HEALTH AND SOCIAL CARE

EXEMPLARY CANDIDATE WORK

UNIT HSC 026

IMPLEMENT PERSON-CENTRED APPROACHES IN HEALTH AND SOCIAL CARE
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INTRODUCTION

OCR has reproduced this exemplar candidate evidence to support teachers in interpreting the assessment criteria for the unit HSC 026, Implement person-centred approaches in health and social care.

This exemplar evidence should be considered alongside the unit requirements, the Learning Outcomes and Assessment Criteria. This content has been selected by the OCR Chief External Verifier for the Health and Social Care Diplomas, to illustrate how the assessment criteria are applied, and to provide some commentary on what factors contributed to the final outcome.

The exemplar candidate evidence is intended to demonstrate how criteria have been met and are supported by a commentary. While the exemplars are intended to be useful in interpreting the specification’s Assessment Criteria, they should in no way be regarded as definitive evidence.

This resource is provided for advice and guidance only.
EXEMPLARY UNIT: HSC 026 – IMPLEMENT PERSON-CENTRED APPROACHES IN HEALTH AND SOCIAL CARE.

UNIT PURPOSE

• Introduces the concept of person-centred approaches for care and support

• Raises awareness of the required skills to be able to work in a person-centred way

• Raises awareness of the required skills to be able to establish consent when providing care or support

• Raises awareness of the required skills to be able to encourage active participation

• Raises awareness of the required skills to be able to support the individual’s right to make choices

• Raises awareness of the required skills to be able to promote individuals’ well-being
EVIDENCE FOR LEARNING OUTCOME 1

UNDERSTAND PERSON-CENTRED APPROACHES IN HEALTH AND SOCIAL CARE

Assessment Criteria:
AC1.1 – Define person-centred values
AC1.2 – Explain why it is important to work in a way that embeds person-centred values

Extract from Written Questioning:

Written Question: ‘Define person-centred values and explain why it is important to work in a way that embeds person-centred values’:

Response:

‘The underlying purpose of “Person-centred values” is to ensure that the individual needing care is placed at the very centre of the decision making process about their life, the services and support they want and need.

Therefore, under this strict system, the person is always placed at the very centre of the planning of the care programme required, in that he or she will always be consulted and that his or her views will always come first. Therefore the plan is tailor-made to that particular person, and it should include all aspects of care, from the Social and Health Services, from that individual’s family and from the voluntary sector.

This is the current policy and it applies to those people with learning disabilities, mental health problems, and physical disabilities, to older people who need support, and to young people making their transition to adulthood…

To place the person at the centre certain values must be upheld: Individuality (everyone’s differences must be recognised and respected), Choice (for individuals to be able to make own choices and be in control of own life), Privacy (information and activities must be kept confidential), Independence (empowering individuals to do activities for themselves) and dignity (be treated in a respectful way).

It is vital for the social care worker to work using these precise methods to establish the needs and wishes of the individual. This will also mean that individuals will feel empowered and in control of their lives, be more confident about making decisions, will feel valued and respected.’

COMMENTARY FOR EVIDENCE FOR ACS 1.1 AND 1.2

• Assessment Method: The assessor has used a clear written question with this learner ‘Define person-centred values…and explain why it is important…’ this encourages the learner to think about the meaning of person-centred values as well as the importance of embedding these in own work practices. The assessment method is valid as it measures the learner’s understanding and knowledge of person-centred values’

• Quality of Evidence: The learner’s response is of a good quality because the learner reflects well own understanding of the purpose of person-centred values: ‘…to ensure that the individual needing care is placed at the very centre of the decision making process about their life, the services and support they want and need.’ The learner also then defines numerous person-centred values including individuality, choice, privacy, independence and dignity.

The learner includes good details of the importance of embedding person-centred values: ‘…to establish the needs and wishes of the individual. This will also mean that individuals will feel empowered and in control of their lives, be more confident about making decisions, will feel valued and respected.’

• Breadth of Evidence: The learner has included a detailed definition of person-centred values and explained the importance of embedding these in work practices. The learner’s evidence meets AC1.1 and 1.2 fully in terms of defining person-centred values and explaining why it is important to work in a way that embeds person-centred values.
Assessment Criteria:
AC1.3 – Explain why risk-taking can be part of a person-centred approach

Extract from Oral Questioning:

Oral Question: ‘Tell me why risk-taking can be part of a person-centred approach’:

Response:
‘The person-centred approach to risk includes making an assessment with the people involved in the plan such as the individual, their relatives and other professionals. Risk taking is part of a person-centred approach as this empowers individuals to have choices about what they want to do in their lives as well as to be part of their community. Not allowing individuals to take risks can have a negative impact on an individual’s life to not live it as they wish.’

COMMENTARY FOR EVIDENCE FOR AC 1.3

• Assessment Method: The assessor has used an open oral question with this learner ‘Tell me why…’ this encourages the learner to think about how risk-taking and the person-centred approach are inter-related. The assessment method is valid as it measures the learner’s understanding and knowledge of why risk-taking can be part of a person-centred approach.

• Quality of Evidence: The learner’s response is of a good quality because the learner reflects well own understanding of the reasons for risk-taking being part of a person-centred approach: ‘this empowers individuals to have choices about what they want to do in their lives as well as to be part of their community. Not allowing individuals to take risks can have a negative impact on an individual’s life to not live it as they wish.’

• Breadth of Evidence: The learner has included a detailed explanation of the reasons for risk-taking. The learner’s evidence meets AC1.3 fully in terms of explaining why risk-taking can be part of a person-centred approach.
Assessment Criteria:
AC1.4 – Explain how using an individual’s care plan contributes to working in a person-centred way

Extract from Oral Questioning:
Written Question: ‘Explain how using an individual’s care plan contributes to working in a person-centred way’:

Response:
'To be person-centred the person must always be at the centre of their care plan. This means that individuals must always be consulted and their views must always come first. Therefore, no two care plans are alike because each individual is different from another. Each individual should be involved at every stage of their care plan; from deciding who to involve, how to meet the individual’s needs, the support required and how to feedback on how the care plan is working.'

COMMENTARY FOR EVIDENCE FOR AC 1.4

• **Assessment Method:** The assessor has used an open oral question with this learner ‘Explain how…’ this encourages the learner to think about the use of care plans in person-centred work practices. The assessment method is **valid** as it measures the learner’s understanding and knowledge of how care planning contributes to working in a person-centred way.

• **Quality of Evidence:** The learner’s response is of a good quality because the learner reflects well own understanding of how using an individual’s care plan contributes to working in a person-centred way: ‘…the person must always be at the centre of their care plan… individuals must always be consulted and their views must always come first… Each individual should be involved at every stage of their care plan; from deciding who to involve, how to meet the individual’s needs, the support required and how to feedback on how the care plan is working.’

• **Breadth of Evidence:** The learner has included a detailed explanation for the reasons for using an individual’s care plan. The learner’s evidence **meets AC1.4 fully** in terms of **explaining** how using an individual’s care plan contributes to working in a person-centred way.
EVIDENCE FOR LEARNING OUTCOME 2

BE ABLE TO WORK IN A PERSON-CENTRED WAY

Assessment Criteria:
AC2.1 – Find out the history, preferences, wishes and needs of the individual
AC2.2 – Apply person-centred values in day to day work taking into account the history, preferences, wishes and needs of the individual

EVIDENCE FOR LEARNING OUTCOME 3

BE ABLE TO ESTABLISH CONSENT WHEN PROVIDING CARE OR SUPPORT

Assessment Criteria:
AC3.2 – Establish consent for an activity or action

EVIDENCE FOR LEARNING OUTCOME 4

BE ABLE TO ENCOURAGE ACTIVE PARTICIPATION

Assessment Criteria:
AC4.3 – Demonstrate ways to reduce the barriers and encourage active participation

EVIDENCE FOR LEARNING OUTCOME 5

BE ABLE TO SUPPORT THE INDIVIDUAL’S RIGHT TO MAKE CHOICES

Assessment Criteria:
AC5.1 – Support an individual to make informed choices
AC5.2 – Use agreed risk assessment processes to support the right to make choices

EVIDENCE FOR LEARNING OUTCOME 6

BE ABLE TO PROMOTE INDIVIDUALS’ WELL-BEING

Assessment Criteria:
AC6.3 – Support an individual in a way that promotes a sense of identity and self-esteem
AC6.4 – Demonstrate ways to contribute to an environment that promotes well-being
Extract from Observation 1:

Observation: (The learner is referred to as 'M')

‘M went into the office to read the care plan, risk assessment and the communication preferences for the service user she was going to support; M closed the office door behind her. M also checked the information about the signs the service user uses with her senior in private in the office who showed her the current signs and their meanings for this service user as well as the signs he will tend to use whilst being hoisted. M explained that he could not verbally communicate but that it was important that his permission was given before they started to hoist him. M said that everyone has different ways of communicating, so it is important that she observes the service user and understands the signals he gives…

M knelt down beside the service user, she gently spoke to him, she maintained eye contact with him and explained that they were going to hoist him into his wheelchair and take him to his bedroom – M asked him this in his room, the door was closed and the TV was switched off. M took her time, she showed excellent communication skills, and although the client could not verbally agree he indicated that he was ready and willing by nodding his head. M nodded her head in agreement and observed the service user do the same again in confirmation.

M said that if there was a conflict she would have asked her manager to assist. She added the important thing was for her client not to be put at any risk, and for his independence to be maintained by encouragement and to conform to the care plan, a conflict could put the client at risk…

The immediate area was cleared of trailing covers to give adequate space. M followed the care plan and made sure the chair and hoist were in the correct position, with the brakes on, then using the correct method the sling was put into place and a cushion was placed under the service user’s feet to stop any discomfort. M spoke to him the whole time, reassuring and confirming he was comfortable and that he understood what was happening. She used a mix of verbal communication including clear and short words, spoken in a gentle and calm tone and signing which the service user was comfortable with…M observed his signs checking that he was in agreement with everything that was happening, he confirmed he was.

M recorded in the care plan in a confidential manner at the end of the routine, in the office in private, the time and when the client was due to be next moved and detailed the support provided as well as the communication methods used with the service user.

Extract from Observation 2:

Observation: (The learner is referred to as 'M')

‘…The next thing M talked through with her manager was a person centred planning meeting that M had attended to review a service user that had been coming downstairs at night and eating other service users’ food. They agreed that the meeting had been very worthwhile as the care manager had been present and they agreed the service user had been frustrated due to his communication problems and so it was difficult for staff to know what he wanted. Now that this service user was purchasing his own food and had consented to this and was eating this in his room this had made a lot of difference said M. They talked about how a meeting with the psychiatrist was refused by the service user, but how staff feel that his behaviour is getting a lot better and all the team will continue to monitor this. M said that she had been working with this service user this morning and that he had been shouting but how she now feels that by giving him more time and talking through what he would like to do daily has helped him to control his behaviour…’
COMMENTARY FOR EVIDENCE FOR ACS 2.1, 2.2, 4.3, 5.1, 5.2, 6.3 AND 6.4:

• **Assessment Method:** The assessor has used direct observation of the learner’s practice to meet these criteria. The observations have been recorded clearly by the assessor in terms of describing specifically the learner’s practices in relation to finding out the history, preferences, wishes and needs of the individual, applying person-centred values in day to day work taking into account the history, preferences, wishes and needs of the individual and establishing consent for an activity or action. The observations also evidence well the learner’s skills in encouraging active participation and supporting individuals to make informed choices within agreed risk assessment processes whilst contributing to a safe and positive environment promoting individuals’ sense of identity and self-esteem.

This assessment method is **valid** as it measures the learner’s skills in being able to work in a person-centred way, establish consent when providing care or support, encourage active participation, support the individual’s right to make choices and promote individuals’ well-being.

• **Quality of Evidence:** The documented observations are of a good quality because the learner demonstrates clearly own competence against each of the assessment criteria. The observations detail well how the learner finds out about the individuals: ‘M went into the office to read the care plan, risk assessment and the communication preferences for the service user she was going to support… M also checked the information about the signs the service user uses with her senior in private in the office… The next thing N talked through with her manager was a person centred planning meeting that N had attended to review a service user that had been coming downstairs at night and eating other service users’ food. They agreed that the meeting had been very worthwhile as the care manager had been present and they agreed the service user had been frustrated due to his communication problems… N said that she had been working with this service user this morning and that he had been shouting but she now feels that by giving him more time and talking through what he would like to do daily has helped him to control his behaviour…’

The learner then reflects own skills in establishing consent with an individual for an activity: ‘M knelt down beside the service user, she gently spoke to him, she maintained eye contact with him and explained that they were going to hoist him into his wheelchair and take him to his bedroom – M asked him this in his room, the door was closed and the TV was switched off. M took her time, she showed excellent communication skills, and although the client could not verbally agree he indicated that he was ready and willing by nodding his head. M nodded her head in agreement and observed the service user do the same again in confirmation… M spoke to him the whole time, reassuring and confirming he was comfortable and that he understood what was happening. She used a mix of verbal communication including clear and short words, spoken in a gentle and calm tone and signing which the service user was comfortable with… M observed his signs checking that he was in agreement with everything that was happening, he confirmed he was.’

The observations also detail well how the learner encourages the individuals to be active participants, make their own informed choices through the use of an agreed risk assessment process whilst contributing to a safe and positive environment and promoting individuals’ sense of identity and self-esteem.

• **Breadth of Evidence:** The learner’s evidence meets ACs 2.1, 2.2, 3.1, 4.3, 5.1, 5.2, 6.3 and 6.4 fully in terms of finding out the history, preferences, wishes and needs of the individual, applying person-centred values in day to day work taking into account the history, preferences, wishes and needs of the individual as well as establishing consent for an activity/action.

• In addition, the learner’s evidence demonstrates ways to reduce barriers to encourage active participation, how to support an individual to make informed choices, use agreed risk assessment processes, supports individuals in a way that promotes a sense of identity and self-esteem and demonstrates ways to contribute to an environment that promotes well-being.
EVIDENCE FOR LEARNING OUTCOME 3

BE ABLE TO ESTABLISH CONSENT WHEN PROVIDING CARE OR SUPPORT

Assessment Criteria:
AC3.1 – Explain the importance of establishing consent when providing care or support
AC3.3 – Explain what steps to take if consent cannot readily be established

Extract from Oral Questioning:

Oral Question: ‘Tell me about the importance of establishing consent when providing care or support and what steps to take if consent cannot readily be established’:

Response:

‘It is always very important to establish the consent of the individual when providing any care or support programme or procedure. This is essential so as to include that individual with any decision-making, in order to ensure that they do not feel left out, ignored; in this way they can understand and agree to that element of their care or support.

I would discuss the problem, that consent cannot be established, with the supervisor or manager of the home, and, if necessary, the individual’s doctor and advocate. I would also make a record of this, which I would sign and date.’

COMMENTARY FOR EVIDENCE FOR ACS 3.1 AND 3.3

- Assessment Method: The assessor has used a clear open question with this learner ‘Tell me about…’ this encourages the learner to think about the importance of establishing consent when providing care or support and what steps to take if consent cannot readily be established.

The assessment method is valid as it measures the learner’s understanding and knowledge of establishing consent when providing care or support.

- Quality of Evidence: The learner’s response is of a good quality because the learner reflects well own understanding of the importance of establishing consent: ‘…so as to include that individual with any decision-making, in order to ensure that they do not feel left out, ignored; in this way they can understand and agree to that element of their care or support…’

The learner also then explain the series of steps to take if consent cannot be readily established: ‘I would discuss the problem, that consent cannot be established, with the supervisor or manager of the home, and, if necessary, the individual’s doctor and advocate. I would also make a record of this, which I would sign and date.’

- Breadth of Evidence: The learner has included a detailed explanation of how to establish consent when providing care or support. The learner’s evidence meets AC3.1 and 3.3 fully in terms of explaining the importance of establishing consent when providing care or support and explaining what steps to take if consent cannot readily be established.
COMMENTARY FOR EVIDENCE FOR ACS 4.1 AND 4.2

- **Assessment Method:** The assessor has used a clear written question with this learner ‘Describe how…and identify…’ this encourages the learner to think about the benefits of active participation as well as the possible barriers that exist.

  The assessment method is **valid** as it measures the learner’s understanding and knowledge of active participation.

- **Quality of Evidence:** The learner’s response is of a good quality because the learner reflects well own understanding of the benefits of active participation to an individual: ‘…that person is always made to feel that he or she is continually important, and that things are done for their benefit, with their consent. This ensures a positive approach for the individual that makes them an active part of how they choose to live and puts them first as the focus.’

  The learner also then includes a list of possible barriers to active participation: ‘…the emotions, the disabilities, and the attitudes of the individual concerned, …social care workers’ attitudes and approaches do not value active participation, strict routines and lack of training on using the active participation approach can also be barriers.’

- **Breadth of Evidence:** The learner has detailed how active participation benefits an individual and the possible barriers that exist. The learner’s evidence **meets AC4.1 and 4.2 fully** in terms of **describing** how active participation benefits an individual and **identifying** possible barriers to active participation.
EVIDENCE FOR LEARNING OUTCOME 5

BE ABLE TO SUPPORT THE INDIVIDUAL’S RIGHT TO MAKE CHOICES

Assessment Criteria:
ACS.3 – Explain why a worker’s personal views should not influence an individual’s choices

Extract from Written Questioning:
Written Question: ‘Explain why a worker’s personal views should not influence an individual’s choices’:
Response:
‘The care worker’s personal views may well simply rule things out for the individual being cared for, because the worker might take a subjective position rather than looking to find creative solutions for that individual. Such a stance could prevent the individual from making informed choices about their care. Therefore, personal views should never influence the choices of any individual as this also goes against their rights and can make an individual feel pressurised to agree.’

COMMENTARY FOR EVIDENCE FOR AC 5.3

• Assessment Method: The assessor has used a clear written question with this learner ‘Explain why…’ this encourages the learner to think about the reasons why a worker’s personal views should not influence an individual’s choices.

The assessment method is valid as it measures the learner’s understanding and knowledge of supporting the individual’s rights to make choices.

• Quality of Evidence: The learner’s response is of a good quality because the learner reflects well own understanding of the reasons why a worker’s personal views should not influence an individual’s choices: ‘… because the worker might take a subjective position rather than looking to find creative solutions for that individual. Such a stance could prevent the individual from making informed choices about their care…this also goes against their rights and can make an individual feel pressurised to agree.’

• Breadth of Evidence: The learner’s evidence meets ACS.3 fully in terms of explaining why a worker’s personal views should not influence an individual’s choices.
**Assessment Criteria:**
AC5.4 – Describe how to support an individual to question or challenge decisions concerning them that are made by others

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<th>Extract from Oral Questioning:</th>
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<tr>
<td>Oral Question: ‘Tell me how to support an individual to question or challenge decisions concerning them that are made by others’:</td>
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<tr>
<td>Response:</td>
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<tr>
<td>‘When others make decisions for the individual, the care worker should talk to the individual to ask that person whether he or she understands what has been decided for them. Once the individual understands those decisions, he or she should be encouraged to state whether they agree with them. If not, then that individual should be enabled to question and challenge them either themselves, through the social care worker or an advocate.’</td>
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**COMMENTARY FOR EVIDENCE FOR AC 5.4**

- **Assessment Method:** The assessor has used a clear oral question with this learner ‘Tell me how …’ this encourages the learner to think about the different ways to support an individual. The assessment method is valid as it measures the learner’s understanding and knowledge of the ways to support the individual’s right to make choices.

- **Quality of Evidence:** The learner’s response is of a good quality because the learner details different ways of supporting an individual to question or challenge decisions concerning them that are made by others: ‘the care worker should talk to the individual to ask that person whether he or she understands what has been decided for them… he or she should be encouraged to state whether they agree with them… that individual should be enabled to question and challenge them either themselves, through the social care worker or an advocate.’

- **Breadth of Evidence:** The learner has detailed how to support an individual’s right to question or challenge decisions. The learner’s evidence meets AC 5.4 fully in terms of describing how to support an individual to question or challenge decisions concerning them that are made by others.
EVIDENCE FOR LEARNING OUTCOME 6

BE ABLE TO PROMOTE INDIVIDUALS’ WELL-BEING

Assessment Criteria:
AC6.1 – Explain how individual identity and self-esteem are linked with well-being
AC6.2 – Describe attitudes and approaches that are likely to promote an individual’s well-being

Extract from Personal Statement:

Personal Statement: Promoting Individuals’ Well-being

Response:

‘Maintaining an individual’s identity is done by always recognising that person as a human being, not a number – identity is who the person is. Ensuring that the individual IS important and that their views and concerns are always dealt with in a positive and caring manner will always ensure that person is valued and has a high self-esteem. All this will contribute to their sense of well-being.

By always ensuring that the individual is treated in a professional, kind, caring and courteous way, their sense of well-being is always assured. Care workers can also make sure that they use a number of different approaches - empowering approaches that enable the individual to take control, a positive approach that encourages the individual to feel good, working in a trusting and professional way enables a good relationship to build between the care worker and individual and promoting a sense of well-being.’

COMMENTARY FOR EVIDENCE FOR ACS 6.1 AND 6.2

- **Assessment Method:** The learner’s personal statement provides the learner with an opportunity to express own understanding of how to promote an individual’s well-being. The assessment method is valid as it measures the learner’s understanding and knowledge of how individual identity and self-esteem are linked with well-being as well as the attitudes and approaches that are likely to promote an individual’s well-being.

- **Quality of Evidence:** The learner’s response is of a good quality as the learner details the links between identity, self-esteem and well-being: ‘… identity is who the person is. Ensuring that the individual IS important and that their views and concerns are always dealt with in a positive and caring manner will always ensure that person is valued and has a high self-esteem. All this will contribute to their sense of well-being.’

  The learner includes a detailed account of different attitudes and approaches that are likely to promote an individual’s well-being: ‘By always ensuring that the individual is treated in a professional, kind, caring and courteous way...empowering approaches that enable the individual to take control, a positive approach that encourages the individual to feel good, working in a trusting and professional way enables a good relationship to build between the care worker and individual...’

- **Breadth of Evidence:** The learner has provided a detailed account of how to promote an individual’s well-being. The learner’s evidence meets ACs 6.1 and 6.2 fully in terms of explaining how individual identity and self-esteem are linked with well-being and describing attitudes and approaches that are likely to promote an individual’s well-being.
## SUMMARY OF HOW EXEMPLAR EVIDENCE FOR HSC 026 MEETS THE ASSESSMENT REQUIREMENTS AND ASSESSMENT CRITERIA

<table>
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<tr>
<th>Variety of assessment methods used</th>
<th>Yes</th>
<th>Observation, Written and Oral Questioning, Personal Statement</th>
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<tr>
<td>Valid assessment methods used</td>
<td>Yes</td>
<td>All assessment methods used were appropriate for validating the learner’s knowledge and skills of all the assessment criteria in this unit.</td>
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<tr>
<td>Quality and Breadth of evidence sufficient</td>
<td>Yes</td>
<td>Evidence provided meets all the assessment criteria fully.</td>
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This resource has been produced to support your delivery of OCR’s Health and Social qualification. These are not mandatory but are provided to offer you creative and informative materials that you may wish to use with your learners.

Disclaimer

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