

Cambridge TECHNICALS LEVEL 3

Cambridge
TECHNICALS
2016

HEALTH AND SOCIAL CARE

Feedback on the June 2018 exam paper
(including selected exemplar candidate answers
and commentary)

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

Version 1

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INTRODUCTION

This resource brings together the questions from the June 2018 examined unit (Unit 6), the marking guidance, the examiners comments and the exemplar answers into one place for easy reference.

We have also included exemplar candidate answers with commentary for Questions 1(b), 2(b), 3(a) and 4(a).

The marking guidance and the examiner's comments are taken from the Report to Centre for this question paper.

The Question Paper, Mark Scheme and the Report to Centre are available from:

<https://interchange.ocr.org.uk/>

OCR
Oxford Cambridge and RSA

Level 3 Cambridge Technical in Health and Social Care
05833/05871

Unit 6: Personalisation and a person-centred approach to care
Monday 11 June 2018 – Morning

Duration: 1 hour 30 minutes
C443/1806

You must have:
- no materials required

First Name Last Name

Centre Number Candidate Number

Date of Birth

INSTRUCTIONS

- Use black ink.
- Complete the boxes above with your name, centre number, candidate number and date of birth.
- Answer all the questions.
- Write your answer to each question in the space provided.
- If additional answer space is required, you should use the (used paper) at the end of this booklet. The question number(s) must be clearly shown.

INFORMATION

- The total mark for this paper is 60.
- The marks for each question are shown in brackets [].
- Quality of extended response will be assessed in questions marked with an asterisk (*).
- This document consists of 12 pages.

FOR EXAMINER USE ONLY	
Question(s)	Mark
1	/16
2	/15
3	/20
4	/9
Total	/60

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Unit 6: Personalisation and a person-centred approach to care
Level 3 Cambridge Technical in Health and Social Care
05830 - 05833

Mark Scheme for June 2018

Oxford Cambridge and RSA Examinations

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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

Oxford Cambridge and RSA Examinations

GENERAL EXAMINER COMMENTS ON THE PAPER

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.

Resources which might help address the examiner comments:

From the link below, you'll find 'The OCR guide to examinations' (along with many other skills guides)

<http://www.ocr.org.uk/i-want-to/skills-guides/>

Command verbs definitions

<http://www.ocr.org.uk/Images/273311-command-verbs-definitions.pdf>

Questions 1(a) and (b)

Answer **all** the questions.

1 (a) List three key features of personalisation.

1 Three features required. One mark each.

Key features of personalisation:

- ... • personal budgets [3]
- direct payments
- 2** • managed accounts [3]
- coproduction
- ... • citizenship model [3]
- 3** • voice, choice and control over care [3]
- self-assessment of needs
- ... • changing roles of professionals [3]
- individual knows what is best for them/can challenge professionals' opinions
- care adapted to individual needs
- promotes inclusive communities
- puts individual at the centre of care
- allows individuals to take risks.

(b) Explain one principle of a person-centred approach to care.

Three marks for an explanation. **One** required.

- **Independence and rights** – being able to live life the way they want to, the right to be employed, the right to form meaningful relationships. [3]
- **Co-production, choice and control** – being treated as an equal partner in decision making about their care, being able to make decisions about their life/care, being able to have more of what is important to them. Decisions are made by individual and professionals working together
- **Inclusive and competent communities** – being able to participate in community activities, to be able to volunteer, to feel they belong in their community. [3]

Mark Scheme Guidance

Question 1(a):

Annotation:

The number of ticks must match the number of marks awarded.

One mark for any of the listed answers.

Accept alternative language

Do not accept:

- Empowerment
- Consequences of personalisation

Question 1(b):

Annotation:

The number of ticks must match the number of marks awarded.

One mark for stating a principle and up to **two marks** for the explanation.

Three marks:

- states a principle
- fully explains the principle
- provides a rationale for the principle.

Two marks:

- states a principle
- a brief/sound explanation of the principle.

One mark:

- states a principle OR
- brief explanation which lacks clarity.

Examiner comments

Question 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.

Question 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.

Exemplar candidate work

Question 1(b) – Low level answer

(b) Explain **one** principle of a person-centred approach to care.

..... Making sure ~~not~~ everyone has access to.....
..... health care, ~~that~~ whether diverse or any.....
..... culture, all are equal and to do so.....
..... Person-centered is when an individual are analysed,.....
..... their needs are meant and having their own.....
..... wishes, aspiration and needs as they would like..... [3]

Commentary

The candidate has been credited for identifying that a feature of a person-centred approach is having their wishes and aspirations met. However they have not explained what this means in practice or how it relates to one of the principles of a person-centred approach.

To improve this response the candidate could have made reference to the principle of independence and rights which recognises that individuals must be able to live life the way they want to.

The candidate has made reference to equality and diversity which was not related to the question. Centres should ensure that candidates have opportunities to practice writing relevant answers with clarity and precision.

Exemplar candidate work

Question 1(b) – High level answer

(b) Explain one principle of a person-centred approach to care.

A principle of a person-centred approach to care is to always give the individual a choice. As an example, a carer has offered to help an individual get ready for the day and has asked them what they would like to wear instead of choosing themselves. [3]

Commentary

The candidate has made reference to the principle of 'choice' with a brief explanation of what giving choice means in practice. The answer is clear and related to the question.

To improve this answer the candidate could have explained that when carers give individuals choices they enable the individual to feel in control of their own life which promotes their self-esteem.

Mark Scheme Guidance

Question 1(c):

Content	Levels of response
<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 and understanding of EHC plans • explicitly linked to the legislation • correct use of terminology • QWC – high <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • clear knowledge about SEND support • some reference to legislation • mostly relevant and accurate information • QWC – mid <p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited/basic description • information may not be relevant to the legislation • may identify generic facts about personalisation in schools • limited structure, may be list like or muddled • QWC – low 	<p>Level 3 [6–7 marks]</p> <p>Answers provide a detailed analysis of how EHC plans support children with SEN and disabilities. Clear links are made between personalisation and EHC plans. 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 [3–5 marks]</p> <p>The answer provides clear knowledge of how children with SEN and disabilities are supported in schools. Some reference should be made to the legislation. Answers will be factually correct. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1 [1–2 marks]</p> <p>Answer provides a limited or basic description of the ways that children with SEN and disabilities can be supported. May only identify generic features of personalisation. Answers may be list like, muddled, demonstrating little knowledge or understanding of legislation. Errors of grammar and spelling may be noticeable and intrusive.</p> <p>0 marks – response not worthy of credit.</p>

Question 1(d):

Annotation:

The number of ticks must match the number of marks awarded.

Mark for the explanation, not for specific points.

Three marks:

- a full and detailed description
- clearly linked with a person-centred approach
- an example of how the approach is applied in practice.

Two marks:

- a brief description
- linked to a person-centred approach with some reference to practice.

One mark:

- a simple description/statement
- may only link to either practice or a person-centred approach.

Examiner comments

Question 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].

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.

Question 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.

Question 2(a)

- 2** Emma, 35, lives in a residential care home. There are three members of staff working at the care home: Naomi, Steven and Rachel. Naomi is Emma's key worker.

Emma's friend Tom also lives at the care home.

Emma sees Laura for physiotherapy once a week.

Emma's parents visit occasionally but are not closely involved in her care. She also has a sister who does not visit.

- (a)** Represent the information about the people in Emma's life on a doughnut chart.

The doughnut chart should:

1. Emma at the centre/pivotal
2. Are all the professionals on the chart: Naomi, Rachel, Steven and Laura?
3. Are sister, parents and Tom on the chart?
4. Does it clarify who provide professional care?
5. Does it clarify who does not provide care?
6. Is it quick to read at a glance?
7. Is it logical? i.e. Naomi (Steven and Rachel) closer to Emma, Tom nearer than parents and sister.

[8]

Mark Scheme Guidance

Annotation:

The number of ticks must match the number of marks awarded.

One mark for points 1-6.

Two marks for point 7:

Two marks:

The relative importance of people to Emma is clearly demonstrated.

One mark:

The importance of people to Emma is partially demonstrated.

Examiner comments

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.

Mark Scheme Guidance

Question 2(b):

Annotation:

The number of ticks must match the number of marks awarded.

Mark for the explanation, not for specific points.

Three marks:

- a full and detailed explanation
- clear understanding of the purpose of a doughnut
- clear reference to improving care.

Two marks:

- a sound explanation
- some understanding of the purpose of a doughnut.

One mark:

- a brief statement without clear explanation.

Question 2(c):

Annotation:

The number of ticks must match the number of marks awarded.

Two marks for a full description which is relevant to a person-centred review.

One mark for a brief answer/statement which lacks clarity.

Do not credit:

- simple re-iteration of the situation
- 'to see who they do not like'

Examiner comments

Question 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.

Question 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.

Exemplar candidate work

Question 2(b) – Low level answer

(b) Explain the purpose of a doughnut chart.

The purpose of a doughnut chart is to represent individuals in the life of a person receiving person-centred care according to how important they are in the person's care and support.

[3]

Commentary

The candidate has correctly identified that a doughnut chart represents who is important in a person's care and support. The explanation lacks depth as the candidate does not explain the purpose of a doughnut chart.

To improve this answer, the candidate could have explained that the purpose of a doughnut chart is to clarify the roles and responsibilities which individuals have in supporting and caring for a person.

Exemplar candidate work

Question 2(b) – High level answer

(b) Explain the purpose of a doughnut chart.

The purpose of a doughnut chart is to ensure that all people involved with an individual is separated for example family, practitioners or key workers to allow the needs of individual to be met successfully. Furthermore to ensure that the needs of the individual are met in an organised fashion were everyone understands their role and who is important [3]

Commentary

The candidate has demonstrated a clear understanding that a doughnut chart includes all the individuals who are important to a person's care and support. They have also recognised that the purpose of the chart is to ensure that everyone understands their role.

The candidate has made some reference to the purpose of a doughnut chart being to ensure care is 'organised'. They could have improved their answer had they explained that the purpose of a doughnut chart is to ensure there are no gaps in a person's care, i.e. to evaluate/improve their network of support.

Mark Scheme Guidance

Content	Levels of response
<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 • explicitly linked to Jessica • explicitly linked to person-centred care • discusses pros and/or cons in depth • correct use of terminology • QWC – high <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • sound explanation which may lack depth • linked to Jessica • some reference to the importance of a person-centred review • mostly relevant and accurate information • QWC – mid <p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited/basic description • information may be generic with little/no analysis • limited structure, may be list like or muddled • QWC – low 	<p>Level 3 [8-10 marks]</p> <p>Answers provide a detailed analysis of the importance of a person centred review meeting for Jessica. Answers are explicitly linked to Jessica’s circumstances and person-centred review meetings. 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]</p> <p>The answer provides a sound explanation of the importance of a person centred review meeting for Jessica. Answers will be factually correct but may lack depth. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1 [1-3 marks]</p> <p>Answer provides a limited or basic description of review meetings. May not refer to Jessica or review meetings. 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>

Examiner comments

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.

Exemplar candidate work

Question 3(a) – Low level answer

- 3 (a)* Jessica, 45, is a lawyer. She is married and has two children. Jessica has motor neurone disease, and her condition is deteriorating. She is no longer able to walk without support. She is finding household tasks increasingly difficult to manage.

Analyse how a person-centred review could help Jessica.

The person-centred review could help Jessica. The person-centred care can be applied to Jessica as they can provide support like walking Aids for Jessica to use to enable her to do basic tasks like to provide her to enable to participate in exercise activities to help to keep her fit and health. They can also send a member of staff to Jessica's home and they can help her to walk around every day to get exercise. The care workers attending and visiting Jessica at her home on a daily basis can help with her household tasks such as the care worker can Hoover the house and clean the dishes so they can give Jessica a helping hand. This help to put Jessica in the centre of care and support provided to her to allow her to feel comfortable and relaxed knowing that she's not alone and allowing her to participate in day to day tasks and activities.

[10]

Commentary

The candidate has given two examples of the kind of care which might help Jessica to live independently, including walking aids and a personal carer to help with household tasks. The candidate has also made some reference to the benefits of Jessica of receiving this care. To improve the answer the candidate could have explained more clearly that the benefits of receiving this care would allow Jessica to continue to participate in family life and improve her confidence.

The answer is not well-focused on the question as the candidate has not made explicit reference to the benefits of person-centred review meetings. These meetings provide a space for everyone who is involved in Jessica's life and care to come together and ensure she has the support she needs, according to her wishes.

Exemplar candidate work

Question 3(a) – Medium level answer

- 3 (a)* Jessica, 45, is a lawyer. She is married and has two children. Jessica has motor neurone disease, and her condition is deteriorating. She is no longer able to walk without support. She is finding household tasks increasingly difficult to manage.

Analyse how a person-centred review could help Jessica.

A person-centred review, will allow professionals to have an idea of what equipment Jessica might need for her life to be easier. This will ~~also~~ allow Jessica to develop her own care plan to meet her needs. This will not only make it easier on Jessica but also on her family as ~~she will be~~ ^{if they support} support ^{physically} ~~with~~ her ^{everyday} disabilities. A person-centred review will also raise their awareness ~~and~~ financially to see if they need to provide more government money, as having a disability can be very expensive. This will also allow her family to have a ^{say} ~~say~~ in what they think is best for her. As they are close to her and see her on an everyday basis.

[10]

Commentary

The candidate has made reference to several ways a person-centred review could benefit Jessica. They have demonstrated awareness that the purpose of a person-centred review is for professionals to understand the care which Jessica wants and needs, to review the budget and for her family to contribute their perspectives.

To improve this answer the candidate could have made reference to the limitations of person-centred review meeting such as care plans being limited by the budget available or there being a limited availability of care services in her area.

Exemplar candidate work

Question 3(a) – High level answer

- 3 (a)* Jessica, 45, is a lawyer. She is married and has two children. Jessica has motor neurone disease, and her condition is deteriorating. She is no longer able to walk without support. She is finding household tasks increasingly difficult to manage.

Analyse how a person-centred review could help Jessica.

A care-centred review puts Jessica at the center of her care and details down what her needs are so actions can be taken to support her and her family. The review ^{will} involves what is important to her using routines, relationship chart, one-pag profile and top tips so the service provider knows what isn't working so it can be eliminated and what is important to Jessica so it can be kept in her life. A person-centred review provides her with choice and control over her care so services can work around her wants and preferences. However a person-centred review could be negative if her choices aren't being considered, all her needs can't be met due to communication barriers or geographical barriers and co-production between carer and the service user isn't efficient. If co-production isn't efficient wrong information can be gathered causing bad support, not enough services available or budgets for services can be impacted.

[10]

Commentary

The candidate has analysed in depth the potential benefits to Jessica of a person-centred review meeting. Their answer explicitly relates to how person-centred review meetings benefit individuals through the use of person-centred tools and by putting the individual's wants and needs at the centre of collaborative decisions made at the meeting. There is evidence of a detailed understanding of what happens during a person-centred review meeting with appropriate terminology used.

The candidate has also made clear reference to ways the benefits of a person-centred review may be limited, i.e. through geographical or communication barriers. In order to improve this answer the candidate could have explained in greater depth how these barriers lead to limitations.

Question 3(b)

(b) State **two** questions that the facilitator might ask Jessica at the meeting as a result of her deteriorating condition.

- | | | |
|-------|---|------------|
| 1 .. | Two questions required. Two marks each.
Example questions (one mark): | |
| | <ul style="list-style-type: none"> • What can we do to support you ? • What is/isn't working well for you? | |
| 2 .. | <ul style="list-style-type: none"> • What is/isn't working well for your family? • What are your wishes/needs etc? | |
| | Example questions (two marks) | |
| | <ul style="list-style-type: none"> • How does it make you feel now your condition is deteriorating and you are able to do less things? • What do you need to stay well-supported as you become less mobile • What care do you think is best for you now and afterwards when your condition deteriorates further? • What is important to you for the future now that your needs are changing? • How are your needs changing now that you are less mobile? | [4] |

Mark Scheme Guidance

Annotation:

The number of ticks must match the number of marks awarded.

Two marks for an answer that relates to Jessica's changing circumstances.

One mark for a generic answer which does not reference Jessica's circumstances.

Accept alternative language.

Accept other reasonable questions.

Do not credit:

- simple re-iteration of the situation, ie repeat of 'deteriorating condition'.

Examiner comments

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?'

Mark Scheme Guidance

Content	Levels of response
<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:</p> <p>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 • clearly linked to Jessica • reference made to how benefits arise <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • clear explanation • related to Jessica • QWC – mid <p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited/basic explanation • generic and not related to Jessica • limited structure, may be list like or muddled • QWC – low 	<p>Level 3 [5-6 marks]</p> <p>The answer provides a detailed explanation of the benefits of personalisation for Jessica. Answers make reference to how the benefits arise. 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 [3-4 marks]</p> <p>The answer provides a clear explanation of the benefits of personalisation for Jessica. Answers will be factually correct. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 1 [1-2 marks]</p> <p>Answer provides a limited or basic explanation of the benefits of personalisation not related to Jessica. 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>

Examiner comments

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.

Mark Scheme Guidance

Question 4(a):

Annotation:

The number of ticks must match the number of marks awarded.

One mark for any of the listed answers

Accept alternative language.

Accept other reasonable examples.

Do not accept:

- lack of care
- abuse
- lack of training
- inadequate practice
- no review meetings.

Question 4(b):

Content	Levels of response
<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:</p> <p>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 • explicit reference to barriers and how they are overcome • examples clearly relate to a residential care home • QWC – high <p>Level 2 – checklist:</p> <ul style="list-style-type: none"> • sound explanation • provides detailed examples of how barriers are overcome • relevant to a residential care home (may be implicit) • QWC – mid <p>Level 1 – checklist</p> <ul style="list-style-type: none"> • limited/basic description • brief statements of ways to overcome barriers • limited structure, may be list like or muddled • QWC – low 	<p>Level 3 [5-6 marks]</p> <p>The answer provides a detailed explanation of barriers to a person-centred approach and ways of overcoming them. Examples are given which clearly relate to a residential care home. 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 [3-4 marks]</p> <p>The answer provides an explanation of how barriers to a person-centred approach are overcome. Examples are given which are relevant to a residential care home. Answers will be factually correct. There will be few errors of grammar, punctuation and spelling.</p> <p>Submax of 3 for one barrier done well.</p> <p>Level 1 [1-2 marks]</p> <p>Answer provides a limited or basic description of ways to overcome barriers to a person-centred approach. Answer may not be related to a residential care home. 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>

Examiner comments

Question 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.

Question 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.

Exemplar candidate work

Question 4(a) – Low level answer

4 (a) Give three examples of non-person centred care in a residential care home.

- 1 Not meeting individual's needs. ^(residents)
- 2 Not allowing ~~the~~ ^{individuals/residents} to have choice or control over their care within the residential care home.
- 3 Not putting residents in the centre of care and not treating them as valued individuals.

[3]

Commentary

The candidate has scored a mark for identifying that not giving an individual choice over their care is not person-centred.

Their first response was not credited as not meeting an individual's needs is a lack of care in general rather than just a lack of person-centred care. The third response has also not been credited as although the language used differs, the point made is a repeat of the answer already credited.

Centres should encourage candidates to give three clearly different examples as repeats are not credited even when the language used is different.

Exemplar candidate work

Question 4(a) – High level answer

4 (a) Give three examples of non-person centred care in a residential care home.

- 1 One example could be if a person is being forced to wear ^{an outfit} something that they don't like.
- 2 Another example, is if the individual does not get some independence ~~and~~ of themselves.
- 3 One last example is if an individual had no control over what they can eat even if ~~it~~ their opinion fits with their diets and doesn't affect their health. [3]

Commentary

The candidate has been credited for the first and third responses which give different examples of non-person centred care. The first is an example of not giving an individual choice about what to wear. The third is not giving the individual control over their own decisions such as what to eat (even when the care worker believes other decisions would be better for the individual).

The candidate could have improved their mark by giving a less vague example for their second response. For example not providing necessary adaptations for individuals to enable them to have greater independence.



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