



Cambridge Technicals Level 3

Health & Social Care

05830-05833 & 05871

Unit 6 Personalisation and a person-centred approach to care

OCR Report to Centres June 2018

About this Examiner Report to Centres

This report on the 2018 Summer assessments aims to highlight:

- areas where students were more successful
- main areas where students may need additional support and some reflection
- points of advice for future examinations

It is intended to be constructive and informative and to promote better understanding of the specification content, of the operation of the scheme of assessment and of the application of assessment criteria.

Reports should be read in conjunction with the published question papers and mark schemes for the examination.

The report also includes links and brief information on:

- A reminder of our **post-results services** including **reviews of results**
- Link to **grade boundaries**
- **Further support that you can expect from OCR**, such as our CPD programme

Reviews of results

If any of your students' results are not as expected you may wish to consider one of our Reviews of results services. For full information about the options available visit the [OCR website](#). If University places are at stake you may wish to consider priority service 2 reviews of marking which have an earlier deadline to ensure your reviews are processed in time for university applications: <http://www.ocr.org.uk/administration/stage-5-post-results-services/enquiries-about-results/service-2-priority-service-2-2a-2b/>

Grade boundaries

Grade boundaries for this, and all other assessments, can be found on the [OCR website](#).

Further support from OCR



Attend one of our popular CPD courses to hear exam feedback directly from a senior assessors or drop in to an online Q&A session.

<https://www.cpdhub.ocr.org.uk>

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Unit 6 Personalisation and a person-centred approach to care

1. General Comments:

The majority of candidates attempted to answer all the questions and appeared to have sufficient time to complete the paper. Most were able to gain marks for demonstrating knowledge of the key concepts and principles of personalisation. Those who scored well could apply their knowledge in creative ways to different practice scenarios.

2. Comments on Individual Questions:

Q 1(a)

Candidates were required to identify three key features of personalisation. The majority were able to name at least two key features. Personal budgets; voice, choice and control and putting the individual at the centre of care were the most frequently given correct responses. A few candidates lost a mark for giving 'voice' and 'choice and control' as separate responses.

Q 1 (b)

To achieve full marks on this question, candidates were required to explain one of the three principles of a person-centred approach to care: independence and rights, co-production/choice and control; or inclusive/competent communities. The answer needed to state the principle and give a detailed explanation, which demonstrated understanding of the importance of the principle to individuals' lives. The most frequent correct principle identified was 'choice and control' with the quality of the explanations differentiating well between candidates. Those who scored full marks were able to explain why and how individuals have choice and control over their lives and their care. Some candidates lost marks for responses, which lacked clarity and/or did not clearly state the principle being explained.

Q 1 (c)

This levelled response question required candidates to analyse the impact of the Children and Families Act 2014 for children with SEND. Few candidates scored well as the majority did not know the main provisions made in the legislation such as Education and Health Care Plans, which require taking a holistic approach when assessing the needs of children with SEND incorporating their health, educational and social needs. A significant number of candidates were awarded marks for knowing that schools make adaptations to meet the needs of children with SEND and providing examples of how this is done in practice. Candidates who identified generic features of personalisation, such as having a personal budget to provide choice when meeting care needs, were awarded level 1 [1-3 marks].

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Centres should ensure that candidates know the main provisions of key legislation, how these are implemented in practice and their potential impact on the lives of individuals.

Q 1 (d)

Candidates were required to describe one way a person-centred approach leads to good practice. Most candidates were able to describe how a person-centred approach benefits those receiving care. Candidates tended to focus on the emotional benefits for individuals with few recognising the positive clinical outcomes that can arise from receiving person-centred care.

Q 2 (a)

Candidates were required to represent the information provided about 'Emma', an individual receiving care, on a doughnut chart. Candidates were awarded marks for a chart, which put Emma at the top/centre in a way that made it clear that the chart was about her care relationships; for having all the people involved in Emma's life represented on the chart; and for clarifying who provided or did not provide care. Additionally marks were awarded for the chart being quick to read at a glance and for representing the information in a logical way.

Candidates scored highly on this question with the majority achieving at least 4 marks. The most frequent reason for a loss of marks was for not clarifying who provided or did not provide care.

Q 2 (b)

The majority of candidates were able to achieve at least two marks on this question, which required them to explain the purpose of a doughnut chart. Most candidates knew that a doughnut chart allowed carers to find out who was important in a person's life. To achieve full marks candidates needed to demonstrate an understanding that the overarching purpose of a doughnut chart is to clarify who does and does not provide care in order to review the support they receive.

Centres should ensure that candidates have opportunities to practice writing short answers, which have sufficient depth to gain full marks on these kinds of questions.

Q 2 (c)

Candidates were able to score points on this question for describing how a doughnut chart could be used in a review meeting. The majority of candidates were able to score at least two points. Those who achieved full marks were able to relate their answer to review meetings by referring to ways of improving an individuals' care or social network. Repetitions were not credited and candidates should be made aware that in questions requiring more than one example they must give answers, which identify different points or features.

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Q 3 (a)

This question required candidates to explain how a person-centred review meeting could help to improve care for 'Jessica', an individual with a degenerative condition. The majority of candidates demonstrated good general knowledge about person-centred review meetings and appeared to have been well-prepared for this question. To achieve level 3 candidates needed to relate their answer to the individual's circumstances as described in the question stem and to discuss the pros and/or cons of person-centred review meetings in depth. Candidates who scored well were aware that in this circumstance a review was necessary due to the individual's deteriorating condition. They demonstrated a clear understanding that solutions should be coproduced by those attending the meeting in order to enable Jessica to have the care she wanted and needed.

Some candidates lost marks for discussing the benefits of a personalisation in general rather than the benefits of person-centred review meetings explicitly. Centres should ensure that candidates have opportunities to practice writing well-structured long responses, which clearly answer the question being asked.

Q 3 (b)

Candidates were required to identify two questions, which Jessica could be asked in her person-centred review. Most gained half the marks available as they gave generic answers such as 'what is important to your care?' Very few candidates were able to give an answer, which gained the additional mark. The additional mark was awarded when responses showed a clear understanding of Jessica's changing circumstances. For example, some were able to apply their knowledge creatively to write questions such as, 'Can your family provide more support with household tasks which you can no longer do yourself?'

Q 3 (c)

To achieve level three on this question, candidates were required to provide a full and detailed explanation of the benefits of personalisation to Jessica that made reference to how those benefits arise. For example, as Jessica has the right to live life the way she wants to, adaptations can be made to her home to enable her to remain living with her family. Most candidates scored well on this question and were well-versed in the benefits and features of personalisation. The few candidates who did not score well on this question were those who found it challenging to write longer answers with clarity, for example they provided a list of features without giving a clear explanation.

Q 4 (a)

Candidates were required to give three examples of care, which was not person-centred. The majority of candidates found this challenging. The most frequent incorrect response was to give examples of inadequate care or criminal acts such as financial abuse. Centres should ensure that candidates understand that care is frequently provided which is not inadequate but is also not person-centred. For example, having fixed meal times or a lack of menu choices in a residential care home.

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Q 4 (b)

To achieve level three on this question, candidates were required to explain how barriers to a person-centred approach could be overcome in a residential care home. A significant number knew the ways listed on the unit specification, such as values-based recruitment and providing staff with training. However, few candidates were able to provide a clear explanation, which demonstrated awareness of the need to change staff attitudes and existing ways of working, for example by providing training to existing staff and recruiting staff who use a person-centred approach.

Centres should ensure that the meaning of terminology associated with this unit is well-understood by candidates. They should be given opportunities to practice applying their learning to different practice scenarios so that they are able to demonstrate a deeper understanding of what the terminology means.

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