

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 January 2018

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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. Candidates appeared to have used their time effectively with the majority of candidates completing all of the questions with few 'no responses' on this examination paper. Previous questions on similar topics had obviously been used for revision and knowledge of terminology, legislation and rights were improved on previous years.

Many candidates had been well prepared for the examination and were able to apply their knowledge from the specification to produce appropriate, well-structured, responses correctly using technical vocabulary. The candidates achieving higher marks demonstrated an understanding, and familiarity with the command verbs. For Section A, many candidates produced good quality responses clearly relating to the contexts provided, this enabled them to achieve high marks.

Labelling of work continued on the extra pages was correct in many cases, but there were some that had to be worked out by the examiner as the numbering was incorrect. It would be beneficial if candidates could be encouraged to give the correct question number and the correct part of the question for example 3(b). Some candidates were giving the page number rather than the question number.

A number of scripts proved very challenging to mark due to the poor handwriting. This can be very difficult for examiners to decipher and centres should encourage candidates to write as clearly as possible, so that they can gain full credit for their responses.

Comments on Individual Questions:

Question No.

1(a)

Many candidates gained full marks. Some lost a mark due to repetition of the same way, for example, giving two 'displays'.

1(b)

Most candidates gained one mark by either giving a point relating to paramountcy or a safety/security example.

1(c)

Well answered by some candidates. The most common reason for candidates not achieving level 3 marks was that the values of care were generalised rather than giving specific examples of them not being applied which was a requirement of the question. Some candidates did not mention the values of care at all and so marks were limited to the sub-max of 4. Weaker responses often confused 'rights' with the values of care or gave the health and social care values, rather than the early years values of care that would be applied in Lucky stars Pre-school.

2(a)

Accurately answered by the vast majority of candidates.

2(b)

The majority of candidates applied their knowledge well suggesting challenge at the time with relevant explanations, speaking to the staff about their actions and how they are discriminating. Challenge through long term proactive campaigning – this term was used on many of the scripts with supporting explanations linked to staff training and awareness sessions. Incorrect responses included sacking of the staff, or giving Doris a new care assistant.

2(c)

Many candidates had some understanding of why it is important that Doris's rights are maintained and gained marks just into level 2. However, most candidates were awarded level 1 as there was a lack of relevant detail in their explanations of supporting the rights they had highlighted.

3(a)

Many good responses where candidates applied their knowledge of ways to communicate appropriately within this scenario. Where this question was answered well, candidates could also explain how effective communication supports rights, using key terminology. Weaker responses did not link their answers to effective communication instead writing about giving out leaflets, advice, having meetings, referring them for help and/or stating rights e.g consultation.

3(b)

Generally well answered by the majority of candidates. A full range of appropriate examples were given. Where this question was not well answered, the examples given were either too vague or incorrect, such as many candidates suggested 'don't tell anyone' as a way of maintaining confidentiality.

3(c)

Well answered by candidates who read the question carefully and gave explanations of safety measures or procedures such as staff supervision, carrying out checks of toys for damage, risk assessments of activities etc. all of which are appropriate in the pre-school context and were linked to how they protect the children.

4(a)

Candidates applied their knowledge correctly with most gaining full marks.

4(b)

A variety of responses were seen. Most candidates gained level 1 and a few full marks in level 2. Correct responses clearly related to the impact of the Equality Act on care settings, referring to adapting premises for access – providing ramps and lifts, ensuring equal opportunities linked to employment, provision of information in other formats such as braille and hearing loops. However, many candidates did not focus sufficiently, or at all, on the impact of the act. Others did not answer the question and just gave a summary of the Equality Act, for example, women's right to breastfeed or general statements about being treated fairly, and not discriminating.

4(c)

Responses were much better than in previous years on this topic with frequent correct terminology being used. However, some candidates are still stating methods of maintaining confidentiality such as keeping information locked away in filing cabinets, not shared with anyone, password protected etc. which do not gain any marks.

5(a)

Not particularly well answered. Candidates were not clear which measures are appropriate for which aspect. Features of weaker responses include misunderstanding of the term 'general cleanliness' with personal hygiene examples being given. Many candidates did not use the word 'disposable' when suggesting 'gloves' and repetition in explanations of how the ways prevent the spread of infection, or the question was simply restated by saying the given method 'prevents the spread of infection. Some candidates identified two ways with no explanation of how infection is prevented from spreading. This only gains one mark as the question requires 'identify' and 'explain'.

5(b)

Most candidates had a good understanding of why training is a good way of protecting individuals from harm. Common responses referred to 'staff will know what to do' if there is a fire, training for staff will avoid injuries to the service user and themselves, moving and handling, knowledge of policies and first aid training.

A smaller number of weaker responses just gave examples – warning signs on wet floors, locks on doors and staff ID badges for example.

5(c)

Some candidates did not know which examples were safety procedures and which were safety measures. There seemed to be a lack of understanding of these terms, some candidates did not know that a safety measure is a specific action whereas a procedure is a process. Many candidates thought that checking for damaged or worn floor coverings and wet floor signs are safety procedures.

R022 – R031

General Comments:

Generally portfolio evidence indicates that centres are showing a greater understanding of the specification requirements. There is still an issue that centres are not including the model assignments. This is particularly an issue when alterations have been made or the model assignment not used at all, as often evidence that candidates produce does not meet the assessment evidence requirements.

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.

The majority of centres opted for postal moderation followed by visiting. However, several centres who originally entered for visiting transferred to postal. This in the main was brought about by the early submission date for visiting units. There were no centres opting for the repository option.

Comments on Individual Units:

R022

LO1: In the main, this 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. Some centres still give this evidence as a generic piece of work and do not link to appropriate 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 the 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 the candidate accessing the higher mark bands.

LO2: Connections were not always made between personal qualities and effective care. When caring for an individual, the evidence produced rarely showed relevant application and justification of personal qualities to be used and why. Qualities and effective care need to show clearly how they link together.

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 i.e.s in the specification. This limited the mark bands the candidates could access. Some centres had misinterpreted group interaction and had submitted work from a group of candidates rather than an individual. Evidence submitted for all units must be carried out independently.

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. There is a witness statement attached to the model assignment and this clearly covers the assessment evidence requirements.

Types of behaviour that fail to value people continued to be omitted by many candidates and is often implicit when included. This should be submitted as a separate piece of written evidence; this is clearly stated in the model assignment.

Across all evidence, links between units and synoptic assessment is showing improvement. When synopticity has been included, it is not always understood and a synopsis of the unit is given or a review of the unit instead. A few centres looked at synopticity holistically across the unit and signposted it throughout. This showed a very clear understand of application of knowledge and understanding.

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 are still not being 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.

R025

LO1: Although candidates addressed P.I.L.E.S. showing, in the main, the correct sequence of the normal development stages, links to effects on transition was weak. Life events were limited and factors were often discussed as barriers (barriers are not asked for). When delivering underpinning knowledge, centres need to make a clear distinction between factors and barriers and the actual requirement of the assessment evidence grid.

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 lacked understanding of the assessment criteria.

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 well-being 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. At the end of each unit there are suggestions for synoptic links.

RO27

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 i.e. young children. This restricted them accessing the grading assessment. A relevant description of the different types of creative activities with relevant explanations about how these activities meet the needs of all three different groups needs to be included. 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 i.e.s of the specification, this limited access to the higher mark bands by some candidates. 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 were carried out by the candidates showing a limited knowledge and understanding of the command words in the assessment criteria.

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

RO28

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

When the centre produces their child study (a permitted change), this must be included with the original model assignment at the time of submission. Some centres using their own child study often gave more information than permitted and this over-direction resulted in candidates being given part of the evidence required for the assessment evidence. While some centres prevented their candidates from accessing the full assessment criteria with the centre child study used.

SPAG was not addressed.

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

LO3: Risks and hazards considered appropriately and showed a clear understanding. Risk assessments were carried out appropriately. It was not always clear that the candidate had undertaken the risk assessment 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 still showed limited understanding. Government guidelines were often omitted.

LO2: Factors that influence diet was also 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. vegetarians) are not dietary conditions, this is a lifestyle choice and should not be used for plans/meals.

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

LO3: Most candidates linked the 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.

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 the project content. There was limited understanding of the learning achieved as a result of completing the project.

Few centres enter this unit and some still do not thoroughly understand it is the research methodology, which is being assessed.

RO31

Most candidates who entered this unit had attended an external first aid course delivered by an appropriate organisation or had used the St John's Young First aider course to meet the evidence requirements. The Young First Aider course on its own is not sufficient to meet assessment evidence criteria.

LO1: A few candidates failed to demonstrate 'assessing the scene of the accident', hence this limited the assessment criteria available to the candidates. A witness statement did not always support this evidence. A witness statement needs to be supported by written evidence from the candidate.

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. All model assignments for this unit have witness statements 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 and not a review.

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

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