

Cambridge Technicals

Health and Social Care

Level 3 Cambridge Certificate in Health and Social Care **05307**

Level 3 Cambridge Introductory Diploma in Health and Social Care **05309**

Level 3 Cambridge Subsidiary Diploma in Health and Social Care **05312**

Level 3 Cambridge Diploma in Health and Social Care **05315**

Level 3 Cambridge Extended Diploma in Health and Social Care **05318**

OCR Report to Centres September 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.

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

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Overview:

The number of centres offering Cambridge Technical Health and Social Care qualifications has grown steadily over the year. The qualification is now established, awareness has grown and centres are entering units across the whole range of units.

Training events for Cambridge Technical Health and Social Care were held throughout the year. Not all ran due to low numbers, however, those that did were well received. Advisory visits have also proved popular with many centres.

Centres value the face to face visiting moderation system and most have utilised both visits.

Many candidates have used the qualification to secure health, social care and early year's courses at University.

General Comments

Most centres have used written evidence to meet assessment criteria. This has been supported with case studies, which have allowed candidates to apply knowledge and show understanding. Posters and leaflets have been used where the command verb is identify, outline or describe. Photographic evidence and witness statements have been used for practical activities. Witness statements should reflect the wording used within the assessment grid.

The majority of centres have delivered the teaching content as it appears in the specification. It should be noted that not all teaching content is reflected in the assessment grid. There is a significant difference between the amount of information that should be delivered to meet the teaching content and the evidence that needs producing to meet the assessment grid. Some centres had produced excessive amounts of evidence due to this lack of understanding. Good practice would be to reference, within the body of the text, and provide a bibliography/reference list at the end. This was seen in the majority of candidate evidence.

Comments on Individual Units

The mandatory units are well supported and OCR web based resources have proved very popular. Where outside / internal speakers were used in delivery, this enhanced the quality of the work produced for the unit. Work experience / placements varied considerably depending on location and links with the local community. Work experience / placements are not mandatory for Cambridge Technical however, if it is possible, they are encouraged.

There are up to seven mandatory units at L3, depending upon the qualification size, and twenty nine optional units. Units 6 and 7 are 5 credit units and all other mandatory units are 10 credit units. Optional units vary in credit value.

Not all assessment criteria for every unit will be referred to overleaf.

Unit 1 Developing effective communication in Health and Social Care

P1 The majority of centres explained the role of effective communication using the four different types of communication. This assessment criterion can sometimes contain too much information as the teaching content is included in its entirety. All examples should relate to health, social care or early years environments. It was encouraging to see the use of audio equipment to provide evidence for P2 'discuss theories of communication'. When completing P3 candidates must explain at least two factors and cover at least two environments.

The focus for M1 must be the usefulness of theories of communication within health and social care environments. Candidates need to provide judgements, linked to examples, when making an assessment.

D1 requires candidates to analyse how cultural variations can influence communication. Candidates should not spend time discussing different cultural variations, but instead analyse how each can influence communication. Good practice seen used Argyle's Communication Cycle when analysing the influence.

Unit 2 Equality, Diversity and Rights in Health and Social Care

P2 requires candidates to describe discriminatory practice in health and social care. This means poor practice related to health and social care settings.

There has been some confusion between P4 and P5. P4 should be approached generically and can link to M2. The Disability Discrimination Act (DDA) has now been integrated into The Equality Act; either can be used in order to meet the assessment criteria.

P5 focuses specifically on health and social care settings and candidates must describe how anti discriminatory practice is promoted within these. This can link to M3 where candidates should describe practical ways health or social care settings can use national initiatives to promote anti discriminatory practice.

Many centres had used guest speakers or educational visits to facilitate learning for this unit. Candidates had the opportunity to experience the reality of the sector and to find out first-hand how national initiatives filter down into settings.

Unit 3 Health, Safety and Security in Health and Social Care

The learning outcome for P3 is a 'candidates should be able to' statement. This is indicative of a practical task and candidates had to carry out a risk assessment in a health or social care setting. Ideally candidates would have visited the setting as part of work placement however candidates could use a virtual health or social care environment. There were some excellent case studies used for P4 and candidates were able to explain possible priorities and responses when dealing with two particular incidents or emergencies in a health or social care setting.

D1 required candidates to evaluate the effectiveness of the recommended controls in reducing the incidents of harm or injury. In any evaluate task, candidates would be expected to give both sides whether that be advantages and disadvantages or strengths and weaknesses.

Occasionally in D2 candidates described policies and procedures rather than focusing on justifying the need to review policies and procedures following critical incidents.

Unit 4 Development through the Life Stages

P1 was often presented in a chart or as a series of web diagrams using PIES for each life stage. It was interesting to see family case studies being used which incorporated all life stages.

The command verb for M1 is 'describe' and many candidates went on to describe different stereotypical perceptions of life stages and not their possible effect on development. The emphasis of this assessment criterion is 'the effect on development'.

M2 can also be approached using case studies and whilst candidates must be able to identify at least two life factors and at least two life events, they must be able to explain how life factors and events may interrelate to influence an individual's development.

Some wonderful work was seen for D1. Candidates had researched several cases of nurture verses nature and were able to analyse the significance of genetic influences as opposed to social factors in human development.

Unit 5 Anatomy and Physiology for Health and Social Care

For P1 and P2 candidates should adhere to the command verb and use the teaching content to guide content. The command verb is outline and this requires brief descriptions rather than extensive prose.

Often candidates used illustration and labelled anatomy as well as outlined.

P3 states all the main body systems must be outlined and in order to achieve this assessment criterion the teaching content should be used as a tick list. Again candidates should not go into too much detail.

P6 asks candidates to follow guidelines to collect data for heart rate, breathing rate and temperature, before and after a standard period of exercise. Candidates appeared to enjoy this practical task, photographic evidence and witness statements were used to support this assessment criterion.

M3 requires candidates to explain measures taken to ensure validity and reliability during the practical investigation. This must link to the methods used to undertake the investigation and should include equipment used and procedures followed.

Unit 6 Sociological Perspectives for Health and Social Care

P1 should focus on the two principal sociological perspectives, namely the interpretative perspective and the structuralist perspective. Candidates can then go into one theory for each to demonstrate understanding. There is no requirement to go through all the key terms in the teaching content within the portfolio. This should however, be addressed within the classroom.

When explaining patterns and trends in health and illness for P3, candidates must ensure they relate these to at least two different social groupings.

The command verb in M1 is 'compare' and it is expected that this will include similarities and differences.

For D1 candidates are required to consider the pros and cons of the ways patterns and trends in health and illness are measured.

This unit has tended to be submitted as a concise piece of work and include mainly written evidence.

Unit 7 Psychological Perspectives for Health and Social Care

P1 should explain the principal psychological perspectives. Candidates must cover all six psychological perspectives. P2 and P3 can be blended together and much of the evidence seen this year followed this pattern. Examples should be signposted so as to identify health and social care practice.

M1 provides candidates with the opportunity to explain how practitioners could apply psychological approaches to health and social care practice. Good practice here would be to provide realistic, practical examples which demonstrate understanding.

At least two psychological perspectives must be analysed for D1.

Sector Update

The life of the 2012 L3 Cambridge Technical has been extended and candidates can be entered onto a two year programme in September 2016. A further extension is being considered. Some centres are not interested in Key Stage 5 performance measures and therefore could choose to stay with the 2012 Cambridge Technical. The 2012 Cambridge Technical will continue to be 100% internally assessed and cover five different sizes of qualification, including Extended Diploma.

The 2016 Cambridge Technical suite will be launched September 2015, for first teaching September 2016. This suite has been designed to meet the DfE's Technical Guidance and will include external assessment.

For a period of time both qualifications will run alongside each other and centres will have a choice of which suite they wish to deliver.

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