Non-Exam Assessment (NEA)

NCFE CACHE Level 1/2 Technical Award in Health and Social Care (603/7013/0)

Centre version

October 2024 release

v1.1

Contents

Introduction

The non-exam assessment (NEA) is a formal synoptic assessment that requires the learner to independently apply an appropriate selection of knowledge, understanding, skills and techniques, developed through the full course of study, in response to a real-world situation, to enable them to demonstrate an integrated connection and coherence between the different elements of the qualification.

The NEA will contribute **50%** towards the overall qualification grade; therefore, it is important that the learner produces work to the highest standard that they can. The learner must not start the NEA until they have been taught the full course, to ensure that they are in the best position to complete the NEA successfully.

What is synoptic assessment?

Synoptic assessment is an important part of a high-quality vocational qualification because it shows that learners have achieved a holistic understanding of the sector and that they can make effective connections between different aspects of the subject content and across the breadth of the assessment objectives (AOs) in an integrated way. The Department for Education (DfE) has consulted with awarding organisations and agreed the following definition for synoptic assessment:

'A form of assessment which requires a candidate to demonstrate that they can identify and use effectively in an integrated way an appropriate selection of skills, techniques, concepts, theories, and knowledge from across the whole vocational area, which are relevant to a key task.'

Synoptic assessment enables learners to show that they can transfer knowledge and skills learnt in one context to resolve problems raised in another. To support the development of a synoptic approach, the qualification encourages learners to make links between elements of the course and to demonstrate how they have integrated and applied their increasing knowledge and skills.

As learners progress through the course, they will use and build upon knowledge and skills learnt across units. The NEA will test the learners' ability to respond to a real-world situation.

Information for learners

Introduction

The NEA will be assessed holistically using the levels of response marking grid and against five integrated AOs. These AOs and their weightings are shown below.

Assessment objectives (AOs)
AO1: Recall knowledge and show understanding The emphasis here is for learners to recall and communicate the fundamental elements of knowledge and understanding. **16 marks (19.04%)**
AO2: Apply knowledge and understanding The emphasis here is for learners to apply their knowledge and understanding to real-world contexts and novel situations. **20 marks (23.80%)**
AO3: Analyse and evaluate knowledge and understanding The emphasis here is for learners to develop analytical thinking skills to make reasoned judgements and reach conclusions. **12 marks (14.28%)**
AO4: Demonstrate the application of relevant vocational skills, processes, working practices and documentation The emphasis here is for learners to demonstrate the essential skills relevant to the vocational sector, by applying the appropriate processes, working practices and documentation. **28 marks (33.33%)**
AO5: Analyse and evaluate the demonstration of relevant vocational skills, processes, working practices and documentation The emphasis here is for learners to analyse and evaluate the essential skills; processes, working practices and documentation relevant to the vocational sector. **8 marks (9.52%)**

Mark scheme

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a learner
- information on how individual marks are to be awarded
- the allocated AOs and total marks for each question.

Marking guidelines

General guidelines

You must apply the following marking guidelines to all marking undertaken. This is to ensure fairness to all learners, who must receive the same treatment. You must mark the first learner in exactly the same way as you mark the last.

- The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.
- Reward learners positively, giving credit for what they have shown, rather than what they might have omitted.
- Utilise the whole mark range and always award full marks when the response merits them.
- Be prepared to award zero marks if the learner's response has no creditworthy material.
- Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.
- If you are in any doubt about the application of the mark scheme, you must consult with your centres' internal quality assurer.

Guidelines for using extended-response marking grids

Extended-response marking grids have been designed to assess learners' work holistically. They consist of bands-based descriptors and indicative content.

Band-based descriptors

Each band is made up of several descriptors from across the AO range – AO1 to AO5, which when combined provide the quality of response that a learner needs to demonstrate. Each band-based descriptor is worth varying marks.

The grids are broken down into bands, with each band having an associated descriptor indicating the performance at that band. You should determine the band before determining the mark.

Indicative content reflects content-related points that a learner may make but is not an exhaustive list, nor is it a model answer. Learners may make all, some or none of the points included in the indicative content, as its purpose is to guide the relevance and expectation of the responses. Learners must be credited for any other appropriate response.

Application of extended-response marking grids

When determining a band, you should use a bottom-up approach. If the response meets all the descriptors in the lowest band, you should move to the next one, and so on, until the response matches the band descriptor. Remember to look at the overall quality of the response and reward learners positively, rather than focusing on small omissions. If the response covers aspects at different bands, you should use a best-fit approach at this stage and use the available marks within the band to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors.

Documentation

Declaration of authenticity

The learner and assessor **must** complete the form at the end of the assessment and before any marking takes place. The assessor **must** check the number of tasks submitted by the learner is accurate.

The completed form **must** be retained within the centre and is not to be sent to the moderator or NCFE unless specifically requested.

Learner name:	
Tasks submitted:	
Learner declaration:	
I certify that the work submitted for this NEA is my own. I have clearly referenced any sources used in the work. I understand that false declaration is a form of malpractice.	
Learner signature:	
Date:	

Assessor name:	
Assessor declaration:	
I certify that the work submitted is the learner's own. The learner has clearly referenced any sources used in the work. I confirm that all work was conducted under conditions designed to assure the authenticity of the learner's work.	
Assessor signature:	
Date:	

Note: once completed, the declaration of authenticity **must** be stored securely within the centre, in line with NCFE Regulations for the Conduct of NEA – Non-Exam Assessment. A copy of this declaration form **must** be made available to NCFE upon request.

GDPR consent

Section A: this section must be completed by the learner

- NCFE may select your work for use at teacher training or standardisation events. Your work will be anonymised by removing your name. All materials will be reviewed regularly and will be removed if no longer required.
- NCFE may select your work at some point in the future for use in teaching and learning resources published on the NCFE website. Your work would be anonymised by removing your name. All materials will be reviewed regularly and will be removed if no longer required.
- You understand that this agreement may be terminated at any time through written request.
- For further details about how we process your data, please refer to the legal information section on the NCFE website.

Please tick the option that applies, and sign and date the boxes below:

	Tick one only
I consent to my work being used in the manner detailed in section A	
I **do not** consent to my work being used in the manner detailed in section A	

Learner signature:	
Date:	

Section B: this section must be completed by any participants who feature in the work

Over 13 years old

- I am over 13 and I give my permission for my video and / or photographic image to be used as detailed in section A (above).

Under 13 years old

- I give my permission for my child's video and / or photographic image to be used as detailed in section A (above).

Name of participant (printed)	**Participant / Parent / Carer signature**	**Date**

If any of the participants have declined permission, please tick here: ☐

NCFE CACHE Level 1/2 Technical Award in Health and Social Care (603/7013/0)

Non-Exam Assessment (NEA)

October release

Learner instructions

- Read the project brief carefully before you start the work.
- You **must** clearly identify and label all of the work you produce during the supervised time.
- You **must** hand in all of your work to the supervisor at the end of each timed session.

Learner information

- This NEA will assess your knowledge and understanding from across the qualification.
- The maximum mark for this NEA is **84**.
- The maximum completion time for this NEA is **13 hours** (plus **2 hours** preparation and research time).
- All of the work you submit **must** be your own.

Resources

- You have been provided with the following documents to use during the NEA:
  - Appendix 1 – (Individual profile complied by a care worker) – required for Tasks 1 and 3 (a)
  - Appendix 2 – (Care professional – health and wellbeing report) – required for Tasks 3 (a) and 4.

Please complete the details below clearly and in BLOCK CAPITALS.

Learner name			
Centre name			
Centre number		Learner number	
Learner signature			

Preparation and research task

Maximum time: 2 hours

In addition to the allocated assessment time for this NEA, you are permitted to spend a maximum of **2 hours** to undertake research and develop a research pack that you can refer to during the formal NEA assessment time. During this 2-hour period, you may access all learning materials, the internet and other published materials.

You should use this time to create your own research pack, and it is this pack alone that you may use during the allocated time given to the NEA. This is the only support material that is permitted during the completion of NEA tasks (unless otherwise stated within each of the task instructions).

All research and data used in your final NEA **must** be referenced appropriately. As a minimum this **must** include the following:

- the use of quotation marks to clearly identify any passages not of your own words
- date accessed (websites only)
- name of source / author.

Evidence requirements: research pack of no more than four sides of A4, font size 12 (if word processed), to be returned to your assessor at the end of each task / session and submitted with the completed NEA.

Formal non-exam assessment (NEA)

Maximum completion time

You have been provided with a total of **13 hours** to complete this NEA (plus **2 hours** for preparation and research).

You may use some or all of the time provided for each task.

You are allowed to use any remaining time allocated to one task to rework previous tasks up to the maximum time allowed.

You are not allowed to exceed the total number of hours.

You should not start your NEA until you have been taught the full course of study. This will ensure that you are in the best position to complete the NEA successfully.

Project brief

Case study

Barbara is 90 years old and lives alone in sheltered accommodation. She has signs of dementia and is beginning to forget routine activities such as drinking fluids, taking medication, and personal care and hygiene. Barbara also has macular degeneration. This causes her vision to be blurred. As a result, she is unable to prepare her own meals.

Her daughter, Elizabeth, who is 70 years old visits twice a week.

Barbara recently had a fall at home and was admitted to hospital. Hospital tests showed she was severely dehydrated and she was placed on intravenous fluids. A care package was also put in place so she could return home. She needed a week in hospital to recover.

Carers now visit Barbara four times a day to help with washing, dressing, toileting, mealtimes, and the taking of medication. Barbara wants to do as much as she can independently but understands she needs help. She has requested female only carers to support her.

Before her health deteriorated, Barbara had many hobbies including gardening and knitting. She enjoyed meeting her neighbours and attending activities such as bingo and quiz nights in the sheltered accommodation communal lounge. Barbara wants to do some of these activities again in the future.

You have been asked to work with other professionals in supporting Barbara's care needs and preferences and to take an active part in planning her care now she has left hospital.

As you work through the tasks, you **must** refer back to the above case study in addition to:

- Barbara's individual profile, completed by the care worker (appendix 1)
- the health and wellbeing report completed by the care professional (appendix 2).

These documents will help you to produce a care plan, an activity plan and a risk assessment for Barbara's ongoing care and development following her return home.

Assessment tasks and mark schemes

Task 1

<table>
<tr><td colspan="3">Care planning – assess and implement</td></tr>
<tr><td colspan="2">Maximum time</td><td>4 hours</td></tr>
<tr><td colspan="2">Content areas assessed</td><td>1. Health and social care provision and services
2. Job roles in health and social care and the care values that underpin professional practice
3. Legislation, policies and procedures in health and social care
4. Human development across the life span
5. The care needs of the individual
6. How health and social care services are accessed
7. Partnership working in health and social care
8. The care planning cycle</td></tr>
<tr><td colspan="2">Assessment objectives (AOs)</td><td>AO1 – 4 marks
AO2 – 4 marks
AO3 – 4 marks
AO4 – 12 marks</td></tr>
<tr><td colspan="3">You are required to:

Use the case study and individual profile completed by the care worker (appendix 1) to assess Barbara’s care needs on leaving the hospital.

• write a report of your assessment on Barbara’s care needs and preferences
• create a care plan that will demonstrate how Barbara’s individual care needs and preferences will be met during the first month at home.

Your evidence must include:
• Barbara’s support needs and current care
• Barbara’s personal objectives for the future
• the types of support required to meet Barbara’s individual needs and preferences, including the care values and working with other professionals.
[24 marks]</td></tr>
<tr><td>Evidence</td><td colspan="2">• Written report and care plan (word processed or handwritten).</td></tr>
</table>

Task 1: care planning – assess and implement

Band	Mark	Descriptor
4	**10 to 12**	**AO3** – **excellent** analysis and evaluation of the case study and individual profile to assess and identify Barbara's care needs and the support required that is **comprehensive** and **highly relevant**. **AO2** – **excellent** application of knowledge and understanding of care planning, care needs and support that is applied to meet the individual needs of Barbara that is **comprehensive**, **highly detailed** and **highly relevant** to the case study and task. **AO1** – **excellent** recall of knowledge and understanding of care planning that is **comprehensive**.
3	**7 to 9**	**AO3** – **good** analysis and evaluation of the case study and individual profile to assess and identify Barbara's care needs and the support required that is **detailed** and **mostly relevant**. **AO2** – **good** application of knowledge and understanding of care planning, care needs and support that is applied to meet the individual needs of Barbara that is **detailed** and **mostly relevant** to the case study and task. **AO1** – **good** recall of knowledge and understanding of planning cycle that is **mostly detailed**.
2	**4 to 6**	**AO3** – **reasonable** analysis and evaluation of the case study and individual profile to assess and identify Barbara's care needs and support required that has **some detail** and **some relevance**, though this may be **underdeveloped**. **AO2** – **reasonable** application of knowledge and understanding of care planning, care needs and support that is applied to meet the individual needs of Barbara that has **some detail**, although this may be **underdeveloped**. With **some relevance** to the case study and task. **AO1** – **reasonable** recall of knowledge and understanding of care planning that has **some detail**.
1	**1 to 3**	**AO3** – **limited** analysis and evaluation of the case study and individual profile to assess and identify Barbara's care needs and support required. **AO2** – **limited** application of knowledge and understanding of care planning, care needs and support to meet the individual needs of Barbara that has **minimal detail** and is **mostly superficial**. With **minimal relevance** to the case study and task.

Band	Mark	Descriptor
		AO1 – **Limited** recall of knowledge and understanding of the planning cycle that has **minimal detail**.
	0	No rewardable material

Note: it is not a requirement that the learner formulates a response in their portfolio specifically against each AO as laid out in the indicative content. The evidence provided by the learner for each AO may be embedded throughout the evidence submitted for the task. Whilst it is likely that the responses will be illustrated by the indicative content points below, credit should be given for different approaches, providing they meet the key requirements of the task and mark scheme.

Indicative content

A learner's demonstration of recall of knowledge and understanding (AO1) and their application of knowledge and understanding (AO2) and their analysis and evaluation (AO3) can be implied through the learner's ability to create and complete Barbara's care plan required of AO4**.**

AO1 – learners will recall knowledge and show understanding of the planning cycle and care plans that may include the following:

- care plan – a record that outlines the individualised care and support required to meet the individual's needs and preferences with reference to Maslow's hierarchy of needs:
  - holistic needs – physical, cognitive, social and emotional
  - physiological – biological requirements for human survival – food and water, rest and sleep, personal care
  - safety – security and control in the individual's life – environment, healthcare, emotional security, financial security
  - love and belonging – positive relationships
  - esteem – dignity and respect from others – self-confidence, independence
  - self-actualisation– realisation of the individual's full potential – personal growth, self-fulfilment.

Assess:

- identify the individual's needs and preferences including Barbara's objectives
- identify any risks
- discuss and agree care and support required with the individual and relevant others
- communicate agreed outcomes with the individual and relevant others
- record information and outcomes on the individual's care plan.

Implement:

- agree strategies to meet the individual's needs and preferences
- work in partnership with other professionals and services as appropriate
- offer advice and guidance to the individual and relevant others
- obtain required aids and adaptations

- set target and review dates
- carry out agreed care and support to meet the needs and preferences and objectives of the individual – monitor and record information and outcomes on the individual's care plan.

AO2 – learners will apply knowledge and understanding of care planning, care needs and support to meet Barbara's individual needs including Barbara's objectives that may include the following:

Assess

Identify Barbara's objectives, needs and preferences:

Objectives

- Increase independence in activities of daily living
- Undertake hobbies and social activities previously enjoyed

Needs

- mobility – Barbara may be unsteady on her feet, has blurred vision and is unable to walk without her walking aids
- speech – Barbara can communicate easily but will often repeat herself or forget instructions quickly
- nutrition and hydration – Barbara is able to eat and drink but needs reminding to do so – Barbara is unable to prepare and cook her own food safely due to her poor vision, such as reading instructions or using the cooker or microwave
- personal care – Barbara can wash and dress with some assistance but will neglect hygiene and personal care if not reminded
- maintain own safety – Barbara may forget to use walking frame or stick and trip or fall, she may forget to lock the door
- love and belonging – Barbara will not be able to go out socially as much as previously – Barbara's ability to maintain friendships with friends and neighbours living close by has deteriorated – Barbara can no longer fulfil her interests outside the home
- dignity, respect and privacy – Barbara will be more reliant on others and may have lost confidence – Barbara requires support with personal care as she is unsteady.

Preferences

- To undertake activities of daily living independently
- To have female only carers

Identify any risk:

- Barbara may be unsteady on her feet due to her blurred vision and may find it difficult to navigate her living area safely
- Barbara may try to move around her home without the use of her walking frame or stick
- Barbara may fall out of bed
- Barbara may not be able to use the kitchen appliances safely
- Barbara may not be able to remember to secure her house at night

- Barbara may forget to take her medication.

Implement care and support required with Barbara and relevant others:

- check if Barbara's daughter can visit daily and if any other support from neighbours can be carried out on a regular basis (simple meals on wheels)
- communicate agreed outcomes with Barbara and relevant others
- Barbara's mobility – ensure Barbara has access to appropriate aids (walking frame, walking stick, ramps), which have been provided by the occupational therapist and an assessment of mobility is undertaken to ensure all mobility needs are met
- Barbara's ability to eat and drink – discuss with daughter, carers and meals on wheels regarding who will bring Barbara's food, which she should then be able to feed herself
- Barbara's personal care – ensure all aids are in situ and assistance is given only as required – ask Barbara if she wants a shower or a bath when the time arises – practitioners to ensure Barbara can apply moisturising cream after showering or give help as required
- Barbara's ability to maintain own safety – ensure rugs are removed and house is secure – Barbara to be supplied with a personal contact alarm that she can wear round her neck – carers and family to ensure that Barbara is wearing personal contact alarm
- Barbara's ability to maintain friendships – encourage Barbara to keep contact with her daughter and other friends – ensure Barbara can access her telephone to speak to friends and family
- Barbara's dignity – ensure that help is only given if Barbara wishes to have support – ensure that Barbara can keep her private parts covered when being offered help with personal care – practitioners should treat Barbara as an individual and always give her choice.

Record information and outcomes on Barbara's care plan:

- clear and concise outcomes must be written and dated.

AO3 – learners will analyse and evaluate knowledge and understanding with the assessment of the individual profile and case study to identify Barbara's care and support needs to meet her objectives that may include the following:

Assess

Identify Barbara's needs and preferences:

Needs

- mobility – Barbara is very unsteady on her feet and unable to walk without her walking aids – since her fall, this has affected her confidence, balance and co-ordination and therefore must use mobility aids such as her walking frame – Barbara also has blurred vision and therefore moving around her flat can cause potential risk to her safety
- nutrition and hydration – Barbara is often forgetting to eat and drink – Barbara is unable to prepare and cook her own food due to safety and inability to clearly read cooking instructions, therefore carers will prepare food for her
- personal care – Barbara has difficulty washing and dressing, she cannot stand for long periods or fasten any buttons – Barbara also forgets about personal care and hygiene without being reminded

- maintain own safety – Barbara may trip and fall, or forget to lock the door
- love and belonging – ability to maintain friendships, Barbara can no longer fulfil her interests outside the home since she cannot leave the house independently
- dignity, respect and privacy – Barbara will require support with personal care since she cannot put on her own clothes easily.

Preferences

- To undertake activities of daily living independently
- To have female only carers

Identify any risk:

- Barbara may be unsteady on her feet and could fall and injure herself
- Barbara may not be able to use the cooker safely since she has difficulty standing and co-ordinating and memory of how to work appliances
- Barbara may not be able to remember to secure her house at night
- Barbara may forget to take her medication.

Assessment of support that will meet Barbara's needs and objectives, may include the following:

- mobility – walking aid is checked, correct aid is provided to ensure that Barbara is safe and able to move as much and as easily as possible
- nutrition and hydration – practitioners to ensure that aids allow Barbara to access appropriate nutritional meals, which she selects for herself, therefore, maintaining overall health and wellbeing – Barbara will have carers visit to prepare meals throughout the day and ensure access to drinks is maintained
- personal care – by ensuring that Barbara's bathing and toileting needs are met in a safe way and no complications could result from inadequate equipment and support – practitioners to ensure Barbara's skin health is supported to avoid breakdown and deterioration – carers will visit four times a day to support Barbara's needs
- safety – practitioners must check that all risks are reduced to a minimum to avoid any accident, injury, or stress, which could result in a further hospital stay or even mortality – practitioners should discuss with Barbara all risks to ensure she understands fully her role in maintaining her own safety – practitioners to ensure they lock doors to prevent Barbara walking out of her home – practitioners to implement strategies to remind Barbara about her medication, allow her daughter to administer the medication when visiting or the carers during their visit, ensuring that it is recorded
- love and belonging / friendships – Barbara's ability to maintain friendships of friends and neighbours living close by deteriorated – to ensure Barbara has a positive attitude by maintaining contact with friends and relatives, carers should speak to Barbara about her life to encourage self-fulfilment and reduces feelings of loneliness
- dignity and respect – by consulting Barbara on all decisions, this will ensure she feels empowered and still has control over different aspects of her life – practitioners should follow good working practices when undertaking personal care routines in a dignified way.

Task 1: care planning – assess and implement

Band	Mark	Descriptor
4	**10 to 12**	**AO4** – **excellent** demonstration of vocational skills for the **creation** of a care plan that is **comprehensive** and **highly detailed**. **AO4** – **excellent** demonstration of vocational skills for the **completion** of a care plan that is **comprehensive** and **highly detailed**. **AO4** – **excellent** demonstration of vocational skills in the creation and completion of a care plan that records and outlines the individualised care and support **relevant** to meet Barbara's holistic needs and preferences, that is **comprehensive** and **highly detailed** and **highly relevant** to the case study and task.
3	**7 to 9**	**AO4** – **good** demonstration of vocational skills for the **creation** of a care plan that is **detailed**. **AO4** – **good** demonstration of vocational skills for the **completion** of a care plan that is **detailed**. **AO4** – **good** demonstration of vocational skills in the creation and completion of a care plan that records and outlines the individualised care and support **relevant** to meet Barbara's holistic needs and preferences, that is **detailed** and **mostly relevant** to the case study and task.
2	**4 to 6**	**AO4** – **reasonable** demonstration of vocational skills for the creation of a care plan that has **some detail** although this may be **underdeveloped**. **AO4** – **reasonable** demonstration of vocational skills for the **completion** of a care plan that has **some detail** although this may be **underdeveloped**. **AO4** – **reasonable** demonstration of vocational skills in the creation and completion of a care plan that records and outlines the individualised care and support **relevant** to meet Barbara's holistic needs and preferences, that has **some detail** although this may be **underdeveloped**. With **some relevance** to the case study and task.
1	**1 to 3**	**AO4** – **limited** demonstration of vocational skills for the **creation** of a care plan that have **minimal detail** and are mostly superficial. **AO4** – **limited** demonstration of vocational skills for the **completion** of a care plan that have **minimal detail** and are **mostly superficial**. **AO4** – **limited** demonstration of vocational skills in the creation and completion of a care plan that records and outlines the individualised care and support **relevant** to meet Barbara's holistic needs and

Band	Mark	Descriptor
		preferences, that has **minimal detail** and is **mostly superficial**. With **minimal relevance** to the case study and task.
	0	No rewardable material

Indicative content

AO4 – learners will demonstrate the application of vocational skills with the creation and completion of a care plan that considers and includes all relevant aspects of care planning. The plan may include the following:

- **care plan** – a record that outlines the individualised care and support required to meet the individual's holistic needs and preferences with reference to Maslow's hierarchy of needs:
  - holistic needs– physical, cognitive, social and emotional
  - physiological – biological requirements for human survival – food and water, rest and sleep, personal care
  - safety – security and control in the individual's life: environment, healthcare, emotional, security, financial security
  - love and belonging – positive relationships
  - esteem – dignity and respect from others: self-confidence, independence
  - self-actualisation – realisation of the individuals full potential: personal growth, self-fulfilment
- person-centred care
- the individual's needs and preferences
- risks – health and safety
- care and support required with the individual and relevant others
- record information and outcomes on the individual's care plan
- strategies and support required to meet the individual's needs and preferences
- work in partnership with other professionals and services as appropriate
- any required aids and adaptations
- partnership working
- roles and responsibilities of the practitioners involved in the provision of care
- health and social care services that may need to be accessed to include barriers to access.

Note: the care plan template as created by the learner does not need to take on any set structure or format, however as per the mark grid the care plan template is rewarded for its quality.

Task 2

Health and safety – procedures	
Maximum time	**1 hour**
Content area assessed	3. Legislation, policies and procedures in health and social care
Assessment objectives (AOs)	AO1 – 4 marks AO2 – 4 marks AO3 – 4 marks

Personal information, such as Barbara's individual profile and care plan, need to be kept confidential and stored appropriately, following safe working practices.

You are required to:

Consider how to maintain safe working practices in relation to confidentiality around Barbara's personal information, such as her individual profile and care plan.

- **analyse** and evaluate safe working practices in relation to confidentiality and record keeping
- **write** a safe working practice procedure to include safe use and storage of personal information.

Your evidence **must** include:

- reference to why Barbara's personal information needs to be kept confidential and recorded appropriately
- clear justification for safe working practices that state why Barbara's personal information should be used and stored appropriately.

[12 marks]

Evidence	• Written analysis and procedure (word processed or handwritten).

Task 2: health and safety – procedures

Band	Mark	Descriptor
4	**10 to 12**	**AO3** – **excellent** analysis and evaluation of safe working practices in relation to confidentiality and record keeping that is **highly detailed** and **entirely relevant**. Supported with **excellent** justification for the choice and appropriateness of the safe working practices that are **comprehensive** and **highly detailed**. **AO2** – **excellent** application of knowledge and understanding of safe working practices, with confidentiality and record keeping that is **comprehensive** and **relevant** to the procedure. **AO1** – **excellent** recall of knowledge and understanding of procedures for the safe working practices in the use of record keeping and confidentiality that is **accurate** and **highly detailed**.
3	**7 to 9**	**AO3** – **good** analysis and evaluation of safe working practices in relation to confidentiality and record keeping that is **detailed** and **mostly relevant**. Supported with **good** justification for the choice and appropriateness of the safe working practices that are **detailed**. **AO2** – **good** application of knowledge and understanding of safe working practices in the use of record keeping and confidentiality that is **detailed** and **mostly relevant** to the procedure. **AO1** – **good** recall of knowledge and understanding of procedures for the safe working practices in relation to the use of record keeping and confidentiality that is **mostly accurate** and **detailed**.
2	**4 to 6**	**AO3** – **reasonable** analysis and evaluation of safe working practices in relation to record keeping and confidentiality that has **some detail** and **some relevance**, though this may be **underdeveloped**. Supported with **reasonable** justification for the choice and appropriateness of safe working practices that have **some detail**, though these may be **underdeveloped**. **AO2** – **reasonable** application of knowledge and understanding of safe working practices in the use of record keeping and confidentiality that has some detail although this may be **underdeveloped**. The response has **some relevance** to the procedure. **AO1** – **reasonable** recall of knowledge and understanding of procedures for the safe working practices in relation to the use of record keeping and confidentiality that has **some accuracy** and **detail**.
1	**1 to 3**	**AO3** – **limited** analysis and evaluation of safe working practices in relation to record keeping and confidentiality Supported with **limited justifications** for the choice and appropriateness of safe working practices that have **minimal detail** and are **mostly superficial**.

Band	Mark	Descriptor
		AO2 – **limited** application of knowledge and understanding of safe working practices in the use of record keeping and confidentiality that have **minimal detail** and are **mostly superficial**. **Minimal relevance** to the procedure. **AO1** – **limited** recall of knowledge and understanding of procedures for the safe working practices in relation to the use of record keeping and confidentiality that has **minimal accuracy** and **detail**.
	0	No rewardable material

Note: it is not a requirement that the learner formulates a response in their portfolio specifically against each AO as laid out in the indicative content. The evidence provided by the learner for each AO may be embedded throughout the evidence submitted for the task. Whilst it is likely that the responses will be illustrated by the indicative content points below, credit should be given for different approaches, providing they meet the key requirements of the task and mark scheme.

Indicative content

AO1 – learners will recall knowledge and understanding of procedures for the safe working practices in relation to confidentiality and record keeping that may include the following:

- records to be written in black ink, signed and dated, accurate and legible
- records to be stored securely at all times, password protected on computer or in a locked cabinet.

Maintain confidentiality:

- only share information on a need-to-know basis
- gain consent
- do not discuss information in public places
- recipients of disclosed information must respect that it is given to them in confidence
- if the decision is taken to disclose information, that decision must be justified and documented.

AO2 – learners will apply knowledge and understanding of safe working practices in the use of record keeping and confidentiality that may include the following:

Record keeping:

- written in ink so that copies can be made, and information cannot be erased or changed
- dated and signed so staff are accountable for written records
- information recorded accurately so mistakes are not made, and information is a true account
- information is written clearly and is legible so records can be read and understood.

Storage of records:

- secure so that access is kept to only those who need it
- password protected on computer, so information is kept safe and private
- locked cabinet to ensure access is limited to only staff who need to access information.

Maintaining confidentially:

- only share information on need-to-know basis ensures only the relevant people have access to information
- gain consent from the patient upholds rights and develops trust
- not discussing information in public ensures the rights are upheld and information is not shared inappropriately, keeping patient's personal information safe
- do not leave personal documents lying around as unauthorised people may find out information
- recipients of disclosed information must respect that it is given to them in confidence and therefore develop trusting relationships
- if the decision is taken to disclose information, that decision must be justified and documented – patients must be made aware that certain information will be shared such as in safeguarding situations.

AO3 – learners will analyse and evaluate the safe working practices in relation to record keeping and confidentiality that may include the following:

- effective record keeping and collecting of data is part of legislative requirements under the Data Protection Act 2018
- all staff have a responsibility to ensure records are kept up to date and processed lawfully
- staff must ensure that individual's information is accurate, and consent is gained
- computer screens should be positioned so that they cannot be seen through windows and in waiting areas by other patients or family members
- patient records not to be left unattended putting patients at risk
- if someone asks for a service users record or information regarding the service user practitioner should always check first that information can be shared
- practitioners should ensure they cannot be overheard by unauthorised people including other staff members, the public, the individual you are discussing or family members when you have discussions with colleagues about a service user.

Task 3 (a)

<table>
<tr><td colspan="2">Planning an activity</td></tr>
<tr><td>Maximum time</td><td>3 hours</td></tr>
<tr><td>Content areas assessed</td><td>2. Job roles in health and social care and the care values that underpin professional practice
4. Human development across the life span
5. The care needs of the individual</td></tr>
<tr><td>Assessment objectives (AOs)</td><td>AO1 – 4 marks
AO2 – 4 marks
AO4 – 8 marks</td></tr>
<tr><td colspan="2">You are required to:

Review the case study, individual profile (appendix 1), health and wellbeing report (appendix 2), your report and care plan completed in Task 1.

• create a plan for a day’s activities based around Barbara’s care needs and her previously enjoyed activities.

Your plan for the day must include:

• suitable activities with timings (including breaks and travel where applicable)
• how each activity will support Barbara’s holistic development and meet her individual care needs
• the family member, practitioners’ or professional’s role during the activities
• resources required to support Barbara’s development.

[16 marks]</td></tr>
<tr><td>Evidence</td><td>• Activity plan for the day (written document, word processed or handwritten).</td></tr>
</table>

Task 3 (a): planning an activity – activity plan

Band	Mark	Descriptor
4	**7 to 8**	**AO2** – **excellent** application of knowledge and understanding of Barbara's holistic needs is **comprehensive** and **highly detailed** and **highly relevant** to Barbara's development. **AO1** – **excellent** recall of knowledge and understanding holistic needs that is **comprehensive**. The activity plan meets **all** requirements of the task: timings, resources, practitioners' role and how each activity will support Barbara.
3	**5 to 6**	**AO2** – **good** application of knowledge and understanding of Barbara's holistic needs that is **detailed** and **mostly relevant** to Barbara's development. **AO1** – **good** recall of knowledge and understanding of holistic needs that is **mostly detailed**. The activity plan meets **most** requirements of the task: timings, resources, practitioners' role and how each activity will support Barbara.
2	**3 to 4**	**AO2** – **reasonable** application of knowledge and understanding of Barbara's holistic needs that has **some detail**, although this may be underdeveloped. With **some** relevance to Barbara's development. **AO1** – **reasonable** recall of knowledge and understanding of holistic needs that has **some detail**. The activity plan meets **some** requirements of the task: timings, resources, practitioners' role and how each activity will support Barbara.
1	**1 to 2**	**AO2** – **limited** application of knowledge and understanding of Barbara's holistic needs that has **minimal detail** and are **mostly superficial**. With **minimal relevance** to Barbara's development. **AO1** – **limited** recall of knowledge and understanding of holistic needs that has **minimal detail**. The activity plan meets **limited** requirements of the task: timings, resources, practitioners' role and how each activity will support Barbara.
	0	No rewardable material

Note: it is not a requirement that the learner formulates a response in their portfolio specifically against each AO as laid out in the indicative content. The evidence provided by the learner for each AO may be embedded throughout the evidence submitted for the task. Whilst it is likely that the responses will be illustrated by the indicative content points below, credit should be

given for different approaches, providing they meet the key requirements of the task and mark scheme.

Indicative content

A learner's demonstration of recall of knowledge and understanding (AO1) and their application of knowledge and understanding (AO2) can be implied through the learner's ability to create an activity plan required for AO4.

AO1 – learners will recall knowledge and show understanding of holistic needs that may include the following:

- developing Barbara's mobility
- developing Barbara's co-ordination
- developing Barbara's speech
- providing intellectual stimulation
- providing social interaction
- ensuring that Barbara's previous hobbies and interests are part of her activity plan
- ensuring that rest breaks are added as usual tasks will require more energy.

AO2 – learners will apply knowledge and understanding of holistic needs and activities to support Barbara's development that must include the following:

- activities with timings (including breaks and travel where applicable)
- how each activity will support Barbara's development
- the family member or practitioners' role during the activity
- resources required.

AO2 – learners will apply knowledge and understanding of holistic needs and activities to support Barbara's development that may include the following:

Developing Barbara's mobility:

- taking the bus to the garden centre and Royal Horticultural Society (RHS) gardens that she previously visited
- use of walking frame, mobility scooter or wheelchair for ease of access
- carers / family ensure she does regular walks in the sheltered accommodation communal gardens.

Developing Barbara's co-ordination:

- exercises recommended by physiotherapist
- armchair aerobic type exercises at home
- playing board games with friends at the club, to strengthen fine motor skills
- knitting with large needles for hand-eye co-ordination.

Intellectually stimulating Barbara:

- brain training activities and apps to help with co-ordination, memory, problem solving
- jigsaws for problem solving
- music to bring back memories
- reading newspapers
- word or number puzzles
- make a scrapbook to stimulate memory
- reminiscence activity.

Socially interacting with Barbara:

- attend the day club, ensuring that neighbours understand Barbara's changing needs
- contact with any local befriending organisations
- arranging for Barbara's friends and family to visit her at home.

Meeting physical needs:

- the therapy and practise Barbara will participate in will make her tired, plan rest breaks, ensure Barbara's knows to listen to her body and knows when to stop
- order meals on wheels for delivery at home (note for delivery driver to help and access property).

Holistic needs:

- understanding that each of these strategies have multiple benefits and should be considered as such in planning to meet Barbara's care needs.

Task 3 (a): planning an activity – activity plan

Band	Mark	Descriptor
4	**7 to 8**	**AO4** – **excellent** demonstration of vocational skills for the **creation** of an activity plan that is **comprehensive** and **highly detailed** and **highly relevant** to the case study, the task, and appendices. **AO4** – **excellent** demonstration of vocational skills for the **completion** of an activity plan that is **comprehensive** and **highly detailed** and **highly relevant** to the case study, task, and appendices.
3	**5 to 6**	**AO4** – **good** demonstration of vocational skills for the **creation** of an activity plan that is **detailed** and **mostly relevant** to case study, the task, and appendices. **AO4** – **good** demonstration of vocational skills for the **completion** of an activity plan that is **detailed** and **mostly relevant** to the case study, task, and appendices.
2	**3 to 4**	**AO4** – **reasonable** demonstration of vocational skills for the **creation** of an activity plan that has **some detail**, although this may be **underdeveloped**. With **some relevance** to case study, the task, and appendices. **AO4** – **reasonable** demonstration of vocational skills for the **completion** of an activity plan that has **some detail**, although this may be **underdeveloped**. With **some relevance** to the case study, task, and appendices.
1	**1 to 2**	**AO4** – **limited** demonstration of vocational skills for the **creation** of an activity plan that has **minimal detail** and is **mostly superficial**. With **minimal relevance** case study, the task, and appendices. **AO4** – **limited** demonstration of vocational skills for the **completion** of an activity plan that has **minimal detail** and is **mostly superficial**. With **minimal relevance** to the case study, task, and appendices.
	0	No rewardable material

AO4 – learners will demonstrate the application of vocational skills with a plan that considers and includes all relevant aspects of planning for activities. The plan may include the following:

- holistic needs:
  - physical – Barbara must be able to access a social activity according to her preferences and requirements and needs
  - social and emotional – the activity allows Barbara to be able to take part in an activity of her choice with the required support provided
- person-centred care and support – Barbara must be able to take part in an activity of her choice with the required support

- the individual's needs and preferences – Barbara's preferences should be met as far as possible after detailed discussion with Barbara
- risks – health and safety – Barbara will be safe from falls and accidents during an activity.

The plan must include:

- activities with timings (including breaks and travel where applicable)
- how each activity will support Barbara's development. Barbara will improve and progress as much as her condition allows
- the practitioners' role during the activity to ensure the practitioner supports but does not control the situation for Barbara
- resources required – resources will be accessed from various services by the involvement of other practitioners for example the occupational therapist.

Note: where a learner has not included all aspects of the activity plan as required of the task, learners will have therefore demonstrated some or limited detail and marks should be awarded accordingly.

Task 3 (b)

Planning an activity – risk assessment	
Maximum time	**2 hours**
Content area assessed	3. Legislation, policies and procedures in health and social care
Assessment objectives (AOs)	AO1 – 4 marks AO2 – 4 marks AO4 – 4 marks
You are required to: **Consider** the activities planned in **Task 3 (a)** to **assess** any potential risks to Barbara and or others. • **create** a risk assessment template for **one** of the activities given in the plan for **Task 3 (a)** and complete the risk assessment using your template. **[12 marks]**	
Evidence	• Completed risk assessment for one of your planned activities (word processed or handwritten).

Task 3 (b): planning an activity – risk assessment

Band	Mark	Descriptor
4	**10 to 12**	**AO4** – **excellent** demonstration of vocational skills for the **completion** of a risk assessment that is **comprehensive**, **highly detailed** and **highly relevant** to the activity. **AO2** – **excellent** application of knowledge and understanding of assessing risk to the specific activity that is **comprehensive**, **highly detailed** and **highly relevant** to the activity. **AO1** – **excellent** recall of knowledge and understanding of the elements of a risk assessment that is **comprehensive**.
3	**7 to 9**	**AO4** – **good** demonstration of vocational skills for the **creation** and **completion** of a risk assessment that is **detailed** and **mostly relevant** to the activity. **AO2** – **good** application of knowledge and understanding assessing risk to the specific activity that is **detailed** and **mostly relevant** to the activity. **AO1** – **good** recall of knowledge and understanding of the elements of a risk assessment that is **mostly detailed**.
2	**4 to 6**	**AO4** – reasonable demonstration of vocational skills for the **creation** and **completion** of a risk assessment that has **some detail**, although this may be **underdeveloped**. With **some relevance** to the activity. **AO2** – **reasonable** application of knowledge and understanding of assessing risk to the specific activity that has **some detail**, although this may be **underdeveloped**. The response has **some relevance** to the activity. **AO1** – **reasonable** recall of knowledge and understanding of the elements of a risk assessment that has **some detail**.
1	**1 to 3**	**AO4** – **limited** demonstration of vocational skills for the **creation** and **completion** of a risk assessment that has **minimal detail** and is **mostly superficial**. With **minimal relevance** to the activity. **AO2** – **limited** application of knowledge and understanding of assessing risk to the specific activity that has **minimal detail** and are **mostly superficial**. The response has **minimal relevance** to the activity. **AO1** – **limited** recall of knowledge and understanding of the elements of a risk assessment that has **minimal detail**.
	0	No rewardable material

Note: it is not a requirement that the learner formulates a response in their portfolio specifically against each AO as laid out in the indicative content. The evidence provided by the learner for each AO may be embedded throughout the evidence submitted for the task. Whilst it is likely that the responses will be illustrated by the indicative content points below, credit should be given for different approaches, providing they meet the key requirements of the task and mark scheme.

Indicative content

A learner's demonstration of recall of knowledge and understanding (AO1) and their application of knowledge and understanding (AO2) can be implied through the learner's ability to create and complete a risk assessment required for AO4.

AO1 – learners will recall knowledge and show understanding of the elements of a risk assessment:

- the hazards identified
- who might be harmed and how?
- what is already being done to control the risks?
- what further action is needed to take to control the risks?
- who needs to carry out the action?
- when the action needs to be completed by.

AO2 – learners will apply knowledge and understanding of assessing risk specific to the chosen activity, these will be dependent on the activity chosen but may include:

Hazards:

- trip hazards (for example, cables, carpets / rugs)
- staff not having the required training for a task / activity
- broken equipment
- unclean equipment
- manual handling
- stress.

Risks:

- falls
- electrical shocks or burns
- bruising and fractures
- back pain.

Who might be harmed:

- member of staff
- participant / Barbara
- volunteers.

Action to be carried out:

- appropriate signage and communication
- training for staff on specific activities
- qualified first aider available
- fully stocked and in date first aid kit available
- appropriate staff-participant ratio
- checks on all equipment prior to use.

AO4 – learners will demonstrate the application of vocational skills with the creation and completion of a risk assessment template that considers and includes all relevant elements of assessing risk:

The risk assessment template that is created and completed may record and detail the following:

- the hazards identified
- who might be harmed and how?
- what is already being done to control the risks?
- what further action is needed to take to control the risks?
- who needs to carry out the action?
- when the action needs to be completed by.

Task 4

<table>
<tr><td colspan="2">Care planning – review</td></tr>
<tr><td>Maximum time</td><td>2 hours</td></tr>
<tr><td>Content areas assessed</td><td>1. Health and social care provision and services
2. Job roles in health and social care and the care values that underpin professional practice
4. Human development across the life span
5. The care needs of the individual
7. Partnership working in health and social care
8. The care planning cycle</td></tr>
<tr><td>Assessment objectives (AOs)</td><td>AO2 – 4 marks
AO3 – 4 marks
AO4 – 4 marks</td></tr>
<tr><td colspan="2">It has now been 4 weeks since Barbara left hospital. The care professional has completed a health and wellbeing report (appendix 2) which focusses on Barbara’s ongoing holistic developmental needs.
You are required to:

Review the care professional’s health and wellbeing report (appendix 2)

• assess the extent to which Barbara’s individual needs and preferences are now being met and consider the changes required to Barbara’s care plan to support her ongoing holistic development needs.
• write a report of your findings and update your care plan created in Task 1 to take account of Barbara’s needs following her time at home during the last 4 weeks.

Your evidence must include:

• details of an analysis and evaluation of the care professional’s health and wellbeing report
• clear justification for recommended changes to Barbara’s care plan

Using a different coloured text or pen:

• update your care plan (created in Task 1) with relevant changes following the review of the health and wellbeing report and your assessment.

[12 marks]</td></tr>
<tr><td>Evidence</td><td>• Written report – with the recommended changes and why (word processed or handwritten)
• Updated care plan (word processed or handwritten).</td></tr>
</table>

Task 4: care planning – review

Band	Mark	Descriptor
4	**10 to 12**	**AO4** – **excellent** demonstration of vocational skills for the updated care plan that is **comprehensive**, **highly detailed** and **highly relevant** to the case study and task. **AO3** – **excellent** analysis and evaluation of the care professional's report and Barbara's development that is **comprehensive** and **highly relevant**. Supported with **excellent** justifications for the recommended changes to Barbara's care needs that are **comprehensive** and **highly detailed**. **AO2** – **excellent** application of knowledge and understanding of Barbara's ongoing care needs to the care plan that is comprehensive, **highly detailed** and **highly relevant** to Barbara's development.
3	**7 to 9**	**AO4** – **good** demonstration of vocational skills for the updated care plan that is **detailed** and **mostly relevant** to the case study and task. **AO3** – **good** analysis and evaluation of the care professionals report and Barbara's development that is **detailed** and **mostly relevant**. Supported with **good** justifications for the recommended changes to Barbara's care needs that are **detailed**. **AO2** – **good** application of knowledge and understanding of Barbara's ongoing care needs to the care plan that is **detailed** and **mostly relevant** to Barbara's development.
2	**4 to 6**	**AO4** – **reasonable** demonstration of vocational skills for the updated care plan that has **some detail**, although this may be **underdeveloped**. The response has **some relevance** to the case study and task. **AO3** – **reasonable** analysis and evaluation of the care professional's report and Barbara's development that has **some detail** and **some relevance**, though this may be **underdeveloped**. Supported with **reasonable** justifications for the recommended changes to Barbara's care needs that have **some detail**, though these may be **underdeveloped**. **AO2** – **reasonable** application of knowledge and understanding of Barbara's ongoing care needs to the care plan that has **some detail** although this may be **underdeveloped**. The response has **some relevance** to the Barbara's development.

Band	Mark	Descriptor
1	**1 to 3**	**AO4** – **limited** demonstration of vocational skills for the updated care plan that have **minimal detail** and are **mostly superficial**. With **minimal relevance** to the case study and task. **AO3** – **limited** analysis and evaluation of the care professional's report and Barbara's development. Supported with **limited justifications** for the recommended changes to Barbara's care needs that have **minimal detail** and are **mostly superficial**. **AO2** – **Limited** application of knowledge and understanding of Barbara's ongoing care needs to the care plan that have **minimal detail** and are **mostly superficial**. With **minimal relevance** to the Barbara's development.
	0	No rewardable material

Note: it is not a requirement that the learner formulates a response in their portfolio specifically against each AO as laid out in the indicative content. The evidence provided by the learner for each AO may be embedded throughout the evidence submitted for the task. Whilst it is likely that the responses will be illustrated by the indicative content points below, credit should be given for different approaches, providing they meet the key requirements of the task and mark scheme.

Indicative content

A learner's demonstration of application of knowledge and understanding (AO2) and their analysis and evaluation (AO3) can be implied through the learner's ability to update Barbara's care plan required of AO4.

AO2 – learners will apply knowledge and understanding of Barbara's ongoing care needs to the care plan that may include the following:

- mobility – ensure Barbara still uses the appropriate aid to support her safely and maintain independence – ensure Barbara continues with the exercises identified by the physiotherapist despite no further visits
- nutrition and hydration – Barbara still requires support, she needs to pay attention to maintaining a healthy diet, may need a dietician / carer to monitor and support her diet to ensure it is balanced and she is reminded to eat and to monitor intake of food and fluids
- personal care – Barbara has found some personal tasks easier than others, changing incontinence wear is still proving difficult and she continues to need some support from carers or family – Barbara will also need reminding to maintain her personal hygiene and requires help with washing and dressing
- safety – Barbara has gained better balance and mobility but there is still a risk of falling within the home especially during the night-time when she tries to get out of bed to visit the bathroom
- love and belonging – Barbara's daughter continues to visit – discuss with Barbara if she would like to attend a day centre or the involvement of a voluntary service to encourage a wider social circle – discuss with Barbara and her daughter if she feels ready to visit the

sheltered housing club for a short time to see her long-term friends and participate in quizzes / bingo
- dignity and respect – encourage Barbara to have choice and control in her care and support and remain at home to live independently. Practitioners to continue to give Barbara choice and time to make her own decisions.

AO3 – learners will analyse and evaluate knowledge and understanding with the assessment of the care professionals report to assess Barbara's progress and to identify the required changes to Barbara's care needs that may include the following:

- mobility – Barbara to continue regular armchair exercises since this will help her future progress with mobility – she should be encouraged to use appropriate aids when mobilising; this will improve her balance and co-ordination and her confidence will continue to grow
- nutrition and hydration – carers and practitioners need to monitor Barbara's diet as she could become susceptible to infections and could become lethargic if she has an insufficient intake of appropriate nutrients, resulting in further hospital admissions – giving Barbara time and support when eating is essential to meet her own needs. Further support by a dietician may be required to advise on any food supplements
- personal care – continue with some support with personal care since a lack of personal hygiene will make Barbara feel undervalued and there could be a risk of infection
- safety – falls in the home could result in a major deterioration in her condition. Practitioners to offer aids to support her independence in taking medication and monitor regularly
- love and belonging – if Barbara agrees to attend day care or other avenues of support, this will enhance her confidence, self-esteem and allow her to feel valued
- dignity and respect– all actions by practitioners will result in Barbara feeling empowered, valued and will enhance her progress with his rehabilitation.

AO4 – learners will demonstrate the application of vocational skills with a care plan that has been updated to further consider all relevant aspects of care planning and Barbara's ongoing care needs identified in AO2 and AO3. The care plan could include updates to the following areas:

- **care plan –** a record that outlines the individualised care and support required to meet the individual's needs and preferences with reference to Maslow's hierarchy of needs:
  - holistic needs – physical, cognitive, social and emotional
  - physiological – biological requirements for human survival – food and water, rest and sleep, personal care
  - safety – security and control in the individual's life – environment, healthcare, emotional security, financial security
  - love and belonging – positive relationships
  - esteem – dignity and respect from others – self-confidence, independence
  - self-actualisation – realisation of the individual's full potential: personal growth
- self-fulfilment
- person-centred care
- the individual's needs and preferences
- risks (health and safety)
- care and support required with the individual and relevant others
- record information and outcomes on the individual's care plan
- strategies and support required to meet the individual's needs and preferences
- work in partnership with other professionals and services as appropriate

- any required aids and adaptations
- partnership working.

Task 5

Evaluation of your care plan	
Maximum time	**1 hour**
Content area assessed	8. The care planning cycle
Assessment objectives (AO)	AO5 – 8 marks
You are required to: • **complete** an evaluation of the updated version of your care plan from **Task 4**. Your evaluation **must** include: • how well your updated care plan now records and outlines Barbara's care and support needs following her 4 weeks at home • how well your care plan now meets Barbara's holistic needs and preferences. **[8 marks]**	
Evidence	• An evaluation (word processed or handwritten).

Task 5: evaluation of your care plan

Band	Mark	Descriptor
4	**7 to 8**	**AO5** – **excellent** analysis and evaluation of how well their care plan records and outlines Barbara's the individualised care and support that is **comprehensive** and **highly detailed**, supported by **highly relevant** examples of what could be improved. **AO5** – **excellent** analysis and evaluation of the support provided in the care plan in meeting Barbara's the individual's holistic needs and preferences that is **comprehensive** and **highly detailed**, supported by **highly relevant** examples of what could be improved.
3	**5 to 6**	**AO5** – **good** analysis and evaluation of how well their care plan records and outlines Barbara's the individualised care and support that is **mostly detailed**, supported by **mostly relevant** examples of what could be improved. **AO5** – **good** analysis and evaluation of the support provided in the care plan in meeting Barbara's the individual's holistic needs and preferences that is **mostly detailed**, supported by **mostly relevant** examples of what could be improved.
2	**3 to 4**	**AO5** – **reasonable** analysis and evaluation of how well their care plan records and outlines Barbara's the individualised care and support that has **some detail**, supported by examples that have **some relevance** of what could be improved. **AO5** – **reasonable** analysis and evaluation of the support provided in the care plan in meeting Barbara's the individual's holistic needs and preferences that has **some detail**, supported by examples that have **some relevance** of what could be improved.
1	**1 to 2**	**AO5** – **limited** analysis and evaluation of how well their care plan records and outlines Barbara's the individualised care and support that has **minimal detail**, supported by examples that have **minimal** or **no relevance** of what could be improved, and are **mostly superficial**. **AO5** – **limited** analysis and evaluation of the support provided in the care plan in meeting Barbara's the individual's holistic needs and preferences that have **minimal detail**, supported by examples that have **minimal** or **no relevance** of what could be improved, and are **mostly superficial**.
	0	No rewardable material

Note: it is not a requirement that the learner formulates a response in their portfolio specifically against each AO as laid out in the indicative content. The evidence provided by the learner for each AO may be embedded throughout the evidence submitted for the task. Whilst it is likely that the responses will be illustrated by the indicative content points below, credit should be given for different approaches, providing they meet the key requirements of the task and mark scheme.

Indicative content

AO5 – learners will analyse and evaluate their own care plan to include how well their care plan records and outlines Barbara's the individualised care and support, this may include the following:

- holistic needs:
  - physical – how well Barbara's diet may have been improved by the inclusion of appropriate services, for example practitioner observing and effectively recording Barbara's dietary intake
  - social and emotional – has Barbara been given the opportunity to mix with friends and family? has this supported her to feel more confident?
  - person-centred care – how well does the care plan consider and include all aspects of Barbara's holistic care needs?
- the individual's needs and preferences – how well Barbara's needs have been considered throughout the care plan by discussion with Barbara and / or family and friends
- risks – health and safety – has the care plan included the opportunity to assess and record any risks to Barbara's safety?
- care and support required with the individual and relevant others
- record information and outcomes on the individual's care plan – Barbara's care plan has the opportunity to record the necessary outcomes and information that may change on a daily basis, how well has this been done?
- strategies and support required to meet the individual's needs and preferences – how well have all of the appropriate professionals been included and used to support Barbara with her care?
- any required aids and adaptations – have adaptations been implemented appropriately and used as required? How well have these been revised as Barbara's health improves or changes?
- partnership working – with other professionals and services as appropriate – how well does the care plan evidence that each professional has communicated effectively and shared information as a team and in addition has this been recorded?

AO5 – learners will analyse and evaluate the support provided in their care plan in meeting Barbara's holistic needs and preferences that may include the following:

- consideration of a range of Maslow's needs – how well have all of Barbara's needs, according to Maslow, been considered on the care plan, for example physiological needs (diet) and love and belonging needs (friendships and family)?
- consideration of a range of adequate support – how well does the care plan document Barbara's support requirements, do these meet her needs?
- emphasis on Barbara's needs and preferences as an individual – all care should demonstrate the needs of Barbara as an individual, her personal preferences, dislikes and likes, for example her favourite food or clothes – how well does the care plan do this?
- review of Barbara's needs – how well is the care plan linked to care professional's report? Barbara's care plan should reflect any issues raised or improvements in her health, as identified within the care workers report, and address all of these needs
- range of vocational skills – how well have the following been documented? Communication with Barbara, family and other professionals, empathy to Barbara's needs and preferences,

accurate record keeping which has been shared and agreed with Barbara, application of all relevant policies and procedures

- care plan is shared with Barbara, other professionals, and family – how well does the care plan demonstrate that discussion has taken place with Barbara and her family and the care implemented should reflect this?

Appendix 1

Individual profile compiled by care worker.

You are required to use this document for Task 1.

Setting	Rowan Court Sheltered Accommodation
Name	Barbara Allen
Age	90
Family background notes	Barbara lives in a one-bedroom ground floor flat. It is in sheltered accommodation, which has communal gardens, a laundry room, and a social club. Residents can meet at the club for activities such as afternoon tea, bingo, and quizzes. Barbara is a widow. She has one daughter, Elizabeth, who lives locally and visits two times a week. Elizabeth has been making meals for Barbara and freezing them so she can have a home cooked meal each day. She also does Barbara's shopping and phones her every evening.
Health and wellbeing notes	Barbara was once very active. Since she has started to show signs of dementia, she has become more isolated and is not wanting to go out on her own. She has been forgetting to cook meals and drink regularly. She will often return to bed during the day thinking it is night-time. Her family are still waiting for a diagnosis from the memory clinic for dementia. She is unable to remember names and her short-term memory is greatly affected. She was diagnosed many years ago with irritable bowel syndrome (IBS) which can cause abdominal cramps and diarrhoea or constipation. It is therefore essential for Barbara to have a balanced, healthy diet. Barbara had her fall when she was trying to get out of bed during the night. Hospital tests showed she was very dehydrated and weak. She needed a week in hospital to recover. Barbara now wears incontinence pads because she cannot always get to the toilet in time. Barbara is unable to walk unaided. Barbara has a walking stick and a walking frame. Barbara wears glasses and has macular degeneration which blurs her vision. She has regular visits to the optician and hospital to monitor this condition.

Social activities	Before her health degenerated, Barbara would do her own laundry every Thursday and meet her neighbours outside in the communal lounge. She would also attend bingo each week on a Wednesday evening and regularly visit the Royal Horticultural Society (RHS) gardens and local garden centres. Her daughter takes her out each week for fish and chips, and a drive out to the seaside or to her home.
Other professional involvement	Care workers Physiotherapist GP Occupational therapist
Care worker comments	Barbara is a friendly lady who is particularly frail since her fall. She welcomes the visit of the care staff and will engage in conversation. Barbara needs support with toileting, washing and dressing. Although she can do these tasks herself, she is not strong enough to complete them safely. Barbara needs to be given her medication as she will forget to take it. She also needs her food served to her. She needs to be reminded to drink and to keep hydrated. Barbara can communicate her needs and feelings; however, this can change frequently.

Appendix 2

You are required to use this resource for Task 3 (a) and 4.

Care professional – health and wellbeing report for:

Name: Mrs Barbara Allen

DOB: 20.1.1934

Address: 19 Rowen Court
Romford
Essex
RO29 CHB

(This report was compiled 4 weeks after Barbara's care package was put in place)

Physical	Barbara's health continues to improve but she will still need medication for pain relief. This is now given as a water-soluble tablet. Barbara appears to be coping well with the medication and her GP is satisfied with her progress. Barbara is gradually regaining mobility. There are still some safety concerns that Barbara will fall or try to walk unaided when carers or her daughter are not present. She is now more confident when she is standing and she can walk short distances with her walking frame. Her muscle strength and mobility will continue to improve as she mobilises and exercises more. Barbara has recently had a new bedframe and air flow mattress delivered to decrease the likelihood of pressure sores. A grab rail and bed guard have been installed, to stop her rolling out of bed. The physiotherapist has suggested daily exercises and Barbara has been encouraged to do all these exercises. Barbara is very slowly regaining co-ordination and fine motor skills. She is still having difficulty with some personal hygiene tasks such as pulling up incontinence pants and dressing. The carers continue to visit four times a day. In the morning, they get Barbara up and help with washing and dressing. They visit at lunch time, in the afternoon and put her to bed in the evening. Barbara has a small appetite and will refuse to eat all of the meals given to her. She swallows food with no problems, but eating is a slow process. Carers need to remind her to drink.
Cognitive	Barbara will listen to her music and watch television. Her daughter has given her suitable reading materials, colouring books and resources that support her impaired vision, so she is able to engage. Barbara has short-term memory loss.

Social and emotional	Barbara enjoys visits from her daughter and neighbours, and she is always keen to engage in conversation. Barbara misses meeting up with her friends and going out in the car visiting Royal Horticultural Society (RHS) gardens, she would benefit from more social interactions. Barbara appears emotionally well in spite of her memory loss. She does not appear to be frustrated and is more accepting when she cannot remember facts.

Name: Pat Francis (care professional) **Signed:** P.M Francis **Date:**11 April 2024