

Cambridge TECHNICALS LEVEL 3

HEALTH AND SOCIAL CARE

Cambridge
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Unit 6

Personalisation and a person-
centred approach to care

K/507/4421

Guided learning hours: 60

Version 3 – revised May 2017

*changes are indicated by black line

LEVEL 3

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

K/507/4421

Guided learning hours: 60

Essential resources required for this unit: none

This unit is externally assessed by an OCR set and marked examination.

UNIT AIM

Since 2008, the Government's approach to care provision has been one of "Personalised Care". This is an exciting as well as challenging time, as this approach seeks to empower individuals and allow choice and control over the shape of their support within all care settings. It aims to provide payments to individuals so they can access the care and support they need. This unit gives you the opportunity to study what personalisation is and how it should work in practice.

The way the health and social care sector can achieve personalisation in practice is by adopting a person-centred approach to care. Those wishing to work in the sector will need to have the mindset, skills and practical tools to be person-centred in their approach and this unit aims to develop the knowledge, understanding and skills required.

Freedom of choice is important to us all and is something we exercise on a daily basis. All individuals should now be equal partners in the planning and delivery of their care. Health and social care professionals aim to empower individuals who require care, and their families, to have the maximum choice and control over the services they receive.

In this unit you will develop an understanding of the values that underpin a person-centred approach to care and will learn to challenge your preconceptions. The unit will explore how changes over time in attitudes and in policies have resulted in health and social care professionals adopting a person-centred approach to care. You will be introduced to the practical tools and approaches that are used by professionals in their work.

TEACHING CONTENT

The teaching content in every unit states what has to be taught to ensure that learners are able to access the highest grades. Anything which follows an i.e. details what must be taught as part of that area of content. Anything which follows an e.g. is illustrative.

For externally assessed units, where the content contains i.e. and e.g. under specific areas of content, the following rules will be adhered to when we set questions for an exam:

- a direct question may be asked about unit content which follows an i.e.
- a direct question will not be asked about unit content which follows an e.g.

Learning outcomes	Teaching content	Exemplification
The Learner will:	Learners must be taught:	
1. Understand personalisation in health and social care	1.1 Definition of personalisation (e.g. people receiving support, either statutory or self-funded, have choice and control over that support in all care settings) 1.2 Key features of personalisation, i.e. <ul style="list-style-type: none"> • personal budgets, i.e. <ul style="list-style-type: none"> ○ direct payments ○ managed accounts • coproduction (e.g. citizenship model) • choice and control (e.g. where and how care is provided, employing personal assistants) • self-assessment of needs • changing role of professionals (e.g. the individual knows what is best for themselves, not the professional) 	Learners should be able to define the term personalisation and describe the key features of personalisation. Learners need to be able to identify appropriate legislation and its key features whilst also being able to describe the role the local authority plays in implementing personalisation. Learners must be taught any changes to legislation which supersedes those listed in the teaching content. Learners must be able to analyse and evaluate the potential benefits and impacts of personalisation.

Learning outcomes	Teaching content	Exemplification
The Learner will:	<p>Learners must be taught:</p> <p>1.3 Benefits of personalisation to an individual (e.g. individuals gain and maintain control, able to remain in own home whilst receiving care, inclusion within the community, improved information and guidance)</p> <p>1.4 Impacts of personalisation, i.e.</p> <ul style="list-style-type: none"> • positive (e.g. direct payment for care allowing rapid access to services, inclusion within communities, preventing isolation, remaining in own home where familiarity and sense of belonging add to quality of life, access to information and guidance allowing better choices, new opportunities) • challenges (e.g. care limited to the prescribed budget, availability and access to some services may be restricted in some areas) <p>1.5 Legislation underpinning personalisation, i.e.</p> <ul style="list-style-type: none"> • Health and Social Care Act 2012 • Local Authority Circular (DH) 2008 – Personalisation Guidance. • The Care Act 2014 • Children and Families Act 2014 <p>1.6 Role of local authority, i.e.</p> <ul style="list-style-type: none"> • assessment, i.e. <ul style="list-style-type: none"> ○ Education, Health and Care Plan (EHCP) ○ Fair Access to Care ○ budgets (e.g. individual, direct payments) 	

Learning outcomes	Teaching content	Exemplification
The Learner will:	Learners must be taught:	
2. Understand what is meant by a person-centred approach to care	<ul style="list-style-type: none"> • housing (e.g. choice of residence, housing adaptations, meeting housing needs) • The Care Act (e.g. removal of geographical barriers) • decentralisation and commissioning (e.g. outsourcing services, promoting greater range of choice) <p>2.1 Person-centred approach, i.e.</p> <ul style="list-style-type: none"> • a balance between what is important to and what is important for a person • enhancing voice, choice and control • clarification of roles and responsibilities <p>2.2 Principles of a person-centred approach and how they support person-centred care, i.e.</p> <ul style="list-style-type: none"> • independence and rights (e.g. to live life the way they want to, to be employed, to form meaningful relationships) • co-production, choice and control (e.g. to be treated as an equal partner in decision making about their care, to be able to make decisions about their life/care, to have more of what is important to them) • inclusive and competent communities (e.g. to be able to participate in community activities, to volunteer, to feel they belong) <p>2.3 Current context of the person-centred approach, i.e.</p> <ul style="list-style-type: none"> • the policy landscape, i.e. <ul style="list-style-type: none"> ○ personalisation ○ personal budgets • role of a person-centred approach in achieving good practice in the delivery of care services 	

Learning outcomes	Teaching content	Exemplification
The Learner will:	Learners must be taught:	
3. Understand methods used to implement a person-centred approach	<p>2.4 Historic overview, i.e.</p> <ul style="list-style-type: none"> • institutional history of public services • disability rights movement and links to person-centred approach <p>2.5 Challenges to adopting a person-centred approach, i.e.</p> <ul style="list-style-type: none"> • resistance to change • institutional history of public services • institutions promoting a medical model of disability • lack of staff training • communication barriers • respecting choice when alternatives may promote better health or wellbeing • focusing on deficits rather than capacities • lack of clarity over roles and responsibilities <p>2.6 Methods for overcoming challenges, i.e.</p> <ul style="list-style-type: none"> • values-based recruitment • staff training • regular review of support provided • recognising when provision is not person-centred and taking action to rectify • modelling behaviour <p>3.1 Tools to find out what is important to/for a person i.e.</p> <ul style="list-style-type: none"> • good days/bad days (e.g. describe a typical day, what would it take to have more good days and fewer bad days?) • routines (e.g. daily, weekly, celebrations) • top tips (e.g. two minutes to share what you know about an individual and the best way to support them) 	<p>Learners should explore examples of how the tools are used in practice, (e.g. on placements, in the literature (Lewis and Sanderson, 2012) and in practice guidance).</p> <p>Learners must be able to evaluate various tools that can be used to implement a person-centred approach and analyse the situations in which their use would apply.</p>

Learning outcomes	Teaching content	Exemplification
<p>The Learner will:</p>	<p>Learners must be taught:</p> <ul style="list-style-type: none"> • relationship circles (e.g. who they know, how they know them, who knows who, how networks can support) • one page profiles (e.g. positive qualities, strengths and talents an individual has, what is important to the individual, important people in their life, hobbies, routines) <p>3.2 Tools that enhance voice, choice and control, i.e.</p> <ul style="list-style-type: none"> • communication charts • decision-making charts • building of effective relationships with individuals who require care or support <p>3.3 Tools to clarify roles and responsibilities in the care relationship, i.e.</p> <ul style="list-style-type: none"> • doughnut chart <p>3.4 How to develop person-centred plans and records, i.e.</p> <ul style="list-style-type: none"> • understand how the individual communicates their wishes and needs • focus on the individual's capabilities and how they can best be supported to make decisions • find out what is important to a person to have a good quality of life • find out who is important in a person's life (e.g. clarify the roles and responsibilities of the network of people who are involved in the day-to-day life of the individual requiring care and support) 	<p>Learners must be able to evaluate how to develop person-centred plans and records.</p>
<p>4. Know how to plan and conduct review meetings using a person-centred approach</p>	<p>4.1 Review meetings, i.e.</p> <ul style="list-style-type: none"> • the importance of reviews in health and social care (e.g. putting the individual at the centre of the meeting, builds and shares information collaboratively, generates actions) 	<p>Learners must be able to describe approaches they would take when planning and conducting review meetings using a person-centred approach.</p>

Learning outcomes	Teaching content	Exemplification
The Learner will:	Learners must be taught:	
	<ul style="list-style-type: none"> • the purpose of review meetings (e.g. meeting changing needs, reviewing budget, ensuring care relationships are effective, to review the person-centred description) <p>4.2 Planning and preparing for review meetings, i.e.</p> <ul style="list-style-type: none"> • understanding the role of the facilitator (e.g. supports the person whose review it is, considers how the person wants to be at the centre of the meeting) • how the individual can be made to feel as comfortable as possible during the meeting, i.e. <ul style="list-style-type: none"> ○ giving the individual choice over people present at the meeting (e.g. within statutory requirements) ○ the timing of the meeting ○ the location of meeting <p>4.3 Conducting review meetings, i.e.</p> <ul style="list-style-type: none"> • person-centred tools used during the meeting • ask appropriate questions (e.g. what is important to you now? What will be important in your future? What do you need to stay healthy, safe and well supported? What is working and not working from different perspectives) • review budget • generate actions • consider solutions • update records 	<p>Learners must understand that planning and review meetings are an essential part of the work of Health and Social Care professionals. They could investigate this when on placements by talking to professionals about this aspect of their work.</p> <p>There are also case studies in the literature (Lewis and Sanderson, 2012) which provide examples of the purpose and practice of review meetings.</p> <p>Learners should compare and contrast accounts of review meetings. They should understand that a person-centred approach generates actions that are based on collaborative knowledge. It also focuses attention on deeper issues that are important to people, e.g. hobbies, work, relationships.</p>

LEARNING OUTCOME (LO) WEIGHTINGS

Each learning outcome in this unit has been given a percentage weighting. This reflects the size and demand of the content you need to cover and its contribution to the overall understanding of this unit. See table below:

LO1	26-33%
LO2	23-30%
LO3	16-23%
LO4	23-30%

ASSESSMENT GUIDANCE

All Learning Outcomes are assessed through an externally set, written examination paper, worth a maximum of 60 marks and 1 hour 30 minutes in duration.

A range of different types of questions will be used in the external assessment. These include short answer questions and longer, extended response, questions.

Many of the questions will be context-based where learners will be expected to demonstrate their understanding through questions that require skills of analysis and evaluation in particular contexts. This means that the questions will be based on scenarios; examples could be in a hospital, retirement home, etc. Learners will have to apply their knowledge of personalisation and a person-centred approach to care to the given scenario context to produce a response relevant to that setting. An example would be a short case study of an individual living with a particular condition and their work and/or social circumstances and how they would benefit from a person-centred approach to their care.

During the assessment of this unit, learners will benefit from using learning from the following units and Learning Outcomes:

Unit 1 Building positive relationships in health and social care – LO1 Understand relationships in health, social care or child care environments, LO2 Understand the factors that influence the building of relationships LO3 3 Understand how a person-centred approach builds positive relationships in health, social care or child care environments

Unit 2 Equality, diversity and rights in health and social care – LO1 Understand concepts of equality, diversity and rights and how these are applied in the context of health, social care and child care environments, LO4 Understand how equality, diversity and rights in health, social care and child care environments are promoted.

Unit 7 Safeguarding - LO2 Understand factors which may lead to abusive situations, LO5 Understand working strategies and procedures for the safeguarding and protection of adults, young people and children.

Unit 9 Supporting people with learning disabilities – LO3 Be able to support individuals with learning disabilities to plan their care and support.

Unit 11 Career planning for health and social care – LO2 Understand the roles and responsibilities in health, social care and child care, LO4 Understand the concept of multidisciplinary working in health, social care and child care

Unit 14 The impact of long-term physiological conditions – LO3 Be able to support individuals with long-term physiological conditions to plan their care and support, LO4 Know about end of life care.

Unit 16 Supporting people with dementia - LO3 Be able to support individuals with dementia to plan their care and support

Unit 17 Supporting people with mental health conditions – LO2 Be able to support individuals with mental health conditions to plan their care, treatment and support.

Unit 18 Caring for older people - LO2 Be able to support older people to plan their care and support, LO3 Understand the potential vulnerability of older people

Unit 21, Looked after children and young people - LO2 Understand possible issues and difficulties that may affect looked after children and young people

Unit 22, Psychology for health and social care - LO2 Understand health psychology, LO3 Understand the impact of chronic illness and long-term health conditions on individuals LO4 Know the psychological impacts of requiring care.

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