

Health & Social Care

General Certificate of Secondary Education **J406**

General Certificate of Secondary Education (Double Award) **J412**

OCR Report to Centres

June 2013

OCR (Oxford Cambridge and RSA) is a leading UK awarding body, providing a wide range of qualifications to meet the needs of candidates of all ages and abilities. OCR qualifications include AS/A Levels, Diplomas, GCSEs, Cambridge Nationals, Cambridge Technicals, Functional Skills, Key Skills, Entry Level qualifications, NVQs and vocational qualifications in areas such as IT, business, languages, teaching/training, administration and secretarial skills.

It is also responsible for developing new specifications to meet national requirements and the needs of students and teachers. OCR is a not-for-profit organisation; any surplus made is invested back into the establishment to help towards the development of qualifications and support, which keep pace with the changing needs of today's society.

This report on the examination provides information on the performance of candidates which it is hoped will be useful to teachers in their preparation of candidates for future examinations. It is intended to be constructive and informative and to promote better understanding of the specification content, of the operation of the scheme of assessment and of the application of assessment criteria.

Reports should be read in conjunction with the published question papers and mark schemes for the examination.

OCR will not enter into any discussion or correspondence in connection with this report.

© OCR 2013

CONTENTS

General Certificate of Secondary Education

Health and Social Care (J406)

General Certificate of Secondary Education (Double Award)

Health and Social Care (J412)

OCR REPORT TO CENTRES

Content	Page
Overview	1
A911 Health Social Care and Early Years provision	2
A912 Understanding Personal Development and Relationships	6
A913 Promoting Health and Wellbeing	9
A914 Safeguarding and Protecting Individuals	12

Overview

This series saw a good performance overall by candidates and they appeared well prepared, with a focus on being able to plan and carry out tasks in which they analyse issues and problems where the weighting of marks is greatest. Many candidates did not achieve marks because they did not apply their knowledge by giving examples to show understanding of health and social care issues.

Centres should note that new Controlled Assessment tasks for A911 and A913 are now available on OCR Interchange for all candidates being entered for the June 2015 series. Candidates need to use the current tasks for submissions in the June 2014 series. Moderation took place against the assessment criteria for the 2012/2013 controlled assessment.

It must be noted that centres must enter candidates with a controlled assignment that correlates with the year of submission. Assessors should download the most current URS from the OCR website and ensure that it is filled out completely. Without this attention to detail, moderators are often not able to see how assessors have awarded marks, or be able to check the sample sent because candidate numbers are not recorded.

Most entries for Controlled Assessment (A911 and A913) were paper based (component 02); some centres entered their candidates for the OCR Repository (component 01) and then sent paper based work to the moderator. It is important that centres use the correct entry code, 02 for paper based entries and 01 for Repository, for controlled assessments A911 and A913.

Time guidelines are given for candidates when completing their Controlled Assessments. The thickness of some portfolios seen suggested that these guidelines had not been closely adhered to. The moderation process was also hindered when class notes had been included in the candidates controlled assessments. All paper assessments must be presented with a treasury tag in the top right-hand corner. Written work submitted in any other format (eg, ring binders, plastic wallets, etc.) will hinder the moderation process.

Many assessors annotated in the body of a candidate's controlled assessment work; this was good practice as the moderator could see how marks had been awarded. The teaching of specific skills needs to be incorporated into Schemes of Work so that candidates have the knowledge to undertake the requirements of planning and evaluating required, fulfilling the controlled assignment assessment criteria. Where there is more than one assessor marking at a centre, internal moderation is essential so that there is parity in assessment decisions.

A signed copy of the CCS160 Centre Authentication Form must be completed and sent when a sample request is generated by email. At the centre it is important that the marks for each task are added up correctly on the URS and there is a checking system in place to ensure that the correct mark is inserted on the MS1 form. Moderators had many Clerical Errors to process and when centres did not send the revised marks to OCR there was a delay in the moderation process.

The externally assessed units (A912 and A914) had questions that differentiated well. However some candidate responses showed notable gaps of knowledge and it is important that centres in their planning of delivery give sufficient time to cover the whole of the specification. Centres are advised to ensure that in their general teaching, time is given for candidates to learn technical spellings; this would ensure that quality responses are given. When preparing for external assessment, candidates need to be aware that they need to clearly indicate if they have added additional information/answers on supplementary pages. All candidates should use a biro pen and not the "gel type" because these leak through the paper and make it difficult for examiners to clearly see the answers given and to award marks.

Specific detail about individual units has been given and centres are advised to study this advice when preparing their candidates for future series.

A911 Health Social Care and Early Years provision

General Comments

Generally candidates appeared well prepared for this Unit; they showed understanding of the provision of health or social care or early years provision in one service covering the specification. However the quantity of work produced by some candidates was significantly greater than would be expected within the controlled assessment time frame.

Centres are advised to ensure that the correct URS is used when they attach it to the candidates' controlled assessment. The sheet needs to be completed with accurate page references. Comments made by assessors support the moderation process. It is recommended that the assessor highlights or ticks each section of the band that applies to the work that the candidate has produced. This helps when a best fit mark applies.

A range of different ways of approaching this unit of work was seen. Where candidates showed good practice with the planning in Task 1, they were able to relate to the criteria for Task 5 and achieved better marks. In one centre, candidates had produced some excellent work and achieved good marks in Tasks 2, 3 & 4, but Task 1 demonstrated poor planning with no aims and objectives set and consequently, when completing Task 5, candidates could not fulfil the necessary criteria to gain MB2 or MB3 marks and candidates were disadvantaged.

Whilst specific marks are not awarded for Quality of Written Communication (QWC), assessors should be mindful that once the five tasks have been assessed and an overall mark decided, it is important that the mark is complementary to the description of the quality of work for a candidate at a particular level.

Task 1

Candidates who clearly stated the service that they would be focusing on, the purpose of their investigation and aims and objectives were able to access higher marks in Task 5 when reviewing their work. Within the plan, candidates needed to show where they would access the primary and secondary information and show relevance to the context of the investigation that they were undertaking.

Some candidates were well prepared and produced excellent plans and checklists, particularly those that were in chart form highlighting completion dates, the type of research they were going to use and setting clear aims and objectives. Others did not include a plan or checklist, just an introduction about the service they were going to investigate. A pre-set format of a chart made by the centre was useful; however when centres had itemised each task in the chart, it did not provide the opportunity for candidates to achieve marks at a higher level. It should be remembered that this task is a working document and should be used throughout the controlled assessment; it does not need to be written or completed in one sitting.

Task 2

Most candidates continued to choose an early years service and were able to identify and explain how one client group used the service and how their needs were met by the facilities offered. Good use of case studies in this section improved the quality of many portfolios.

Candidates were expected to make clear the service and the client group they were studying. Although different client groups may use the service, candidates needed to only focus on one group in depth; however the others should be referenced. Candidates did not achieve marks by copying out publicity material or including a location map from the website of the service.

Good primary research was shown when candidates interviewed a care worker from the setting and were able to describe in detail the needs of “pwus” (people who use the service). Many candidates were supported with a framework chart which showed the PIES in one column and then how the service meets those needs in another column.

Candidates needed to investigate other services available locally to meet all the client group’s needs. Some candidates did attempt to look at other services; however whilst services such as parks and swimming pools fulfil a need they are not providers of health and social care unless qualified. Often research was done as a town trail or through an interview with a care worker. Many candidates just listed all the other “nurseries” that were in the area, this was insufficient evidence as they need to include health, social care and early years services. Candidates showing how services worked together provided good differentiation. Few candidates were aware that one service does not provide all the needs for a client group.

Some candidates gave a comprehensive explanation of how the service provided equality by giving examples of how it took place in the setting, eg, *making provision to take all residents out on outings catering for any disabilities they may have; giving a place to a child who has mobility issues in the reception class; treating a bariatric patient in hospital by providing them with a special bed and extended screens*. They also showed how the needs of a diverse multi-cultural population could be met, eg, *interpreters available; range of literature in different languages; providing opportunities for religious observations*.

Task 3

Many candidates identified a relevant piece of legislation but few actually reflected or showed that they understood the impact it had on the quality of service being provided. There were few examples of candidates describing how the setting had fulfilled the criteria in accordance with the legislation.

Exemplar answers:

Care Standards Act: legally required minimum standard room size: which ensures that “pwus” have sufficient room to be able not only to sleep but also to sit and move easily around despite mobility difficulties. Management need to take this into account when planning a home, it may mean fewer residents and this could have cost implications.

Human Rights Act: no one should be discriminated against on the grounds of sex, race, colour or language, which ensures that a pregnant Bangladeshi woman can be examined by a female doctor. The practice must ensure that male and female doctors/nurses are available for duty.

Most centres had taught one piece of legislation and then candidates wrote about this. However candidates often showed very little understanding on how that piece of legislation had an impact on the quality of service being provided.

An explanation of barriers and how these prevented clients from accessing both the service and the effects on the individual were varied. Candidates were aware of the many barriers that prevent “pwus” from accessing the help that they need and often wrote about each barrier at length; however they did not apply this knowledge to the service they were investigating.

There was often a lot of generic information (copied without any referencing) on how barriers could be removed. Candidates found it difficult to evaluate how services have procedures in place to address barriers; occasionally opinions and judgements were evident. A limited understanding was apparent of how the removal of barriers empowers clients.

Candidates were well aware of referral procedures but many unfortunately could not access marks at the higher level because the examples given were not relevant to the service being studied. A great deal of generic information was included with unreferenced information from textbooks.

Task 4

This task was generally done well. Higher achieving candidates had interviewed a care worker to gain primary information and supported their findings with references to secondary sources.

Some candidates produced a landscape chart to show in one column the day-to-day tasks; in the second column how the health, developmental and social care needs were being met, in the third column the skills and qualities being used and why they are important and in the fourth column they showed how the care values were being applied. To gain MB3 marks candidates needed to ensure that they supported the information gained by writing an analysis to show the possible effects on the client if care values are not applied as well as writing an in-depth understanding to show why certain skills and qualities are needed.

Many candidates had undertaken good quality research into possible qualification pathways however they did not access higher marks because they did not present reasoned judgements and accurate conclusions.

When assessing the quality of work, to award the higher band marks, assessors need to ensure that there is a detailed explanation which shows understanding; list-like answers do not show understanding and therefore must only be awarded lower level marks.

Task 5

Candidates needed to analyse how their own skills and qualities would be appropriate for working in their chosen service. Good responses were seen when candidates used the information that they had gained from their investigation and applied it to themselves working in the setting.

eg, I am very patient and kind so would show understanding to a relative who was awaiting news about their loved one. However my numeracy skills are weak and I would be afraid that I would not measure the correct dosage of medicine. I also am squeamish at the sight of blood, so I do not think a role as a nurse in the hospital would be suitable for me.

Many candidates did not evaluate their evidence against their aims and objectives (if they had written any) and made limited recommendations for future investigations. Some candidates had not completed all of the task, or had not followed the criteria, or were unable to write an evaluation.

Marks were gained by those candidates who were focused in Task 1 and used, as a measuring tool, their aims, their plans and checklist to review their work. Some candidates had reflected on their plans as the controlled assessment had progressed, making notes in a separate column on their planning sheet. This was good practice; candidates were then able to access relevant material to form part of their evaluation and make recommendations for future investigations. By making regular notes during the controlled assessment they could give detail and show

understanding about their own performance and in turn gain higher level marks within this task. The recommendations of what they could do to improve their own performance was noted but varied in quality.

The use of references was variable in the work seen. Some bibliographies tended to be list-like, mostly websites and not referenced throughout the controlled assessment. Often candidates did not include their chosen service, the interviews which took place and reference to primary sources was limited. To gain MB3 candidates need to comment on how they used the source and how useful it was, there were some examples of this being done well.

A912 Understanding Personal Development and Relationships

General Comments

Candidates again demonstrated familiarity with the active verbs used within this paper. Candidates were able to apply their knowledge to differing styles of questions. However candidates needed to give more explanation and look at the consequences between developmental effects when aiming for level three in both analyse and evaluation questions.

Question 1(a)

The focus for this question was for candidates to show their ability to differentiate between growth and development.

The majority of candidates scored highly on this question. The most common errors seen were candidates identifying norms and milestones for development.

Question 1(b)

Candidates were asked to identify the type of chart used to compare the growth of children. The majority gave centile with a few giving percentile. The most common error was candidates citing ‘bar charts / height and weight charts’.

Question 1(c)(i)

Many were able to show that they understood gross motor skills; weaker responses failed to mention the use of larger muscles, instead choosing to say that it was to do with moving arms and legs; the latter being too vague. Many correctly gave examples to illustrate the use of gross motor skills, namely running, walking and climbing stairs.

Question 1(c)(ii)

Candidates were able to correctly define fine motor skills.
Most common answers were writing, drawing and tying shoe laces.

Question 1(d)

Many candidates were awarded level 2, with many excellent examples to illustrate both social and intellectual development. For future delivery candidates should be encouraged to make links between the effects; this will show greater analysis and enable access to level 3. If two aspects of development are asked for within a question candidates should look at the links between effects of differing aspects of development. This would enable candidates to show greater analysis and will fulfil the requirements of a level 3 response.

Question 2(a)

This was a well answered question with the majority of candidates being able to identify the factors from the stem of the question. Very few generalised comments such as 'this will help her emotional development' were given

Question 2(b)

Many candidates were confident in their knowledge of genetic inheritance. Where some candidates failed to score on this question it was when they gave vague answers such as 'passed down' these vague responses needed greater qualification.

The majority of candidates were able to give a specific example of a characteristic / feature that could be inherited. Many cited genetic conditions such as Cystic Fibrosis, Downs Syndrome and Huntingdon's Disease.

Question 2(c)

Many candidates looked at each factor independently; thus not being able to access level 3. A significant number of candidates just stated 'this will raise her self-esteem'; it was expected that candidates would show *how* the factors affected her self-esteem, for example enhanced confidence, feeling valued, having a sense of achievement, being proud of her accomplishments.

Question 3(a)

A few errors were seen on this question with some candidates giving the age range rather than the life stage. Some failed to look at the context, ie, current and next life stage.

Question 3(b)

There were some good responses to the question. For candidates to access level 3 the requirement is to give a balanced evaluation; one negative amidst several positives is not balanced. Many candidates were able to cite many emotional and social effects. The description of the effects on a child's intellectual development was mixed; greater qualification of their answers was often needed. Some candidates took negative relationships as meaning abuse; whilst this would be an example of a negative relationship, many candidates wrote in detail about abuse and in doing so lost the initial requirements of the question.

Question 3(c)

The key weakness in responses was in candidates just saying that 'this would lower his self-concept'. In the context of a question specifically about self-concept this is not an acceptable answer. Within the mark scheme it states that low / high self-concept is not to be accepted.

Question 4(a)

The question asked the candidate to give a different professional carer and a different type of support. We saw many repeat answers and, obviously, these could not be credited. Candidates need to read the question carefully and to take note if the requirements are for different responses.

A few candidates gave organisations as opposed to professional carers. Candidates should give specific answers rather than vague responses such as 'they will give them a check-up'.

Question 4(b)

Generally some well-developed answers were seen. Candidates were able to look at three aspects of development which enabled access to level 3. Where candidates failed to access the higher level it was because they had looked at each aspect of development separately; candidates should be encouraged to develop their answers and look for the links between effects.

Many candidates went off on a tangent and lost the focus of the question completely; candidates should ensure all answers link back to the question, in this instance bereavement.

A913 Promoting Health and Wellbeing

General Comments

There were fewer entries for this unit this series. All centres attached a URS to the candidates' controlled assessment. Most sheets were completed accurately and with page references. When comments were made by the assessor, this supported the moderation process. It is recommended that the assessor highlights or ticks each section of the band that applies to the work that the candidate has produced; this helps when a best fit mark has been applied.

Whilst specific marks are not awarded for Quality of Written Communication (QWC), assessors should be mindful that once the tasks have been assessed and an overall mark decided, it is important that the mark is complementary to the description of the quality of work for a candidate at a particular level.

Task 1

Most work moderated showed a clear plan for the candidate's investigation which identified aims and objectives; many did not, however, show the purpose of their investigation. Within the plan, candidates needed to show where they would be accessing their primary and secondary information; this will not be an exhaustive list and may well be developed as the work progresses as part of their ongoing evaluation. Higher marks were gained when candidates showed sources of both primary and secondary data and related the references to the specific investigation chosen.

Many candidates produced excellent plans and checklists. When a pre-set format for a chart had been used, this was useful, however when the tasks had also been itemised, it did not provide the opportunity for candidates to achieve marks at a higher level.

Some of the best work seen clearly identified who the controlled assessment was focused on and the aims and objectives of the investigation, this enabled candidates to access more marks in Task 6 when they reviewed their work.

Task 2

There were varied responses by candidates demonstrating their understanding of how health and wellbeing changes over time; some had interviewed different generations and sought their views, some had done it from an historical perspective and others looked pre and post-NHS. Likewise with showing variants between different cultures many made a comparison between two different countries, whilst others compared two cultures in our own country. It should be remembered that this work should evolve from candidates being taught about different health perspectives and their response shows understanding.

The research into the individual's current state of physical intellectual, emotional and social health was generally done well. Most candidates produced questionnaires which were detailed and included open and closed questions, giving the opportunity for candidates to later interpret the information and analyse information required in Task 3. Many candidates did not give the opinion of the individual and their understanding of their own health.

It is important that the assessor clearly indicates the guidance that the candidate required on the URS. If the collection of information or compiling of the questionnaire has been done as a group activity, the assessor must clearly indicate what contribution the individual has made to the controlled assessment and reference must be made to the work of other members of the team.

Task 3

Two measures of health were usually accurately carried out by most candidates. The most common physical measures of health were BMI / height-weight and peak flow. Many had correctly interpreted the data collected, applying the information to the individual and making in-depth comparisons to the norms. Some candidates had described generically all the physical measurements of health, no marks were awarded for this. Others in their interpretation of results did not make reference to the individual, eg, age, illness, occupation and lifestyle; which could have had an impact on the physical measurements.

The analysis of the information gathered in Tasks 2 and 3 provided good differentiation. Where this was done well, candidates had considered the individual's own understanding of their health. They then looked at the person's health in terms of physical, intellectual, emotional and social needs and also made reference to norms, eg, *units of alcohol consumed, calorie intake etc*. There was also some reference to the physical measurements of health obtained to give an overview of the individual's health.

Task 4

This section usually commenced with numerous risks to the client, some showing application but others were answered generically. Candidates needed to explain at least two possible risks that were relevant to the individual and then analyse the damage that these risks may cause in the short and long term in order to access the higher mark bands.

When candidates described the factors that had positively affected the health and wellbeing of the individual, this was done either well or was very weak. A minimum of two factors should be described. Reference to the factors 'interrelating positively' resulted in mixed responses, and provided good differentiation. A number of candidates used a mind map approach to the interrelation of factors which was not an explanation and therefore limited the marks achieved.

Task 5

Some candidates followed a logical format in setting out a health plan and stated how the plan would improve the client's health over a period of time. These candidates accessed the higher level of marks. Some candidates lost marks as they did not produce a plan which could be used, nor did it show how someone could maintain or improve their health.

Common areas used for the plan, were to improve diet and increase exercise. Where this was done well, candidates developed two specific health targets that were addressed in the plan and explained how the physical measurements of health would improve if the targets of the plan were successful.

Task 6

A number of candidates appeared to have run out of time, others had not followed the criteria, or were unable to write an evaluation.

A: about the PHP

Most candidates drew conclusions about the physical, intellectual, emotional and social effects the plan may have on the individual and those achieving higher level marks were realistic in their suggestions. Candidates who gained higher marks explained why the health plan was relevant for the individual.

The description of difficulties that may be encountered in achieving the PHP was either done well or was marginalized. Some candidates did not explain how two different types of health promotion material could be used to support the targets. Where it was done well, candidates had considered for example: a diet sheet from the internet and attending a weekly weigh in session; this gave candidate the opportunity to give a comprehensive evaluation and gain MB3 marks. Candidates should not include copies of booklets, etc. in their assessment material as they are bulky and costly to post nor should they waste controlled assessment time making their own promotional material.

B: about the candidate's investigation.

Where candidates had set out clear aims and objectives in Task 1 they were able to refer to these as part of their evaluation. Some candidates reflected on their plans as the controlled assessment had proceeded making notes in a separate column on their planning sheet, this was good practice. By making regular notes during the controlled assessment they could give detail, show understanding about their own performance, make recommendations for future investigations and achieve higher level marks.

The use of references was mixed; some bibliographies were list-like and there was very little evidence of how these sources had been used within the text. Some candidates showed they would have extended their research if they undertook a future investigation.

Candidates need to reference sources of information used within the context of their controlled assessment. Generally there was more referencing within work and this gave more validity to the bibliography this was further enhanced when candidates commented on how they had used the source and how useful it had been.

A914 Safeguarding and Protecting Individuals

General Comments

The examination paper consisted of a variety of question styles involving identification, description, discussion, and explanation. The command words enabled candidates to be assessed for basic recall and application of knowledge and differentiated candidates for the understanding and evaluation of information. Where candidates achieved some of the highest marks in the differentiated questions, for example questions 3, 6, 11, and 17, they used their knowledge to give factually accurate answers with appropriate terminology. Although the cohort of students taking this paper was quite small, the paper proved accessible to all candidates giving plenty of opportunity for differentiation. There was little evidence to suggest that candidates ran out of time.

Comments on Individual Questions

1. Candidates were required to identify two basic precautions to reduce the spread of infection. This was answered well with most candidates achieving full marks.
2. Candidates were asked how to deal with a spillage. Most candidates were able to provide all four points and had a clear understanding of the procedures involved.
3. This question required candidates to discuss good hygiene practices when preparing a snack in a care setting. Most candidates were able to provide examples of good hygiene practices. Some were able to discuss the effects of these, the most common response stated 'to prevent cross contamination' and 'to reduce the spread of bacteria'.
4. Many students correctly identified malaria and typhus. No marks were awarded for scald, diabetes and influenza.
5. Candidates had to identify two different types of abuse with an example for each. Many candidates answered this well.
6. This question differentiated well. Many candidates achieved full marks with some good use of specialist terminology.
7. Generally answered well. Bureau was often spelt incorrectly, and many candidates were given 'Benefit of Doubt' (BOD).
8. Candidates were required to explain the purpose of a CRB check. Most candidates were able to provide one part of the explanation. Common answers involved suitability for the job to enable safeguarding of vulnerable people.
9. This question required candidates to identify three aims of ECM guidelines. Some candidates achieved full marks. There were a range of incorrect responses such as, 'opportunity in life', 'needs are important' and 'exercising'.
10. Generally answered well and most candidates gained full marks.
11. This was a levels of response question with the command word 'explain'. Many candidates did not achieve full marks because they did not give an explanation for the action.
12. Generally answered well.

13. This question produced a mixed response from candidates. Some students described the principles of first aid using the correct terminology.
14. Many candidates did not achieve full marks because they did not give an explanation for prioritising first aid treatment. Common answers were 'ring 999' and 'check the quiet casualties' first, but candidates did not achieve marks for not explaining why.
15. Candidates were required to identify security measures that could be in place in a residential home with an explanation of each. This was generally answered well. Some candidates confused security with safety.
16. Generally answered well.
17. This question achieved the differentiation intended. Almost all candidates answered this question well making some perceptive assessments with detailed knowledge about the hazards, who might be harmed, and considerations of precautions. The question produced good answers where candidates looked closely at the plan. Where candidates did not achieve all the marks was because they stated 'anyone' and 'everyone', rather than the correct response such as service users, staff and visitors. Many candidates did not access marks from level 3 because they did not refer to precautions already in place.

OCR (Oxford Cambridge and RSA Examinations)
1 Hills Road
Cambridge
CB1 2EU

OCR Customer Contact Centre

Education and Learning

Telephone: 01223 553998
Facsimile: 01223 552627
Email: general.qualifications@ocr.org.uk

www.ocr.org.uk

For staff training purposes and as part of our quality assurance programme your call may be recorded or monitored

Oxford Cambridge and RSA Examinations
is a Company Limited by Guarantee
Registered in England
Registered Office: 1 Hills Road, Cambridge, CB1 2EU
Registered Company Number: 3484466
OCR is an exempt Charity

OCR (Oxford Cambridge and RSA Examinations)
Head office
Telephone: 01223 552552
Facsimile: 01223 552553

© OCR 2013

