Non-Exam Assessment

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

Centre version

September 2023 release

V1.0

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 and 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 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 s/he 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 non-exam assessment (NEA) is a formal synoptic assessment that will contribute **50%** towards your overall qualification grade. It takes the form of a synoptic project that will require you to draw on your knowledge and understanding of the entire qualification. It is therefore important that you produce work to the highest standard that you can.

You will be assessed on your ability to independently select, apply and bring together the appropriate knowledge, understanding, skills and techniques you have learnt throughout your course of study, in response to a brief, set in a real-world situation.

The NEA will be assessed holistically, using the levels of response mark grid and against five integrated assessment objectives. These assessment objectives and their weightings are shown below.

Assessment Objective (AO)
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 assessment objective(s) and total marks for each question.

Marking guidelines

General guidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. 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.
- The marks awarded for each response should be clearly and legibly recorded in the grid on the front of the assessment.

Guidelines for using extended response marking grids

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

Levels-based descriptors

Each level is made up of several descriptors for across the assessment objective (AO) range – AO1–AO5, which when combined provide the quality of response that a learner needs to demonstrate. Each levels-based descriptor is worth varying marks.

The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level 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 as a guide for 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 level, you should use a bottom-up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level descriptor. Remember to look at the overall quality of the response and reward learners positively, rather than focussing on small omissions. If the response covers aspects at different levels, you should use a best-fit approach at this stage and use the available marks within the level 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. You must also consider the relative weightings of the assessment objectives, so as not to over / under credit a response.

The weightings of each assessment objective can be found in the Qualification Specification.

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:	
Task(s) submitted:	
Learner declaration:	
I certify that the work submitted for this non-exam assessment 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:	

NB: Once completed, the declaration of authenticity must be stored securely within the centre, in line with the following NCFE Regulations for Conduct of NEA. 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 QualHub.co.uk. 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 read more www.ncfe.org.uk/legal-information.

Please tick the option that applies, sign and date in the box 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

- 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

- 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 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)

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Learner instructions

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

Learner information

- This non-exam assessment will assess your knowledge and understanding from across the qualification.
- The maximum mark for this assessment 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 assessment:
  - Appendix 1 - Individual profile - required for Task 1
  - Appendix 2 - Social Worker report - required for Tasks 3 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 non-exam assessment (NEA), you are permitted to spend a maximum of **2 hours** to undertake research and develop a pack of resources 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 resource 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 task instructions).

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

- the use of quotation marks to clearly identify any passages not of your own words
- date accessed
- 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 NEA

Maximum completion time:

You have been provided with a total of **13 hours** to complete this non-exam assessment (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.

Do not turn over until your assessor tells you to do so.

Project Brief - Case Study

Emily is 15 years old and lives with her mum, dad and younger brother Ryan. At the age of two she was diagnosed with cerebral palsy and epilepsy.

Emily is fully dependent on a wheelchair. She received her first wheelchair aged three. This wheelchair was funded through a charity. She has recently obtained an electric wheelchair which will give her more independence. Emily is able to eat and drink well but requires her food to be cut up for her.

Emily requires assistance in all her personal care.

In the last year, Emily has undergone surgery twice, one to straighten her spine and the other was to her bladder. Emily takes medication to control her epilepsy but still has frequent seizures.

Emily attends a local secondary school but must have 1:1 support due to her personal care and learning needs. Emily can write independently, but she often uses her support worker to scribe, as she cannot write fast enough to keep up. Emily also struggles in retaining knowledge. This makes it difficult for her to achieve in class tests and exams. Emily wants to go to college when she leaves school. As a result of her physical issues, Emily has had a lot of time away from school.

Emily attends after school clubs and, once a month, goes to a respite care centre. Her favourite activities are cooking and arts and crafts.

Using the Case study and Appendix 1 and Appendix 2, complete Tasks 1 – 5.

Assessment tasks and mark scheme

Task 1

<table>
<tr><td colspan="2">Care planning – Assess and implement</td></tr>
<tr><td>Maximum time</td><td>4 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
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 planning cycle</td></tr>
<tr><td>Assessment objectives</td><td>AO1 - 4 marks
AO2 - 4 marks
AO3 - 4 marks
AO4 - 12 marks</td></tr>
<tr><td colspan="2">You are required to:

• identify Emily’s care needs using the case study and individual profile (Appendix 1)
• create a detailed care plan that will meet Emily’s needs at the respite care centre. This must include:
o Emily’s current support and care needs
o Emily’s future objectives
o support required to meet Emily’s future objectives including the care values of the care professionals.

[24 marks]</td></tr>
<tr><td>Evidence</td><td>• Written care plan:
o word processed or
o handwritten.</td></tr>
</table>

Task 1 – Care planning – Assess and implement		
Band	**Marks**	**Descriptors**
4	**10–12**	**AO3 – Excellent** analysis and evaluation of the case study and individual profile to assess and identify Emily's care needs and 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 Emily that is **comprehensive** and **highly detailed** and **highly relevant** to the case study and task. **AO1 – Excellent** recall of knowledge and understanding care planning that is **comprehensive**.
3	**7–9**	**AO3 – Good** analysis and evaluation of the case study and individual profile to assess and identify Emily'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 Emily 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	**4–6**	**AO3 – Reasonable** analysis and evaluation of the case study and individual profile to assess and identify Emily'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 Emily 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	**1–3**	**AO3 – Limited** analysis and evaluation of the case study and individual profile to assess and identify Emily'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 Emily that has **minimal detail** and are **mostly superficial**. With **minimal relevance** to the case study and task. **AO1 – Limited** recall of knowledge and understanding of the planning cycle that have **minimal detail**.
		No rewardable material.

Indicative content

NB: It is not a requirement that the learner formulates a response specifically against each assessment objective (AO) as laid out in the indicative content (IC). The evidence provided by the learner for each AO may be embedded in one holistic response and in the case of this task will be embedded into the care plan evidence.

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 Emily's care plan (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 Emily'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.

Review:

- observe the extent to which the individual's needs and preferences have been met
- agree any changes required
- update the care plan.

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

Assess

Identify Emily's objectives needs and preferences:

- mobility – Emily is unable to walk and uses an electric wheelchair
- speech – Emily can communicate verbally but needs processing time
- food and water – Emily is able to eat and drink but food needs to be cut up for her. She uses equipment aids for stability. She is unable to prepare and cook her own food
- personal care – Emily relies on a carer to complete washing and dressing
- maintain Emily's safety – Emily must be hoisted correctly
- love and belonging – Emily has supportive family and friendships at school and at respite centre
- dignity and privacy – Emily requires support with personal care.

Identify any risk:

- Emily may have a seizure
- Emily may have severe hand tremors
- Emily may injure herself in her electric wheel chair if space is limited
- Emily may have side effects to medication
- Emily may have an injury from incorrect use of the hoist.

Implement care and support required with Emily and relevant others:

- check if any other support from other family members can be carried out on a regular basis
- discuss other outside support that may be required (for example home help, outside carers to carry out support)
- communicate agreed outcomes with Emily and relevant others
- Emily's mobility – ensure Emily has access to appropriate aids (hoist, ramps, wheelchair) which have been provided by the occupational therapist
- Emily's speech – give Emily time when she is speaking, do not prompt or interrupt. Ensure access to mobile phone, and internet if appropriate (practitioners to take advice about communicating with Emily from relevant professionals).
- Emily's ability to eat and drink – ensure Emily has equipment aids when eating and ensure Emily's food has been cut up for her.
- Emily's personal care – ensure all aids are in situ and assistance is given as required. Ask Emily if she wants a shower or a bath when the time arises and ensure catheter is emptied and changed regularly.
- Emily's ability to maintain own safety – ensure epilepsy medication is given to Emily. Emily to wear lap strap whilst in wheelchair. Educate Emily on safe methods of manoeuvring wheelchair. Ensure ramp access is available. Practitioners to ensure training on hoist and manual handling.
- Emily's ability to maintain friendships – encourage Emily to keep contact with her friends. Ensure Emily can access a mobile phone to speak to friends and family. Support Emily to ensure she can access any of her IT devices. Ensure Emily is transported to social events.

- Emily's dignity – ensure that help is only given if Emily wishes to have support. Ensure that Emily can keep her private parts covered when being offered help with personal care. Practitioners should treat Emily as an individual and always give her choice.

Record information and outcomes on Emily'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 Emily's care and support needs to meet her objectives that may include:

Assess

Identify Emily's needs and preferences:

- mobility – Emily is unable to walk or weight bear. She requires the use of a hoist
- speech – Emily can communicate clearly, although she requires processing time when communicating
- food and water – Emily is not on a special diet but requires equipment aids and her food cut up to eat independently, she will not manage with standard cutlery
- personal care – Emily requires support with washing and dressing
- maintain own safety – Emily may have a seizure if left unattended, she may become injured if not hoisted correctly or strapped into her wheelchair
- love and belonging – ability to maintain friendships, Emily has many interests outside the home, mainly arts, crafts, textiles and baking
- dignity and privacy – Emily will require support with personal care since she cannot put on her own clothes independently. She requires support with her catheter and using the toilet as she is incontinent.

Identify any risk:

- Emily may have a seizure, this could include absences where she will stare into space and have jerking muscles or more serious repetitive body movements with a loss of consciousness
- Emily may have severe hand tremors whilst holding drinks or equipment
- Emily may injure herself in electric wheelchair if space is limited.
- Emily may have side effects to medication
- Emily may have an injury from incorrect use of hoist, spinal surgery straps must be secured correctly.

Assessment of support that will meet Emily's needs and objectives, may include:

- mobility – wheelchair is checked and in working order. Hoist is provided to ensure that Emily is safe and able to move as much and as easily as possible. The hoist is regularly serviced to ensure safety
- speech – practitioners give support to ensure that Emily does not become frustrated and can communicate easily and therefore her needs are met
- food and water – practitioners to ensure that Emily has appropriate nutritional meals, which she selects for herself, therefore, maintaining overall health and wellbeing, ensuring she has the correct aids to feed herself
- personal care – by ensuring that Emily's bathing and toileting needs are met in a safe way and no complications could result from inadequate equipment and support. Practitioners to ensure Emily's skin health is supported to avoid dryness and deterioration from pressure sores
- safety – practitioners must check that all risks are reduced to a minimum to avoid any accident, injury, or stress, which could result in a hospital stay or even mortality. Practitioners should discuss with Emily all risks to ensure she understands
- love and belonging / friendships – to ensure Emily has a positive attitude by maintaining contact with friends and relatives, carers speaking to Emily about her life and future encourages self-fulfilment and reduces feelings of loneliness
- dignity – by consulting Emily 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 to reduce embarrassment to Emily.

Task 1 – Care planning – Assess and implement		
Band	**Marks**	**Descriptors**
4	**10–12**	**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 Emily's holistic needs and preferences, that is **comprehensive** and **highly detailed** and **highly relevant** to the case study and task.
3	**7–9**	**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 Emily's holistic needs and preferences, that is **detailed** and **mostly relevant** to the case study and task.
2	**4–6**	**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 Emily's holistic needs and preferences, that has **some detail** although this may be **underdeveloped**. With **some relevance** to the case study and task.
1	**1–3**	**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 Emily's holistic needs and 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.

NB: 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 areas assessed	3. Legislation, policies and procedures in health and social care
Assessment objectives	AO1 - 4 marks AO2 - 4 marks AO3 - 4 marks
You are required to: • **analyse** safe working practices in relation to the correct moving and handling techniques needed for Emily at the respite care centre, at home and at school • **write** a procedure to ensure Emily's safety. **[12 marks]**	
Evidence	• Written procedure: o word processed or o handwritten.

Task 2 – Health and Safety – Procedures		
Band	**Marks**	**Descriptors**
4	**10–12**	**AO3 – Excellent** analysis and evaluation of safe working practices in relation to moving and handling that is **highly detailed** and **entirely relevant**. Supported with **excellent** justifications 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 practice in moving and handling that is **comprehensive** and **relevant** to the procedure. **AO1 – Excellent** recall of knowledge and understanding of procedures for the safe working practices in moving and handling that is **accurate** and **highly detailed**.
3	**7–9**	**AO3 – Good** analysis and evaluation of safe working practices in relation to moving and handling that is **detailed** and **mostly relevant**. Supported with **good** justifications 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 moving and handling 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 moving and handling that is **mostly accurate** and **detailed**.
2	**4–6**	**AO3 – Reasonable** analysis and evaluation of safe working practices in relation to moving and handling that has **some detail** and **some relevance**, though this may be **underdeveloped**. Supported with **reasonable** justifications 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 moving and handling that has **some detail** although this may be **underdeveloped**. With **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 moving and handling that has **some accuracy** and **detail**.
1	**1–3**	**AO3 – Limited** analysis and evaluation of safe working practices in relation to moving and handling. Supported with **limited justifications** for the choice and appropriateness of safe working practices that have **minimal detail** and are **mostly superficial**. **AO2 – Limited** application of knowledge and understanding of safe working practices in moving and handling 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 moving and handling that has **minimal accuracy** and **detail**.
	0	No rewardable material.

Indicative content

NB: It is not a requirement that the learner formulates a response specifically against each assessment objective (AO) as laid out in the indicative content (IC). The evidence provided by the learner for each AO may be embedded in one holistic response and in the case of this task will be embedded into the procedure evidence.

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 write a procedure for the practice related to moving and handling.

AO1 – Learners will recall knowledge and understanding of procedures for the safe working practices related to moving and handling that may include the following:

- undertake risk assessment
- remove obstructions
- staff to complete training
- use manual handing / patient handling aids to assist where possible
- ensure there is enough staff to assist
- use of PPE as required.

AO2 – Learners will apply knowledge and understanding of safe working practices in the use of manual handling that may include the following:

Use manual handling:

- identify risks and likelihood of hazards / injury to Emily or care worker
- put in place measures to prevent risks to Emily
- remove all obstructions such as trip hazards before moving Emily
- staff undertake regular training, so they are aware of how to lift and move Emily as she grows or as her needs change
- keep Emily close to the waist. Emily should be kept close to the body for as long as possible while lifting
- keep the heaviest side of Emily next to the body e.g. Emily's torso rather than her feet so the carer has more stability when using the hoist / keeping Emily safe
- adopt a stable position and make sure your feet are apart, with one leg slightly forward to maintain balance
- use a hoist to move Emily to a bed / chair to bed / toileting / bath / showering
- ensure more than one member of staff / care worker assists Emily to avoid injury / accidents
- use of safety gloves, appropriate footwear and face masks to prevent possible spread of infection to Emily.

AO3 – Learners will analyse and evaluate the safe working practices in relation to manual handling that may include the following:

NB: Analysis of safe working practices in relation to manual handling is implied through the creation of a suitable procedure.

- evaluation of potential risks, during manual handling, to both Emily and care worker – and what happens if the risk assessment is not followed
- commitment to introduce precautions for example, to reduce risk, failure to undertake could result in injury to care worker / Emily
- statement of roles and responsibilities so all employees are aware of legislative guidelines and how to complete procedures (manual handling of Emily) effectively
- explanation of what is expected for employees using written procedures
- arrangements made for training and providing / maintaining equipment. Staff who are not trained will not be aware of procedures and may cause injury or be involved in an accident
- monitoring compliance when using equipment ensures staff follow procedures and injuries to Emily are avoided
- following the procedure will reduce complaints from Emily or her parents
- supporting people who have been injured, ensuring accident forms are completed to follow health and safety legislation and avoiding further injury
- failure to use PPE may result in injury for example during personal care tasks
- failure to follow manual handling procedure for Emily may result in injury.

Task 3 (a)

<table>
<tr><td colspan="3">Planning an activity</td></tr>
<tr><td>Maximum time</td><td colspan="2">3 hours</td></tr>
<tr><td>Content areas assessed</td><td colspan="2">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</td><td colspan="2">AO1 - 4 marks
AO2 - 4 marks
AO4 - 8 marks</td></tr>
<tr><td colspan="3">You are required to:
review the Social Worker’s report (Appendix 2).

• create an activity plan, planning a full day of activities for Emily based around activities she enjoys and her care needs.

The activity plan must include:
• activities with timings (including breaks and travel where applicable)
• how each activity will support Emily’s development
• the family member’s or practitioner’s role during each activity
• resources required.

[16 marks]</td></tr>
<tr><td>Evidence</td><td colspan="2">• Activity plan:
○ word processed or
○ handwritten.</td></tr>
</table>

Task 3 (a) – Planning an activity – Activity Plan		
Band	**Marks**	**Descriptors**
4	**7–8**	**AO2 – Excellent** application of knowledge and understanding of Emily's holistic needs is **comprehensive** and **highly detailed** and **highly relevant** to Emily's development. **AO1 – Excellent** recall of knowledge and understanding of holistic needs that is **comprehensive**. The activity plan meets **all** requirements of the task: timings, resources, practitioners' role and how each activity will support Emily.
3	**5–6**	**AO2 – Good** application of knowledge and understanding of Emily's holistic needs that is **detailed** and **mostly relevant** to Emily'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 Emily.
2	**3–4**	**AO2 – Reasonable** application of knowledge and understanding of Emily's holistic needs that has **some detail**, although this may be **underdeveloped**. With **some** relevance to Emily'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 Emily.
1	**1–2**	**AO2 – Limited** application of knowledge and understanding of Emily's holistic needs that has **minimal detail** and are **mostly superficial**. With **minimal relevance** to Emily'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 Emily.
	0	No rewardable material.

Indicative content

NB: It is not a requirement that the learner formulates a response specifically against each assessment objective (AO) as laid out in the indicative content (IC). The evidence provided by the learner for each AO may be embedded in one holistic response and in the case of this task will be embedded into the activity plan evidence.

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 (AO4).

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

- developing Emily's mobility and co-ordination
- providing intellectual stimulation
- providing social interaction
- ensuring that Emily'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 Emily's development that must include the following:

Developing Emily's mobility and co-ordination:

- exercises recommended by physiotherapist
- craft activities with friends to strengthen fine motor skills
- cooking activities for hand-eye co-ordination.

Intellectually stimulating Emily:

- show Emily how to use range of craft materials and provide her with choice of activities
- brain training activities and apps to help with co-ordination, memory, problem solving
- jigsaws for problem solving
- cooking recipes and activities.

Socially interacting with Emily:

- attend the respite care centre, ensuring that staff understand Emily's needs
- contact with any local befriending organisations.

Meeting physical needs:

- plan rest breaks as the therapy and practice may make Emily tired
- ensure Emily knows when to listen to her body and stop when tired
- ensure Emily has all toileting needs met
- ensure mobility aids are available if required.

Holistic needs:

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

Task 3 (a) – Planning an activity – Activity plan		
Band	**Marks**	**Descriptors**
4	**7–8**	**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 and task. **AO4 – Excellent** demonstration of vocational skills for the **completion** of an activity plan that is **comprehensive, highly detailed** and **highly relevant** to the case study and task.
3	**5–6**	**AO4 – Good** demonstration of vocational skills for the **creation** of an activity plan that is **detailed** and **mostly relevant** to the case study and task. **AO4 – Good** demonstration of vocational skills for the **completion** of an activity plan that is **detailed** and **mostly relevant** to the case study and task.
2	**3–4**	**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 the case study and task. **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 and task.
1	**1–2**	**AO4 – Limited** demonstration of vocational skills for the **creation** of an activity plan that has **minimal detail** and is **mostly superficial**. With **minimal relevance** to case study and task. **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 and task.
	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 could include the following:

- holistic needs:
  - physical – Emily must be able to access a social activity according to her preferences and requirements and needs
  - social and emotional – the activity allows Emily to be able to take part in an activity of her choice with the required support provided
- person-centred care and support – Emily must be able to take part in an activity of her choice with the required support
- the individual's needs and preferences – Emily's preferences should be met as far as possible after detailed discussion with Emily
- risks – health and safety – Emily 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 Emily's development. Emily 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 Emily
- resources required: resources will be accessed from various services by the involvement of other practitioners for example the occupational therapist.

NB: 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 areas assessed	3. Legislation, policies and procedures in health and social care
Assessment objectives	AO1 - 4 marks AO2 - 4 marks AO4 - 4 marks

You are required to:

- **create** a risk assessment template and use it to carry out a risk assessment for one of the activities you have planned in Task in 3 (a).

[12 marks]

Evidence	• completed risk assessment: o word processed or o handwritten.

Task 3 (b) – Planning an activity – Risk assessment		
Band	**Marks**	**Descriptors**
4	**10–12**	**AO4 – Excellent** demonstration of vocational skills for the **creation** and **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	**7–9**	**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	**4–6**	**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**. With **some relevance** to the activity. **AO1 – Reasonable** recall of knowledge and understanding of the elements of a risk assessment that has **some detail**.
1	**1–3**	**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**. With **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.

Indicative content

NB: It is not a requirement that the learner formulates a response specifically against each assessment objective (AO) as laid out in the indicative content (IC). The evidence provided by the learner for each AO may be embedded in one holistic response and in the case of this task will be embedded into the risk assessment evidence.

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 (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 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:

- members of staff
- participant / Emily
- other professionals.

Actions to be carried out:

- appropriate signage and communication
- training for staff on specific activities
- qualified first aider available
- first aid kit available
- appropriate staff to 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

Care planning – Review	
Maximum time	**2 hours**
Content areas assessed	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 planning cycle
Assessment objectives	AO2 - 4 marks AO3 - 4 marks AO4 - 4 marks

Emily has been attending the respite centre for 6 months and her care package is to be reviewed.

She has had a visit from her Social Worker who has completed a written report of Emily's progress.

You are required to:

review the Social Worker's report (Appendix 2):

- **assess** the extent to which Emily's individual needs and preferences have been met
- **assess** the changes required to Emily's care plan to support her ongoing development
- **write** a report of your findings.

Using a different colour text / pen:

- **update** the care plan you created in Task 1 with any changes required.

[12 marks]

Evidence	• A report – with the recommended changes and why:
	  ○ word processed or
	  ○ handwritten.
	• An updated care plan:
	  ○ word processed or
	  ○ handwritten.

Task 4 – Care planning – Review		
Band	**Marks**	**Descriptors**
4	**10–12**	**AO4 – Excellent** demonstration of vocational skills for the completion of a care plan that is **comprehensive**, **highly detailed** and **highly relevant** to the case study and task. **AO3 – Excellent** analysis and evaluation of the Social Worker's report and Emily's development that is **comprehensive** and **highly relevant**. Supported with **excellent** justifications for the recommended changes to Emily's care needs that are **comprehensive** and **highly detailed.** **AO2 – Excellent** application of knowledge and understanding of Emily's ongoing care needs to the care plan that is **comprehensive** and **highly detailed** and **highly relevant** to Emily's development.
3	**7–9**	**AO4 – Good** demonstration of vocational skills for the completion of a care plan that is **detailed** and **mostly relevant** to the case study and task. **AO3 – Good** analysis and evaluation of the Social Workers report and Emily's development that is **detailed** and **mostly relevant**. Supported with **good** justifications for the recommended changes to Emily's care needs that are **detailed**. **AO2 – Good** application of knowledge and understanding of Emily's ongoing care needs to the care plan that is **detailed** and **mostly relevant** to Emily's development.
2	**4–6**	**AO4 – Reasonable** demonstration of vocational skills for the completion of a care plan that has **some detail** although this may be **underdeveloped**. With **some relevance** to the case study and task. **AO3 – Reasonable** analysis and evaluation of the Social Worker's report and Emily's development that has **some detail** and **some relevance**, though this may be **underdeveloped**. Supported with **reasonable** justifications for the recommended changes to Emily's care needs that have **some detail**, though these may be **underdeveloped**. **AO2 – Reasonable** application of knowledge and understanding of Emily's ongoing care needs to the care plan that has **some detail** although this may be **underdeveloped**. With **some relevance** to Emily's development.
1	**1–3**	**AO4 – Limited** demonstration of vocational skills for the completion of a 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 Social Worker's report and Emily's development. Supported with **limited justifications** for the recommended changes to Emily's care needs that have **minimal detail** and are **mostly superficial**. **AO2 – Limited** application of knowledge and understanding of Emily's ongoing care needs to the care plan that have **minimal detail** and are **mostly superficial**. With **minimal relevance** to Emily's development.
0	**0**	No rewardable material.

Indicative content

NB: It is not a requirement that the learner formulates a response specifically against each assessment objective (AO) as laid out in the indicative content (IC). The evidence provided by the learner for each AO may be embedded in one holistic response.

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 Emily's care plan (AO4).

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

- mobility and co-ordination – ensure Emily still uses the appropriate aids, follows advice from physiotherapist, completing regular exercises and occupational therapist so she is safe in her wheelchair and can access resources. Emily must continue to undertake her physiotherapy exercises
- food and water – Emily requires support to feed herself, she needs to maintain a healthy diet
- personal care – Emily requires support in choosing outfits and dressing as has difficulty doing up buttons and precise fine motor skills. Her tremors can be an issue so may need more support if occurs
- safety – there is still a risk of Emily having a seizure so she must have a carer with her at all times. Emily must be strapped into her wheelchair and ensure hazards are removed so she can manoeuvre herself. When Emily is in the hoist two people / carers must support due to her spinal surgery and her inability to weight bare or walk
- love and belonging – Emily must be supported to maintain contact with friends and relatives
- dignity – allow Emily to have more control of her life with some support, practitioners to continue to give Emily choice and time to make her own decisions.

AO3 – Learners will analyse and evaluate knowledge and understanding with the assessment of the social workers report to assess Emily's progress and to identify the required changes to Emily's care needs that may include:

- mobility and co-ordination – Emily should be encouraged to use appropriate aids when mobilising and completing physiotherapy exercises. This should improve her co-ordination and her confidence may continue to grow
- food and water – practitioners need to monitor Emily's diet to ensure she has a sufficient intake of appropriate nutrients. Giving Emily 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 ability to perform personal hygiene will make Emily feel undervalued and there could be a risk of infection
- safety – risks must be minimised to ensure Emily's safety in the home, ensuring the use of the hoist is supervised
- love and belonging – when Emily attends the respite care or other avenues of support, this will enhance her confidence and self-esteem, and allow her to feel valued
- dignity – all actions by practitioners should result in Emily having more control of her life with support.

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 Emily'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 areas assessed	8. The planning cycle
Assessment objectives	AO5 - 8 marks

You are required to:

- **complete** an evaluation of the updated care plan you have created in Task 4.

Your evaluation should include:

- how well your care plan records and outlines Emily's care and support needs
- how well your care plan meets Emily's holistic needs and preferences.

[8 marks]

Evidence	• An evaluation: o word processed or o hand-written.

Task 5 – Evaluation of your care plan		
Band	**Marks**	**Descriptors**
4	**7–8**	**AO5 – Excellent** analysis and evaluation of how well their care plan records and outlines Emily's 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 Emily's holistic needs and preferences that is **comprehensive** and **highly detailed**, supported by **highly relevant** examples of what could be improved.
3	**5–6**	**AO5 – Good** analysis and evaluation of how well their care plan records and outlines Emily's 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 Emily's holistic needs and preferences that is **mostly detailed**, supported by **mostly relevant** examples of what could be improved.
2	**3–4**	**AO5 – Reasonable** analysis and evaluation of how well their care plan records and outlines Emily's 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 Emily's holistic needs and preferences that has **some detail**, supported by examples that have **some relevance** of what could be improved.
1	**1–2**	**AO5 – Limited** analysis and evaluation of how well their care plan records and outlines Emily's 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 Emily'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.

Indicative content

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

- holistic needs:
  - physical – how well Emily's diet may have been improved by the inclusion of appropriate services, for example practitioner observing and effectively recording Emily's dietary intake. Follow recommended exercises from the physiotherapist

    - social and emotional – has Emily been given the opportunity to mix with friends and family as she requires? Has this supported her to feel more confident and supported?
- person-centred care – how well does the care plan consider and include all aspects of Emily's holistic care needs?
- the individual's needs and preferences – how well Emily's needs have been considered throughout the care plan by discussion with Emily and / or family and friends
- risks – health and safety – has the care plan included the opportunity to assess and record any risks to Emily's safety?
- care and support – required with the individual and relevant others
- record information and outcomes on the individual's care plan – Emily'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 Emily with her care?
- work in partnership with other professionals and services as appropriate
- any required aids and adaptations – have adaptations been implemented appropriately and used as required?
- partnership working – 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 Emily's holistic needs and preferences including:

- consideration of a range of Maslow's hierarchy needs: how well have all of Emily'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 Emily's support requirements, do these meet her needs?
- emphasis on Emily's needs and preferences as an individual: all care should demonstrate the needs of Emily as an individual, her personal preferences, dislikes and likes, for example her favourite food, clothes etc. How well does the care plan do this?
- review of Emily's needs: how well is the care plan linked to Social Worker's report? Emily's care plan should reflect any issues raised or improvements in her health, as identified within the social work report, and address all of these needs
- range of vocational skills: how well have the following been documented? communication with Emily, family and other professionals, empathy to Emily's needs and preferences, accurate record keeping which has been shared and agreed with Emily, application of all relevant policies and procedures
- care plan is shared with Emily, other professionals and family: how well does the care plan demonstrate that discussion has taken place with Emily and her family and the care implemented should reflect this?

Appendix 1 – Individual profile

You are required to use this document for Task 1

Individual profile compiled by key person at The Ark Respite Care Centre.

Setting	The Ark Respite Centre
Name	Emily Roberts
Age	15 years
Family background **Notes:**	Emily lives with her mum Rachel, dad Paul and younger brother Ryan (10 years old). Paul is a builder and converted the garage, attached to the family home, into a downstairs room for Emily due to changes in her mobility. Rachel is Emily's main carer as Paul works full time hours, often working late in the evening. Emily's parents have a car that is adapted, enabling Emily to attend appointments, travel to school and to the respite care centre.
Health and wellbeing **Notes:**	In her lifetime, Emily has had many major operations. Her first operation was brain surgery aged three, soon after her diagnosis. Due to her incontinence, Emily has had bladder surgery. This involved inserting a hole into her abdomen to allow a catheter to be inserted. Emily takes medication daily for her frequent seizures. Emily also has scoliosis, where the spine twists and curves to the side. Emily had surgery to put a rod into her spine to make it straight again. Emily is unable to walk or support her body weight so relies on 2:1 care with the use of a hoist to move her so personal care can be provided. Emily will often display hand tremors and therefore uses adapted equipment when eating and drinking to give her more stability.

Social activities:	Emily enjoys a range of activities at The Ark Respite Centre as well as enrichment activities at school. Emily also spends lunch time and break time in the library, where she will join in tabletop games, reading and speaking to her peers. Emily particularly enjoys creative activities such as drawing, painting and card making. Emily also enjoys cooking and baking.
Other professional involvement:	One-to-one Education Support Worker Physiotherapist Counsellor GP Occupational Therapist Social Worker Dietician
Respite care centre **Key worker comments:**	Emily is a friendly, happy young lady who enjoys her time at the centre. She has many positive relationships with staff and other young people at the centre. Emily can communicate verbally but needs time to process what she wants to say. This sometimes makes Emily feel frustrated if she makes mistakes or does not understand what is being asked of her.

Appendix 2 – Social Worker report

You are required to use this resource for Tasks 3 and 4

Social worker – health and wellbeing report for:

Name: Miss Emily Roberts

DOB: 07.09.2007

Address: 3 Avon Road
Little Easter
Essex
CN27 3CA

Physical	Emily is in good health generally, but she continues to have seizures. There does not seem to be a pattern to the seizures, and they can occur at any time. The seizures can leave Emily feeling sleepy and cause her to miss school. Emily takes her medication every morning and evening. Bladder and spinal surgeries were successful, and Emily continues with regular physiotherapy to build her muscle strength and to promote good posture. A daily exercise plan has been put in place for Emily. An occupational therapist has been to visit the family home. Emily has had a hoist fitted into her bedroom. This allows her to be moved so that personal care can be given. Emily has recently acquired an adjustable bed to help her spine and to help her to get in and out of bed. Emily is able to wash herself but needs assistance with hair washing, drying and dressing. Emily is able to feed herself during mealtimes but requires food to be prepared and cut up for her. She uses assistive dining aids to give her stability, so she can feed herself more easily. Hand tremors can be an issue at times, which can make the task more difficult. Emily is becoming more confident in navigating her electric wheelchair. Emily still uses her manual wheelchair but finds it takes more time and is more difficult to move. Emily is able to vocalise her needs and say when she is in pain.

Cognitive	Emily attends her local high school and has one to one support during lessons. Her learning support assistant scribes in Emily's lessons to ensure all information is written down in her exercise books. The teacher differentiates lessons to enable Emily to access the curriculum and allows her extra time for tasks and to process information. Emily has extra time during tests and exams, and she completes them in a room on her own. Emily enjoys a range of enrichment activities, accessing after school clubs and the respite centre.
Social and emotional	Emily enjoys her time at The Ark Respite Care Centre and attends once a month. She has positive relationships with the other young people and the staff.

Name: Harriet Cheston (social worker) **Signed:** *H Cheston* **Date:** 24/10/2022

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