list-style-type: none"> • Personal budgets - direct payments, managed accounts • Co-production - partnership, citizenship model (partnership between citizens and public services to achieve valuable outcomes) • Individual at centre of their care • Choice and control - having a voice in decisions about care, able to employ personal assistant, choose where care is received, independence • Self-assessment of needs - person-centred review process • Changed role of the professional - individuals know what is best for themselves 	<p>3 (3x1)</p>	<ul style="list-style-type: none"> • Can be one word, the question states list • No other answers to be accepted

Question		Answer	Marks	Guidance
1	(b)	<p>ANY ONE FROM:</p> <ul style="list-style-type: none"> Individual budgets, e.g. gives people choice and control over where they receive care, can purchase aids and adaptations Rapid access to care and services, e.g. people don't have to wait to receive care as they control their budget Inclusion in the community, e.g. public places must be accessible, adaptations must be made to facilitate inclusion, prevents isolation Enables people to remain in their own home, e.g. they have a sense of belonging, remain with their families, improves their quality of life Choice over where to receive care, e.g. people can live how they want to, have control over their lives, maintain their independence, have their rights upheld, be included in their communities Access to information and guidance, e.g. people can make informed choices about their care Choice and control - having a voice in decisions about care, able to employ personal assistant, choose where care is received, independence 	<p>3 (1x3)</p>	<p>THREE MARKS: Detailed explanation of one way that uses correct terminology and the positive impact is explicit</p> <p>TWO MARKS: Sound explanation of one way and some correct use of appropriate terminology</p> <p>ONE MARK: Basic explanation or identification of one way with limited understanding of terminology</p> <p>ACCEPT other appropriate and relevant explanations.</p> <p>Do not accept three separate impacts.</p> <p>Do not accept negative impacts.</p>

Question	Answer/Indicative content	Marks	Guidance
1	<p>(c)* Benefits of personalisation for Eve:</p> <ul style="list-style-type: none"> • Choice about where she lives, e.g. range of different residential care homes to choose from • Managed account, e.g. pays for one-to-one care so Eve can have more of what is important to her, will be managed in accordance with her wishes and preferences • Routines in the care home can be adapted to suit Eve, e.g. she can go shopping/to the cinema • Can form meaningful relationships, e.g. go to visit her family on Sundays • Independence and rights are promoted, e.g. Eve will be involved in making decisions about her life, improve her quality of life, raise self-esteem, meeting specific needs • Inclusion in the community, e.g. Eve is able to go out and do the things she enjoys, make meaningful relationships • Voice, choice and control, e.g. Eve can appoint an advocate to speak on her behalf • Person-centred review meetings will place Eve at the centre, will include those important to and for Eve • Sub-max of 4 if one of the benefits is soundly explained. 	7	<p>Please refer to the marking instructions on page 9 of this mark scheme for guidance on how to mark this question.</p> <p>Level 3 (6–7 marks) Detailed explanation of at least two of the benefits of personalisation that is explicitly relevant to Eve. AND Clear understanding of the features of personalisation and how they benefit.</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4–5 marks) Sound explanation of at least two of the benefits of personalisation with some relevance to Eve. AND Some reference of the features of personalisation and how they benefit.</p> <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 (1–3 marks) Limited or basic explanation of at least one of the benefits of personalisation but may not be relevant to Eve. AND May identify features or benefits.</p> <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>

Question		Answer	Marks	Guidance
1	(d)	<p>ANY FOUR FROM:</p> <ul style="list-style-type: none"> • to review her care needs, update her care plan/what is and isn't working • to review budget to ensure it supports changing needs • to find out what is important to her / for her /so she feels valued • to include everyone important to/for Eve • to ensure she is safe living in the home/ to prevent further harm • to generate actions • to ensure care relationships are effective • to build and share information collaboratively 	<p>4 (4x1)</p>	<p>No other answers are acceptable.</p>

Question	Answer/Indicative content	Marks	Guidance
2	<p data-bbox="237 228 293 256">(a)*</p> <p data-bbox="315 228 633 256">Institutional approach:</p> <ul data-bbox="315 296 1122 608" style="list-style-type: none"> • History of institutionalisation in health and social care, e.g. institutions were focused on meeting medical and physical needs. • Limited choice of where to receive care • Individuals' wishes not always taken into account, e.g. if they conflicted with care needs • The professional was seen as 'the expert' • One-size-fits-all <p data-bbox="315 676 544 705">Personalisation:</p> <ul data-bbox="315 745 1106 1216" style="list-style-type: none"> • Personal budgets allow individual approach to care • Voice, choice and control over decisions • Care is co-produced so individuals have a say, work together with professionals • Social model has replaced medical model • Individuals have more choice and control over their lives including being involved in assessing their own needs • A range of services have developed, run by private and third sector organisations to meet individual needs more flexibly. • Professionals use a person-centred approach in order to support individuals' independence and uphold their rights 	8	<p data-bbox="1267 228 2007 288">Please refer to the marking instructions on page 8 of this mark scheme for guidance on how to mark this question.</p> <p data-bbox="1267 320 1541 349">Level 3 (7–8 marks)</p> <p data-bbox="1267 357 2029 450">Detailed explanation with explicit reference of at least one detailed example of how personalisation has changed how individuals receive health and social care in England.</p> <p data-bbox="1267 481 2018 574"><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p data-bbox="1267 606 1541 635">Level 2 (4–6 marks)</p> <p data-bbox="1267 643 2040 735">Sound explanation with reference of how personalisation has changed how individuals receive health and social care in England.</p> <p data-bbox="1267 743 1335 772">AND</p> <p data-bbox="1267 780 2024 841">Reference is made to an institutional approach which may be implicit.</p> <p data-bbox="1267 873 2029 965"><i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p data-bbox="1267 997 2024 1058">Sub-max of 4 if no reference made to an institutional approach</p> <p data-bbox="1267 1090 1541 1118">Level 1 (1–3 marks)</p> <p data-bbox="1267 1126 1995 1187">Limited or basic explanation of how personalisation has changed how individuals receive health and social care.</p> <p data-bbox="1267 1195 1335 1224">AND</p> <p data-bbox="1267 1232 1991 1260">There may be no reference to an institutional approach.</p> <p data-bbox="1267 1307 1980 1367"><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 data-bbox="1267 1414 1384 1442">0 marks</p> <p data-bbox="1267 1450 1854 1479"><i>No response or no response worthy of credit.</i></p>

Question		Answer	Marks	Guidance
2	(b)	<p>ANY ONE FROM:</p> <ul style="list-style-type: none"> Care is limited to the prescribed budget - the budget may not be sufficient to pay for all the services they want or need, e.g. they may not be able to afford a personal assistant Availability/access to services - in rural areas there may not be sufficient/wide range of services and public transport may be limited Resistance to change – individuals may view the professionals as the ‘experts’ and not want to make decisions about their care Institutional history/medical model-changing focus of care provision from the illness/disability to the person and their needs professionals may focus on the individual’s deficits rather than their capabilities and not consider their wants and needs holistically Lack of staff training – in principles of personalisation so staff do not know how to promote independence/rights/voice/choice/control Respecting choice when alternatives may promote better health and/or wellbeing Communication barriers – between individuals and professionals so they are not given a voice and care cannot be co-produced Lack of clarity over roles/responsibilities – those involved in an individual’s life may not know how the individual is supported so the care provided is not co-ordinated. 	<p>3 (1 x 3)</p>	<p>THREE MARKS: Detailed description of one challenge of personalisation. Challenge is explicitly referenced in the answer. Correct use of terminology</p> <p>TWO MARKS: Sound description of one challenge of personalisation. Challenge may be implicit in answer and there will be some use of terminology</p> <p>ONE MARK: Identification only with little/no description</p> <p>Do not accept three separate challenges.</p> <p>No other answers are acceptable.</p>

Question		Answer	Marks	Guidance
2	(c)	<p>ANY THREE FROM:</p> <ul style="list-style-type: none"> • A summary which can be read quickly • Name, date of birth, address, condition • Includes the person's care needs, wishes, aspirations, likes/dislikes • Hobbies • Lists capacities, strengths • Identifies support networks / who is important • Includes how they want to be supported/routines • Informs professionals, carers • Includes how they communicate • Lists the support they receive 	<p>3 [3x1]</p>	<p>No other answers are acceptable.</p>

Question	Answer/Indicative content	Marks	Guidance
3	<p>(a)*</p> <p>Benefits</p> <ul style="list-style-type: none"> • They would be put at the centre of the meeting, e.g. their voice/wishes are heard, their rights are upheld • No decision about me without me, e.g. they would have voice, choice and control about their care • Co-production of care plan, e.g. professionals will not decide what is best for them • Personal budget, e.g. to make adaptations, employ a personal assistant • They may be able to receive support so they can live life the way they want to <p>Challenges</p> <ul style="list-style-type: none"> • Budget may not be sufficient to enable them to receive care in their own home • Anika may not have the mental capacity to make decisions • There may be limited access/availability of services in their local area • They may be resistant to change, e.g. they may presume the professionals know best 	9	<p>Please refer to the marking instructions on page 8 of this mark scheme for guidance on how to mark this question.</p> <p>Level 3 (7–9 marks) Detailed analysis of whether a person-centred review meeting could benefit Tom and Anika. Must be explicitly linked to Tom and Anika. AND balance of benefits and challenges that are relevant to the scenario.</p> <p><i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (4–6 marks) Sound analysis of whether a person-centred review meeting could benefit Tom and Anika. Must be explicitly linked to Tom and Anika. AND may lack balance of benefits and challenges but is relevant to scenario.</p> <ul style="list-style-type: none"> • Sub-max of 4 if no analysis <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 (1–3 marks) Limited or basic description of some benefits of a person-centred review meeting. AND May have no reference to challenges and may not be relevant to the scenario.</p> <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>

Question		Answer	Marks	Guidance
3	(b)	<p>ANY ONE FROM:</p> <ul style="list-style-type: none"> • To see if people in their network could provide additional support • To enable Tom and Anika to understand who supports them • To enable Tom and Anika to understand how they can be supported by the network • To remind Anika who she is close to • To enable the professionals to identify gaps in their support 	<p>3 [1x3]</p>	<p>THREE MARKS: Detailed explanation of a relationship circle, clear knowledge of tool demonstrated. How the tool could help Tom and Anika is explicit</p> <p>TWO MARKS: Sound explanation of a relationship circle and some knowledge of tool and how it could help</p> <p>ONE MARK: Basic explanation with limited knowledge of tool or how it could help</p> <p>Do not accept three separate reasons.</p>

Question		Answer	Marks	Guidance
3	(c)	<p>ANY TWO FROM:</p> <ul style="list-style-type: none"> • Ensuring they have fair access to care, e.g. removing geographical barriers, commissioning a range of services, ensuring there are sufficient services, decentralisation • Allocating a personal budget, e.g. assessing their care needs and providing a direct budget or managed account to meet their needs • Managing their account, e.g. if they do not wish to/are unable to do so themselves • Housing, e.g. making adaptations, providing a choice of residences 	<p>4 (2x2)</p>	<p>TWO MARKS: Identification of a way and a sound description</p> <p>ONE MARK: Identification of a way but no description</p>

Question		Answer	Marks	Guidance
3	(d)	<p>ANY THREE FROM:</p> <ul style="list-style-type: none"> • Give a choice over where the meeting is held • Give a choice about the time the meeting is held • Give a choice of who Tom and Anika want to invite • Invite all those important to Tom and Anika's care • Put Tom and Anika at the centre of the meeting • Ask appropriate questions, e.g. what is important to you/for you, what makes a good/bad day • Ensure communication barriers are overcome • Ensure Tom and Anika are made to feel comfortable i.e in relation to who is at the meeting, • Ensure Tom and Anika's wishes/views are heard/reviewing the support they need • Ensure Tom and Anika are involved in the decisions made/actions generated • Ensure Tom and Anika understand what is being discussed in the meeting 	<p>3 (3x1)</p>	<p>No other answers are acceptable.</p> <p>Answers must relate to Tom and Anika's needs.</p> <p>Do not accept comfortable on its own.</p>

Question	Answer/Indicative content	Marks	Guidance
4 (a)*	<ul style="list-style-type: none"> • Values based recruitment, e.g. recruit staff who understand and have knowledge about a person-centred approach • Ensure staff receive training in person-centred approaches, e.g. so they understand how to provide person-centred care • Ensure staff receive training in sign language to overcome communication barriers • Ensure staff are trained to use person-centred tools, e.g. good day/bad day tools, routines, top tips, relationship circles, one page profiles • Ensure residents have individual care plans/regular review meetings e.g. so staff understand their wants and needs • Supervise staff and explain when they are not providing person-centred care • Model a person-centred approach, e.g. so staff understand what is required, know how to implement the approach • Overcome the barriers which prevent staff from providing a person-centred approach, e.g. resistance to change, lack of staff training, communication barriers • Gather feedback, e.g. from resident, families 	6	<p>Please refer to the marking instructions on page 8 of this mark scheme for guidance on how to mark this question.</p> <p>Level 3 (5–6 marks) Detailed explanation of at least two ways of how Kai might ensure staff provide person-centred care. AND Ways of implementing a person-centred approach and of overcoming barriers are explained in depth. Relevant to scenario. <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i></p> <p>Level 2 (3–4 marks) Sound explanation of at least two ways of how Kai might ensure staff provide person-centred care. AND Answers are presented with some structure but may not refer to overcoming barriers. Some relevance to the scenario <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i></p> <p>Sub-max of 3 if not relevant to the scenario</p> <p>Level 1 (1–2 marks) Limited or basic explanation of at least one way of how to implement a person-centred approach. AND Ways might be identified with little/no explanation. May not be relevant to the scenario. <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>

Question		Answer	Marks	Guidance
4	(b)	<p>ANY FOUR FROM:</p> <ul style="list-style-type: none"> • Resistance to change • Institutional history of care • Lack of care plan/care plan review meeting • Institutions promoting a medical model of disability • Lack of staff training • Communication barriers/mental capacity • Difficulty of respecting choice when alternatives promote better health or well-being • Focusing on deficits rather than capacities • Lack of clarity over roles and responsibilities • Lack of staff/time • Lack of budget/resources/funding • Needs not being met 	<p>4 (4x1)</p>	Accept no other answers

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