



Cambridge Technicals

Health and Social Care

Unit 6: Personalisation and a person-centred approach to care

Level 3 Cambridge Technical Certificate/Diploma in Health and Social Care
05830 - 05871

Mark Scheme for January 2018

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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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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 (This does count as a mark – so do not ‘tick’ as well)
	Omission mark
	Too vague
	Repeat
 or 	Noted but no credit given

Question		Answer	Marks	Guidance
1	(a)	<p>Three marks for each way. Two required.</p> <p>Effective relationships lead to:</p> <ul style="list-style-type: none"> • better understanding of an individual's needs and preferences • building trust • developing mutual respect • recognising diversity • building confidence • empowering the individual • hearing the individual • supporting the individual to make their own decisions about their care • easier/more comfortable for individuals to communicate wishes/needs/opinions/problems/challenges • feeling valued • feeling secure <p>Building effective relationships means being:</p> <ul style="list-style-type: none"> • caring • approachable • reliable • empathetic • respectful • supportive 	<p>6 (2x3)</p>	<p>Annotation: The number of ticks must match the number of marks awarded. For incorrect answers use the cross.</p> <p>Mark for the description, not for specific points.</p> <p>Three marks:</p> <ul style="list-style-type: none"> • a full and detailed description • clear understanding of the ways is demonstrated <p>Two marks:</p> <ul style="list-style-type: none"> • a sound description • some understanding of the ways demonstrated <p>One mark:</p> <ul style="list-style-type: none"> • a simplified description which lacks clarity • basic information/list <p>Do not credit:</p> <ul style="list-style-type: none"> • simple re-iteration of the situation, i.e. voice, choice and control • more likely to take advice

Question		Answer/indicative content	Marks	Guidance	
				Content	Levels of response
1	(b)*	<p>Under the Care Act 2014, local authorities must:</p> <ul style="list-style-type: none"> • facilitate the coproduction of EHCP/care and support plans/health care plans • allocate and review budgets (e.g. individual, direct payments) • provide personal budgets to those who are eligible • housing (e.g. choice of residence, housing adaptations, meeting housing needs) • removal of geographical barriers • decentralisation and commissioning (e.g. outsourcing services, promoting greater range of choice) • carry out an assessment of anyone who might need care and support • focus the assessment on the person's needs and the outcomes they want to achieve • involve the person in the assessment and their carer or advocate • provide access to an independent advocate who can support the person's involvement in the assessment • involve other services in the community that might help the person achieve their outcomes • use national minimum thresholds to decide whether the person is eligible for a personal budget (i.e. ensure fair access to care across different areas in the UK) 	7	<p>This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is analysis.</p> <p>Annotation: The number of ticks will not necessarily correspond to the marks awarded.</p> <p>Level 3 checklist:</p> <ul style="list-style-type: none"> • detailed analysis • clear knowledge & understanding of the role of the local authority is demonstrated • explicitly linked to personalisation • balance of positives and negatives • Correct use of terminology • QWC – high <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • sound analysis • some knowledge of the local authority's role in supporting personalisation • mostly relevant and accurate information • QWC – mid 	<p>Level 3 [6–7 marks] Answers provide a detailed analysis of the role of the local authority in supporting personalisation. Clear links are made between their duties and features of personalisation. There will be a balance of positive and negative ways the local authority support/don't support personalisation. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-5 marks] The answer provides a sound analysis of the role of the local authority in supporting personalisation. Some reference should be made to their duties and features of personalisation. Answers will be factually correct. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1 [1-3 marks] Answer provides a limited or basic analysis of the role of the local authority in supporting personalisation. May only be a description/identification of the role of the local authority or may only identify features of personalisation.</p>

Question			Answer/indicative content	Marks	Guidance	
					Content	Levels of response
			<p>How local authorities may not support personalisation</p> <ul style="list-style-type: none"> officers may not be trained in person-centred approach there may not be a range of services available locally to meet wants/needs there may be insufficient funding for services budgets allocated may be insufficient for meeting care needs 		<p>Level 1 – checklist</p> <ul style="list-style-type: none"> limited / basic analysis may identify generic facts about personalisation without reference to the local authority's role limited structure, may be list like or muddled QWC – low 	<p>Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.</p> <p>0 marks – response not worthy of credit.</p>

Question		Answer	Marks	Guidance
1	(c)	<p>Two marks for a description.</p> <ul style="list-style-type: none"> • Clinical-led commissioning: health professionals can directly commission services for their local populations • Regulating providers: people can choose services that best meet their needs, including from charities or the private sector • Greater voice for patients: health watch organisations set up to promote greater involvement • Strengthens the collective voice of patients • Feedback should be used to assess the quality of services • No decision about me without me • Better collaboration and partnership working across local government and the NHS • Puts people at the centre of decision-making • Enhances voice, choice and control 	<p>2 (2x1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>Two marks:</p> <ul style="list-style-type: none"> • an aspect accurately identified • additional detail about how it promotes personalisation <p>One mark:</p> <ul style="list-style-type: none"> • an aspect identified • no additional detail

Question		Answer	Marks	Guidance
2	(a)	<p>One mark for an action. Two required.</p> <p>Actions:</p> <ul style="list-style-type: none"> • review the budget • consider solutions • generate actions • update records • ask appropriate questions • review Peter's goals and aspirations and what's important to him • changing care needs • what else can Peter do to help himself in the future • what does Peter need to stay healthy/happy/safe • person-centred tools e.g. one-page profile/communication chart/good day, bad day chart, relationship chart (donut) • clarify roles and responsibilities e.g. who to contact if Peter wanders off • update the care plan/one-page profile 	<p>2 (2x1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>One mark for any of the listed answers. Accept alternative language.</p> <p>Do not credit:</p> <p>Simple reiteration of the question, i.e. What is working / what isn't working</p> <p>Is Peter happy on its own i.e. unqualified by additional information e.g. is Peter happy with his care</p>

Question		Answer	Marks	Guidance
2	(b)	<p>Three marks for an explanation.</p> <ul style="list-style-type: none"> • Peter will have been at the centre of his review meeting. Everyone important to him and his care will have attended. • People who are involved in Peter's care would have contributed their perspective in order to gain a better understanding of Peter's needs. • Co-production means Peter is an equal partner in his care and will be able to make decisions about his own care. • Co-production means Peter will have more of the things that are important to him. • Peter will have a say in how his care is delivered. This will empower Peter/make him feel in control of his life. 	3	<p>Annotation: The number of ticks must match the number of marks awarded. Mark for explanation, not for specific points.</p> <p>Three marks:</p> <ul style="list-style-type: none"> • a full and detailed explanation • clear understanding of co-production is demonstrated, i.e. Peter is at the centre. Decisions are made collectively with input from key professionals and/or family. <p>Two marks:</p> <ul style="list-style-type: none"> • a sound explanation • some understanding of co-production demonstrated <p>One mark:</p> <ul style="list-style-type: none"> • a simplified explanation which lacks clarity • basic information / statement / list <p>Do not credit: simple re-iteration of the situation</p>

Question		Answer	Marks	Guidance
2	(c)	<p>Three marks for a description.</p> <p>Descriptions:</p> <ul style="list-style-type: none"> • A decision-making chart could be used to clarify how Peter wants to make decisions about their life. • It could enhance Peter's choice, voice and control. • It could clarify important decisions for Peter. • It could clarify how Peter wants to be involved in making those decisions. • It could agree who will have the final decision. • Peter has dementia and becomes confused/forgets things • Could make Peter feel safer/more secure/more confident/empower him. • Helps his carer to support him to make decisions 	3	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>Mark for the justification, not for specific points.</p> <p>Three marks:</p> <ul style="list-style-type: none"> • a full and detailed description • clear understanding of the purpose of a decision-making chart is demonstrated • relevant to Peter's condition • how it would be used in the meeting <p>Two marks:</p> <ul style="list-style-type: none"> • a sound description • some understanding of the purpose of decision-making chart <p>One mark:</p> <ul style="list-style-type: none"> • a simplified description which lacks clarity • basic information/statement/list <p>Do not credit:</p> <ul style="list-style-type: none"> • simple re-iteration of the situation

Question		Answer/indicative content	Marks	Guidance
2	(d)	<p>A person-centred review is important for Peter because:</p> <ul style="list-style-type: none"> • it puts him at the centre of his care • it allows him to have voice, choice and control • It allows the care plan to be updated to reflect changing care needs • it means everyone who is important to his wellbeing will be in one place, e.g. family, professionals, carers • it allows everyone to understand what is and isn't working for Peter e.g. feelings, care, relationships • it allows actions and solutions to be coproduced/generated • it allows everyone to share their perspective on whether Peter's needs have changed • it allows Peter to make plans for his future • it reviews whether the allocated budget is sufficient for Peter's current needs 	8	<p>This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is analysis</p> <p>Annotation: The number of ticks will not necessarily correspond to the marks awarded.</p> <p>Level 3 checklist:</p> <ul style="list-style-type: none"> • detailed justification • clear knowledge & understanding of the importance of a person-centred review demonstrated • explicitly linked to Peter • Correct use of terminology • QWC – high <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • sound justification • some reference to the importance of a person-centred review • mostly relevant and accurate information • QWC – mid <p>Level 3 [7–8 marks] Answers provide a detailed justification of the importance of a person centred review meeting for Peter. There will be a balance of positive and negatives. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-6 marks] The answer provides a sound justification of the importance of a person centred review meeting for Peter. Answers will be factually correct. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1 [1-3 marks] Answer provides a limited or basic justification of the importance of review meetings. May not refer to Peter or to person-centred principles. Answers may be list like or muddled, demonstrating little knowledge or understanding.</p>

Question			Answer/indicative content	Marks	Guidance
					<p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited / basic justification • information may not be relevant to Peter • may identify generic facts about review meetings with little or no analysis • limited structure, may be list like or muddled • QWC – low <p>Errors of grammar and spelling may be noticeable and intrusive.</p> <p>0 marks – response not worthy of credit.</p>

Question	Answer	Marks	Guidance
3 (a)	<p>People with disabilities campaigned for equal rights. They argued for:</p> <ul style="list-style-type: none"> • the right to work, i.e. access, adjustments • the right to participate in community life, i.e. access, adjustments • the right to live independently, i.e. challenged the institutional model of care • a social model of disability (society creates barriers for people with disabilities) to replace a medical model (that focuses on incapacities) <p>Due to pressure from people with disabilities the government have brought in legislation promoting personalisation:</p> <ul style="list-style-type: none"> • Legislation was passed as a consequence of the disability rights movement to introduce direct payments to people with disabilities • Personal budgets were later awarded to all those eligible for health and social care (Care Act 2014) • A range of services have been developed • Increase in choice of services • Relationships between professionals and the individual have changed <p>The disability rights movement has also fought to change attitudes as well as legislation.</p> <ul style="list-style-type: none"> • Focusing on capacities rather than deficits • One-size fits all approach is not considered appropriate • Stereotypes and prejudices have been challenged 	10	<p>This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is explanation.</p> <p>Annotation: The number of ticks will not necessarily correspond to the marks awarded.</p> <p>Level 3 checklist:</p> <ul style="list-style-type: none"> • detailed explanation • reference to the impact of the disability rights movement is explicit • logically structured • factually accurate • correct use of terminology • QWC – high <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • sound explanation • some reference to the practical impact of the disability rights movement • mostly relevant and accurate information • QWC – mid <p>Level 3 [8-10 marks] Answers provide a detailed explanation of the impact of the disability rights movement on the development of a person-centred approach. Clear reference is made to the change from an institutional/medical model to a social model and the changes that a person-centred approach has brought about. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-7 marks] The answer provides a sound explanation of the impact of the disability rights movement on the development of a person-centred approach. Answers may identify practical features of a person-centred approach. Answers will be factually correct. There may be some errors of grammar, punctuation and spelling.</p>

Question			Answer	Marks	Guidance	
					<p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited / basic explanation • may identify generic facts about a person-centred approach • limited structure, may be list like or muddled • QWC – low 	<p>Level 1 [1-3 marks]</p> <p>Answer provides a limited or basic explanation of the impact of the disability rights movement on the development of a person-centred approach.</p> <p>May be a description/identification of practical features of a person-centred approach only. Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.</p> <p>0 marks – response not worthy of credit.</p>

Question	Answer	Marks	Guidance
3 (b)*	<p>Positive impacts of personalisation for Zoe:</p> <ul style="list-style-type: none"> • she can access services directly reducing delay in her care • she will be able to participate more fully in her community • she will feel included in her community • she may be less likely to feel isolated • she will have access to information and guidance about her choices • she will be able to access support to enable her to continue living independently • she will have more choices • she will have opportunities to live life the way she wants to <p>Factors which may limit the impact of personalisation for Zoe:</p> <ul style="list-style-type: none"> • care is limited by her prescribed budget • access to services may be limited in her area • availability of services may be limited in her area • stress of managing her own budget • she may overspend her allocated budget • she may need an advocate to help her manage her budget/access services • any positive content can be expressed as a negative 	8	<p>This is a levels of response question – marks are awarded on the quality of the response given. The focus of the question is analysis.</p> <p>Annotation: The number of ticks will not necessarily correspond to the marks awarded.</p> <p>Level 3 checklist:</p> <ul style="list-style-type: none"> • detailed evaluation • balance of positive and negative impact • relevant to Zoe • logically structured • factually accurate • correct use of terminology • QWC – high <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • sound evaluation • may only reference positive impact on Zoe (or only negative impact) • mostly relevant and accurate information • QWC – mid <p>Level 3 [7-8 marks] Answers provide a detailed evaluation of the positive impact of personalisation and the factors that may limit its impact for an individual who receives a direct payment. Answers will be coherent, factually accurate and use appropriate terminology. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-6 marks] The answer provides a sound evaluation of the impact of personalisation for an individual who receives a direct payment. May only reference the positive (or negative) impact. Answers will be factually correct. There may be some errors of grammar, punctuation and spelling.</p> <p>Submax of 5 if only positive or only negative impact</p>

Question			Answer	Marks	Guidance	
					<p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited / basic evaluation • may identify positive or negative impact only • limited structure, may be list like or muddled • QWC – low 	<p>Level 1 [1-3 marks] Answer provides a limited or basic evaluation of the impact of personalisation. Answers may be list like or muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.</p> <p>0 marks – response not worthy of credit.</p>

Question		Answer	Marks	Guidance
4	(a)	<p>Communication charts</p> <p>Help those who work with Danny to know:</p> <ul style="list-style-type: none"> • how Danny communicates with his behaviour as well as with his words • how to support Danny • how to understand what Danny is saying • how to tell Danny what they want him to do <p>At a review meeting, a communication chart could:</p> <ul style="list-style-type: none"> • help put Danny at the centre of the meeting • be updated with information from all those attending the meeting • help Danny to express his needs <p>Routines</p> <p>Making a record of Danny's routine helps his key workers to know:</p> <ul style="list-style-type: none"> • about his daily, weekly and occasional activities • how to support Danny to be prepared for what he is doing each day • what is important in Danny's life • what works well/what doesn't work well <p>At a review meeting, a routines chart could:</p> <ul style="list-style-type: none"> • be updated with information from all those attending the meeting • identify what is working and not working for Danny • help to generate actions that will help Danny to have more of what is important to him/achieve his goals. 	<p>6 (2x3)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>Mark for the explanation, not for specific points.</p> <p>Three marks:</p> <ul style="list-style-type: none"> • a full and detailed explanation • clear understanding of how the tool supports Danny • how the tool could be used in a review meeting <p>Two marks:</p> <ul style="list-style-type: none"> • a sound explanation • some understanding of how the tool supports Danny <p>One mark:</p> <ul style="list-style-type: none"> • a simplified explanation which lacks clarity • basic information/list like <p>Do not credit: simple re-iteration of the situation</p>

Question		Answer	Marks	Guidance
4	(b)	<p>Three reasons. One mark for each reason.</p> <p>Reasons staff might be concerned:</p> <ul style="list-style-type: none"> • the staff do not have a person-centred approach to care • the staff treat all the young people the same way because they take an institutional approach to care • the staff lack training in meeting Danny's needs • that Danny will not be able to communicate his needs to the staff • because they believe that not going on the holiday would be safer for Danny • belief that Danny does not have the capacity to cope with the challenges of an activity holiday • the change to Danny's routine may be difficult for him • may miss his familiar surroundings/key workers 	<p>3 (3x1)</p>	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>Do not credit: Danny may miss his family</p>

Question		Answer	Marks	Guidance
4	(c)	<p>Two marks for a description.</p> <p>Ways to overcome staff concerns:</p> <p>Values based recruitment – ensures that all staff working with Danny understand and adopt a person-centred approach to care</p> <p>Provide staff training – so that all staff that working with Danny are aware of person-centred approaches and tools</p> <p>Regular review of support provided – to ensure that Danny is at the centre of his care</p> <p>Ensure staff recognise when provision is not person-centred and take action – so if Danny’s needs are not being met this will be addressed</p> <p>Modelling behaviour – all staff are made aware of a person-centred approach and see how to use person-centred tools so Danny will receive person-centred care</p> <p>Making adaptations so that Danny will have his needs met on the holiday e.g. taking a familiar key worker on the trip to support Danny, ensuring Danny knows the plans/routines in advance</p>	2	<p>Annotation: The number of ticks must match the number of marks awarded.</p> <p>One mark for identifying a way to overcome staff concerns</p> <p>One mark for relevance to Danny</p> <p>Accept alternative wording</p>

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