

Cambridge Nationals
Health and Social Care

Level 1/2 Cambridge National Award in Health & Social Care **J801**

Level 1/2 Cambridge National Certificate in Health & Social Care **J811**

Level 1/2 Cambridge National Diploma in Health & Social Care **J821**

OCR Report to Centres June 2015

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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.

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R021 Essential values of care for use with individuals in care settings

General Comments:

For the externally assessed unit R021 the majority of candidates attempted to answer all of the questions, with a wide range of marks achieved. All candidates appeared to have used their time effectively. Long answer questions were fully attempted suggesting that candidates had enough time to produce their responses.

It was evident where candidates had been well prepared for the examination however; some candidates knowledge and use of technical vocabulary from the specification was poor, which resulted in their marks being limited. When questions were well answered they had good structure and correctly used terminology evident in the specification. The candidates demonstrated an understanding of the command verb, appropriate knowledge, and often underlined key words in the question to assist the planning of their answers.

It was clear in some cases that candidates did have knowledge but did not apply this knowledge to the question correctly, resulting in an inappropriate answer. Identifying rights when values of care are required (1a), or naming legislation when groups protected by legislation are required (4a), will not gain any marks. For levels of response questions, inaccurate interpretation of the question limited some candidates to achieving, at most, level 1 marks; for example in question three, the focus was ways of using effective communication, not an explanation of rights. Simply reading the question properly would enable many candidates to achieve higher marks. Candidates need to be guided to develop their exam technique so that appropriate knowledge is used for the question that is being attempted.

As in previous sessions, many candidates' knowledge of legislation is weak. In the specification, LO3 states that candidates must be taught 'the key aspects of legislation' relevant to specific groups of people. The legislation which candidates need to be familiar with is named in the specification. Whilst it was evident that some candidates were familiar with the Data Protection Act, and produced sound responses, using specialist terminology with confidence, the majority gave very vague responses demonstrating little or no knowledge of the legislation at all.

If candidates need to continue their answer to a response, having filled the answer space provided, there are extra lined pages included at the end of the examination paper for this purpose. However, some candidates were unnecessarily provided with additional answer booklets to continue their answers, when the included extra pages had not been used at all. This unnecessary use of additional answer booklets should be discouraged by centres.

Comments on Individual Questions:

Question No.

1(a)

Candidates who read the question carefully gained full marks by stating the three values of care. A few missed out the 'promoting' or 'maintaining' prefix and so did not gain the mark. Responses that stated three 'rights' did not gain any marks.

1(b)

Well answered by many candidates. Good responses gave clear examples of providing choice, ways of maintaining confidentiality and when to consult. Marks were missed when candidates did not give examples of choices and just repeated the word 'choice'. In confidentiality, the most common incorrect answer was about not sharing information with anyone. Good responses linked to sharing information if service users are at risk on a need to know basis. Consultation was less well answered, often repeating choice or just 'telling Doris what is going to happen' which suggests some candidates are not familiar with the terminology. Good examples included discussing types of treatment or different options for care.

1(c)

Avoiding injury to the service user and care worker was the most common aspect explained by candidates. However, many answers lacked focus and just repeated all the injuries that could happen, rather than other benefits of training such as being able to maintain the dignity of service users and developing care workers' confidence.

2(a)

Candidates responded well to this question and a range of excellent, detailed explanations with examples were seen. Weaker answers confused security and safety or gave safety measures, e.g. wet floor signs, rather than procedures such as fire drills and risk assessments.

2(b)

The majority of candidates understood the demand of the question and gained level two marks. Most candidates used good examples of providing opportunities for children to experience festivals, clothes, food, different languages, welcome signs et from different cultures. Others made good links to inclusive practice. Weaker answers often incorrectly referred to 'treating everyone the same' or 'put up posters' without stating what would be on the posters and their purpose.

2(c)

Well answered by candidates who read the question carefully. The requirement was an explanation of the importance of applying the values of care. Explaining the results of not applying the values of care did not gain marks.

3

There were very mixed responses to this question. A number of candidates only gained level one marks as they repeated themselves and explanations were limited. They also focussed on explaining 'rights' rather than identifying ways of communicating and explaining how those ways support rights. Some candidates did not know the difference between an advocate and a translator, confusing the two in their answers. Candidates who achieved well gave detailed and comprehensive answers. They identified different ways of communicating, linked them to the service users in the scenario and clearly explained how those ways would support the service user's rights.

4(a)

Where candidates had been clearly taught the correct terminology to use when defining groups of people, listed in LO3 of the specification, they usually gained full marks. In other answers the responses were too vague, not 'groups' of people or gave disabilities which was the example given in the question and so could not gain a mark. Some candidates listed examples of legislation.

4(b)

Many candidates who chose the Health and Safety at Work Act were not familiar with any aspects of the act and many frequently gained level one only. There were vague comments about being safe at work which did not demonstrate any knowledge or understanding. Good answers focussed on the work environment not putting anyone at risk, equipment being in working order, provision of PPE and reporting accidents.

Candidates are becoming increasingly familiar with Data Protection Act and some were able to produce answers confidently using terminology such as keeping information secure, adequate and relevant, processed fairly and lawfully, not transferred out of the EU. Weaker responses, however, focussed on methods of maintaining confidentiality rather than aspects of the Data Protection Act; these answers did not gain any marks.

4(c)

Most candidates achieved some marks on this question. Common correct answers were 'tell them it is wrong and to stop' and 'report to the boss'. Some candidates had knowledge of complaints procedures and benefits of training which allowed them to gain full marks. There were, however a number of 'no response' answers, suggesting some candidates are unfamiliar with LO1 of the specification - 'methods of challenging discriminatory behaviour'.

5(a)

Well answered, with many candidates gaining full marks. Candidates gave wide range of appropriate ways. Marks were lost by answers that included repetition or that did not relate to the value of care in the question.

5(b)

Generally well answered. Where higher marks were achieved there was good use of terminology to describe the effects, and some excellent full mark responses that linked together the emotional and intellectual effects. Responses that only covered emotional effects restricted the mark to level one. It is important that candidates produce a 'balanced' answer covering emotional and intellectual effects in order to achieve the higher mark band. Weaker responses covered physical or social effects or described the positive effects of applying the values of care, neither of which were asked for by the question.

5(c)

Well answered by many; those candidates who are familiar with this specification's terminology gained full marks. Most candidates were able to gain some marks.

Marks were lost when 'diversity' was chosen for 'a patient is given a choice of treatment' and weaker answers used words more than once or used their own words. Where candidates provided more than one answer in a box, only their first answer was credited.

R022 – R31

General Comments:

Centres that are not new to the qualification are generally presenting portfolios that show a greater knowledge and understanding of the specification requirements. There is still an issue that many centres are still not including the Model assignments. Where the model assignments have been included and there is direct reference to them the work is far more focused and shows application of theory into practice.

Submissions from centres that had previously entered candidates showed a better understanding of assessment requirements and this was reflected in candidates' evidence. There were several new centres this series and it was evident there is an issue with interpretation and the understanding of the grading criteria and mark bands.

From the candidates that have improved there is now a pattern emerging of the more popular units (R027, R028 and R031 in particular): centres are more confident in their delivery, and this in turn has resulted in a higher standard of work from the candidates being submitted

Comments on Individual Units

R022

LO1: In the main, evidence was accurate and had addressed methods of different types of communication, with most candidates giving examples relating to health, social care and early years settings.

Factors are not always given as positive, as the assessment evidence requires. Factors and barriers were not always clearly defined and there was lack of evidence as to how and why factors positively influence communication.

Most candidates' evidence clearly showed knowledge and understanding of the barriers to communication and appropriate examples were given relating to health, social care and early years settings. Ways of overcoming barriers were not always appropriate. Factors and barriers were often the same, limiting candidates' access to higher mark bands.

LO2: Connections were not always made between personal qualities and effective care. In caring for an individual, evidence rarely showed relevant application and justification of personal qualities to be used and why.

LO3: Planning by most candidates met the grading criteria; where it did not there was a misinterpretation of what was required in the plan and they had not related the planning to the examples in the specification. This limited the mark bands the candidates could access.

Both one-to-one and group activities were mostly carried out appropriately. Most candidates had witness statements for both activities. However, the witness statements did not always reflect the competency the candidate showed when carrying out the activity and did not meet the mark band criteria.

Types of behaviour that fail to value people continues to be omitted by many candidates and is often implicit when included.

Across all evidence, links between units and synoptic assessment was minimal. When included synopticity is not always understood and a synopsis of the unit is given.

Overall there was a range of evidence meeting the mark band criteria to give the range from L1P to L2D.

R023

LO1: Candidates provided information on all three systems functions, with appropriate diagrams. However, most diagrams were not independently annotated or source referenced. Links between structure and function showed limited knowledge and understanding by most candidates. In the main, correct terminology was used.

LO2: Candidates provided symptoms for a disorder across all three systems. However, most candidates did not make links between disorders and structure and functionality of each system.

LO3: Body measurements were taken appropriately but candidates rarely compared the data to the norms and the functioning of the body systems.

SPAG was not acknowledged in the evidence.

Across all evidence, links between units and synoptic assessment was minimal.

R024

LO1: Candidates clearly described health social care and early years sectors. Most candidates lacked knowledge and understanding of the process involved in funding. Examples given were always appropriate.

Evidence on partnership working was limited and showed a lack of understanding by candidates. SPAG was not addressed.

LO2: Most candidates gave information on professionals listed in the specification; some candidates used other professionals that were not appropriate.

Evidence for the referral process was mainly generic and not specific to the professional. Barriers were not always specific to the services and candidates had crossed referenced evidence from other units, which was not appropriate.

LO3: Candidates' evidence showed that there was a lack of knowledge and understanding of the distinction between a care pathway and a care plan. Across all evidence, links between units and synoptic assessment was minimal.

R025

LO1: Although candidates addressed P.I.L.E.S., showing in the main the correct sequence of the normal development stages, links to affects on transition was weak. Life events were limited and factors were often discussed as barriers, which was not asked for.

LO2: Most candidates described the ageing process appropriately; however, limited examples of the effects on development were given. Evidence was weak on how the person's role in life changes and understanding of the assessment criteria was lacking.

SPAG was not addressed.

LO3: Few candidates showed understanding in their evidence of conditions which affect transition through the life stages. The evidence describing how the chosen condition might affect the health and social wellbeing of the individual and their family was omitted by most candidates.

LO4: Plans submitted were mostly appropriate and communicated in suitable format.

Across all evidence, links between units and synoptic assessment was minimal.

R026

LO1: Candidates who entered this unit approached it well, showing a sound knowledge and understanding of the assessment criteria.

LO2: Evidence of personal skills and attributes was not always clearly explained, with limited understanding of the health and safety issues linked to health, social care and young people's workforce.

LO3: Research was appropriate; however, career plans were basic. Development plans gave limited evidence to meet specification ie/grading assessment.

Across all evidence, links between units and synoptic assessment was minimal.

R027

LO1: Most candidates provided evidence on different types of creative activities to meet the needs of different groups. However, a few candidates focused on one group, ie young children. This restricted them accessing the grading assessment.

SPAG was not addressed.

LO2: Some candidates' evidence of the benefits of participating in creative activities was limited and was often repetitive.

Types of creative activities and P.I.L.E.S. benefits were not always given.

LO3: Plans did not always meet the examples in the specification, and this limited some candidates' access to the higher mark bands. Health and safety issues were covered well in the planning. Most candidates had witness statements, but these often did not reflect the assessment criteria. Reviews carried out by the candidates showed a limited knowledge and understanding of the command words in the assessment criteria.

Across all evidence, links between units and synoptic assessment was minimal.

R028

LO1: The majority of candidates' evidence was appropriate and addressed the milestones appropriately. Comparisons were made to a child. Most candidates used their own child study, but often did not cover the age range from 0-5; this limited the evidence produced for assessment.

LO2: The majority of candidates' evidence was appropriate and addressed the milestones appropriately. Comparisons were made to a child. Most candidates used their own child study,

but often they did not cover the age range from 0-5 and this limited the evidence produced for assessment.

SPAG was not addressed.

Across all evidence links between units and synoptic assessment was minimal.

LO3: A risk assessment in an Early Years setting must be carried out. Risks and hazards were considered appropriately and showed a clear understanding. It was not always clear that the risk assessment had been undertaken by the candidate, and this endorses the importance of a witness statement. However, candidates' witness statements did not always meet command words across the mark bands showing how the risk assessment was carried out. Candidates produced appropriate plans but there were limited explanations of the purposes of the examples given.

RO29

LO1: Evidence showed knowledge and understanding of the nutritional requirements of the different life stages. The functions of the nutrients were limited. Government guidelines and dietary requirements showed limited understanding. Government guidelines were often omitted

LO2: Factors that influence diet was often omitted. Most candidates' created appropriate dietary plans to meet individual needs. The majority of the candidates' evidence showed how the plan reflected the needs of the individual and the importance of the nutrients to the individuals' condition/symptoms. Lifestyle choices (e.g. vegetarianism) are not dietary conditions and should not be used for plans/meals.

Across all evidence, links between units and synoptic assessment was minimal.

LO3: Most candidates linked chosen individual from LO2 to LO3 and carried out an analysis of the meal. A few candidates who used software to analyse their meal did not always give an explanation of their findings. Candidates produced appropriate meals, following hygiene and safe food preparation. Candidates' witness statements did not always meet the command words of the assessment criteria indicating how well the candidates had performed.

Photographic evidence was not always annotated to show relevance to assessment criteria.

RO30

The emphasis by candidates is still on the project content as opposed to the research methodology.

LO1: There was limited evidence of a plan for the project.

LO2: Research was often implicit and evidence not always sourced.

LO3: Few candidates gave objectives or produced a project record.

Across all evidence, links between units and synoptic assessment was minimal.

LO4: Reviews were weak and did not always refer to the research methodology but to the project content. There was limited understanding of the learning achieved as a result of completing the project.

RO31

Most candidates who entered this unit had attended an external first aid course delivered by an appropriate organisation.

LO1: A few candidates failed to demonstrate assessing the scene of the accident and this limited the assessment criteria available to the candidates. This evidence was not always supported by a witness statement. A witness statement needs to be supported by written evidence from the candidate on assessing the scene of an accident.

LO2 and LO3 were often linked together as part of a first aid course that had been undertaken. Sequences of procedures were usually accurate. Witness statements did not always meet the command words of the assessment criteria. The phase 2 and 3 model assignments witness statements are designed specifically to meet assessment criteria.

LO3: the review of the practical activities by most candidates was weak and lacked relevance to the candidates' performance. The review was often just a reiteration of what the candidate had done.

Across all evidence, links between units and synoptic assessment was minimal.

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](mailto:general.qualifications@ocr.org.uk)

www.ocr.org.uk

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

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