

## **Health & Social Care**

General Certificate of Secondary Education **J406**

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

### **Examiners' Reports**

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**June 2011**

**J406/J412/R/11**

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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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## Chief Examiner's Report

For the first aggregation session of this new qualification entries were far higher than in previous sessions, especially for the controlled assessment units A911 and A913. Many Centres had held the controlled assessment entries until June 2011 in order to meet the terminal rule. As expected A912 entries exceeded those for the A914 unit, as there was a higher entry for the Single Award

Most entries for Controlled Assessment (A911 and A913) were paper based (Code 02). Some centres entered their candidates for E-Repository (Code 01) and this meant that moderators had to contact the centre to establish how the work would be coming to them for moderation. It is important that Centres use the correct entry code, 02 for paper based entries and 01 for repository controlled assessments A911 and A913 and use the correct proforma (URS) downloaded from OCR Interchange when assessing candidates work. This will be particularly important in the future to ensure that the URS sheet corresponds with the controlled assessment as it changes.

Time guidelines are given for candidates to be completing their Controlled Assessments, the thickness of some portfolios seen suggested that these guidelines had not been adhered to. The moderation process was also hindered when class notes had been included in the candidates controlled assessments. It should be remembered that all paper assessments **must** be presented with a treasury tag in the top right-hand corner. Written work submitted in any other format e.g. ring binders; plastic wallets etc will not in the future be accepted by moderators.

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 evaluation required to fulfil the controlled assignments. 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 (all marks are out of 60) 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 electronically send OCR the revised marks there was a delay in the moderation process.

The externally assessed units (A912 and A914) had questions that differentiated well. They showed that most candidates had been adequately prepared for their entry. However for some entries there were some 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 response answers are given. When preparing for external assessment, candidates need to be aware that they must 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 see clearly the answers given and to award marks. For the first time this session some candidates completed A914 on line, it was found that these candidates did not answer as fully as when entering as a paper based entry.

The candidates from Centres whose staff had attended an OCR Training event were well prepared for this exam suite.

Specific detail about individual units has been given and centres are advised to study the Principal Moderator and Examiners advice when preparing their candidates for future sessions.

## A911 Health Social Care and Early Years provision

A lot of good practice has been demonstrated and some excellent work has been seen, this has been reflected in the marks awarded. Whilst most work was marked accurately and with in the assessment criteria and interpretation of the Controlled Assignments., some centres continue following the Legacy GCSE with adaption's / additions of Task 1 & 3. This work was seen to be over marked with frequently inflated grades, showing lack of interpretation or misunderstanding of the specification requirements.

Centres which showed good practice, clearly annotated the candidates work, candidates had clearly page referenced their evidence and assessors wrote on the URS sheets appropriate comments to justify marks awarded. This was very helpful to the moderation process.

A range of different ways of approaching this unit of work were seen, where candidates showed good practice with the planning in Task 1, they were able to relate to the criteria for Task 5 and gained more marks. In one Centre seen, candidates had produced some excellent work and gained 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 these candidates were disadvantaged. Whilst specific marks are not awarded for QWC (Quality of Written Communication), centres 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.

All entries this session sent to moderators were again paper based and should have been entered as A911/02. Some Centres entered for repository (01) by error

- Centres must ensure that the correct entry is made initially.

All correspondence was completed by email, there is now an automated request for a sample for the moderator and clerical errors are also handled electronically thus reducing the flow of paper between centres and the moderator, producing a more efficient system. There were many Centres who had clerical errors, it is advisable to have a system in place at the centre to ensure that all addition of marks are checked and there is a correct transfer of marks from URS to MS1 sheets.

Centres must ensure that the correct URS sheet is used when they attach it to the candidates controlled assessment. These sheet needs to be completed accurately with accurate page references. Comments made by assessors support the moderation process, however if an assessment is being made about team work or independent working the assessor needs to qualify and justify the assessment made, stating what the candidate has done to contribute to the work.

- It is recommended that centres highlights or tick each section of the band that applies to the work that the candidate has produced (an example is given below), this will help when a best fit mark applies.

<b>TASK TWO</b>	<b>the needs of clients and the types of services that exist to meet their needs</b>	
<p>Identify one type of client group that uses the service</p> <p>A basic explanation of their needs is given, showing little evidence of the escalating effect an initial need can create</p> <p>With guidance, ✓ <i>and in teacher comments say what guidance had been given. investigate other services which are available locally to meet the client group's needs</i></p> <p>A basic analysis of how the service meets the different needs of the clients</p> <p>A basic explanation of why these services are available in the local area, how they communicate and work together</p> <p style="text-align: right;"><b>0 1 2 3 4</b></p>	<p>Outline one type of client group that uses the service</p> <p>A reasonable explanation of their needs is given, showing some evidence of the escalating effect an initial need can create</p> <p>With some guidance, investigate other services which are available locally to meet the needs client group's needs</p> <p>A sound analysis of how services meet the different needs of clients</p> <p>A reasonable explanation of why these services are available in the local area, how they communicate and work together</p> <p style="text-align: right;"><b>5 6 7 8</b></p>	<p>Describe in detail one type of client group that uses the service</p> <p>A comprehensive basic explanation of their needs is given, showing evidence of the escalating effect an initial need can create</p> <p>Independently investigate services which are available locally to meet the client group's needs</p> <p>A detailed analysis of how services meet the different needs of clients</p> <p>A comprehensive explanation of why these services are available in the local area, how they communicate and work together.</p> <p style="text-align: right;"><b>9 10 11 12</b></p>

**A911 (02) Health Social Care and Early Years provision.**

**Task One**

Candidates who clearly stated the aims and objectives of the investigation, and which service they would be focusing on, were able to access more marks in Task 5 when reviewing their work. Within the plan, candidates should show where they would access the primary and secondary information that they need. This may not be an exhaustive list but developed as the work progresses.

Some candidates were well prepared and produced excellent plans and check lists particularly those that were in chart form highlighting completion dates, clear aims, objectives and the type of research they were going to use. It was also useful when the centre included a witness statement to show the contribution the student had made to teamwork. Some candidates did not include a plan or check list, just an introduction about the service they were going to investigate, no aims, objectives, types of research to be used and no record of the candidates' contribution to teamwork were seen. A pre-set format of a chart made by the centre was useful, however when centres had itemised task by task, in the chart, it did not provide the opportunity for candidates to gain 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.

There is an opportunity (but not essential) for team work to take place, this enables candidate to share the gathering of information. If this does take place, then the assessor and the candidates must clearly indicate what contribution has been made to the controlled assessment and reference the work of other members of the team that was used.

- Centres should note that it is insufficient evidence for an assessor to place a mark on the URS sheet that "*in teamwork situations the candidate has made a significant contribution to the efforts of the team*" without qualifying the statement.

## Task Two

Candidates would be well advised to make it clear the service and the client group they are studying. Although different client groups may use the service, candidates need only focus on one group in depth. However the others should be referenced in an introductory paragraph. Candidates did not gain marks by copying out publicity material or including a location map from the website of the service.

- For future sessions, candidates need to be shown how to reference information used that is not their own work.

Most candidates chose an early years service and were able to identify and describe the needs of the service user appropriately. Where charts had been used these focused students effectively. Good use of case studies in this section improved the quality of many portfolios.

Good primary research, was shown, when candidates interviewed a care worker from the setting and were able to describe in detail the needs of the people who use the service ("pwus"). 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, by providing a further column they could have shown why "pwus" may have more than one need, or how one need can create other needs e.g. *a child has a learning difficulty at school: a health visitor completes an eye and hearing test, the child is assessed by the school's SENCO, a referral is made to the Educational Psychologist, the Educational Welfare Officer supports the family.* The needs of client groups were usually clearly explained. When a case study was included this gave the candidate opportunity to provide the evidence to show the escalating effect that an initial need can produce.

Candidates need to investigate other services which are available locally to meet all the client group's needs. Some candidates did attempt to look at other schools, nurseries or facilities such as parks and swimming pools in the area. Often this 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 as appropriate to the investigation.

- Centres need to give evidence on the URS sheet or in the form of a witness statement to show if candidates have needed guidance, or were able to work independently to carry out this part of their investigation.

Candidates found it much harder to explain why there were services in an area, e.g demographic trends and how their chosen service works with other services e.g. Specialist Stroke Unit at a Hospital will work with social services, community stroke nurses, physiotherapists, occupational therapists, families to rehabilitate a person, who has had a stroke, back in their own home.

Few candidates were aware that one service does not provide all the needs for a client group. How a range of services work together was mixed and the evidence provided good differentiation. Candidates often did not show how the services communicate with each other, where this was done well a candidate would have described: e.g. Infant School....professional referral by Teacher responsible for Child Protection through an initial telephone call to the Duty Officer at the local Social Services Dept followed by a written account of the cause for concern; invitation to a multi- agency meeting; written minutes of that meeting.

### Task 3

Candidates were well aware of referral procedures. Unfortunately some candidates could not access marks at the higher level because the examples given were not relevant to the service being studied also generic information was included with unreferenced information from text books.

An explanation of barriers and how these prevented clients from accessing both the service and the effects on the individual were varied and interesting. 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 show how this would have an impact on a person's health, developmental or social care nor related the barriers to their investigation. 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 but some opinions and judgements were evident albeit weak. A greater understanding was apparent of how the removal of barriers empowers clients.

- Centres need to guide candidates to focus on how the service has removed barriers and/or what more could be done for their chosen service. .
- Centres need to guide candidates to show what effect removing barriers has on the "pwus".

Many candidates identified a relevant piece of legislation; there were few examples of candidates describing how the setting had fulfilled the criteria in accordance with the legislation. Most centres had taught one piece of legislation however if candidates had chosen different services the one piece of legislation did not necessarily apply to all. Few candidates showed understanding on how the piece of legislation had had an impact on the quality of service being provided

*e.g. Children's Act and guidelines for Every Child Matters- all services for young people need to ensure that they promote a child to be healthy – at XYZ school they organise after school PE activities, they encourage good emotional health as there is a good reward system, make confident young people as they take part in a variety of assemblies, ensure that a balanced meal is served at lunch and there is an awareness programme on drugs and alcohol*

*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.*

*Human Rights Act no one should be discriminated against on the grounds of sex, race, colour or language: which ensures that all Jewish service users will have a choice of kosher when being served a meal at the day centre.*

- The piece of legislation identified must be relevant to the purpose of the service and show the impact that it has on the quality of service provided.

#### **Task 4**

This task was generally done well, candidates had been well prepared and the higher level candidates had interviewed a care worker to gain primary information and supported their findings with references to secondary sources.

Some candidates started to look at the day to day tasks before giving a description of the role of their chosen care worker.

Candidates gaining higher level marks produced a landscape chart. This showed in one column the day to day tasks, in the second column how the health, developmental and social care needs were being met and a third column to show the skills and qualities being used and why they are important and a further column to show how the care values were being applied.

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

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

#### **Task 5**

Marks were gained by those candidates who had set out clear aims and objectives in Task 1 and used their aims, plan and check list to review their work as a measuring tool. Some candidates had reflected on their plans as the controlled assessment had proceeded 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 many only reflected on what they had completed throughout the investigation.

Many candidates lost marks as they did not evaluate their evidence against their aims and objectives) and made limited recommendations for future investigations. Some candidates had obviously run out of time, or had not followed the criteria, or had had no training on how to write an evaluation.

- Centres would be advised to practice writing an evaluation prior to commencing a controlled assessment.

In the Controlled Assessment candidates were asked to present an overall conclusion, this was often over looked. Some candidates produced conclusions at the end of each Task (2, 3 and 4) and were credited marks for this, however their work would have been strengthened if they had pulled these mini reports into one report that could have been given to the relevant authorities as per the scenario. Where this was done well, candidates had referred to the scenario and produced a report to show how the service they had investigated provided care in the community and met the needs of the people.

- Candidates need to present overall conclusions showing how the provision of care within their service meets the needs of the client group selected.

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- The use of references was variable in the work seen. Some bibliographies tended to be list like with mostly websites and not referenced throughout the controlled assessment. Often candidates forget to include their chosen service, the interviews which took place and primary sources were therefore limited. Some candidates showed how they would have extended their research if they undertook a future investigation.
- Candidates need training to reference sources of information used within the context of their controlled assessment.

# A912 Understanding Personal Development and Relationships

## General comments

Candidates are showing greater interpretation of the active verbs used within the paper; this is pleasing to see.

Once again, there were fewer 'no response' answers.

The depth of knowledge that many candidates expressed showed that Centres had delivered the specification accurately.

The main weakness, once more, was many candidates' inability to express themselves fluently and coherently; this limited the marks that could be awarded for the level response questions. Given the emphasis on literacy within external examinations it is essential that Centres address this issue when preparing candidates for this external examination for the future.

### Verbs used within this paper

Verb	Questions where the verb is in use
Identify	1a, 1b, 1c, 2a, 4a
Explain	1d* 2a, 2b*, 3a*, 4b
Evaluate	3b*
Analyse	4c*

\*Questions 1d, 2b, 3a, 3b and 4c are levelled responses and QWC is taken into account

**High level** – answers will be fluent and coherent, using correct terminology. There will be few, if any, errors of grammar, punctuation and spelling

**Mid level** – answers will be factually correct but still need developing. Some correct terminology will be used. There will be some errors of grammar, punctuation and spelling.

**Low level** – answers are likely to be muddled and lack specific detail. List like answers will be placed in this band. Errors of grammar, punctuation and spelling will be noticeable and intrusive

### Question 1a

The active verb was **identification**.

The majority of candidates scored full marks for this question.

### Question 1b

The active verb was **identification**.

Generally a well answered question. The most common responses were

- Menstruation / periods
- Breasts developing – centres should note that slang words will not be marked as correct.
- Hips widening
- Pubic hair / facial hair
- Shoulders broadening

Disappointing to see were the responses which did not specifically relate to physical characteristics within adolescence and we saw many generalised answers, namely:

- Increase in height
- Increase in weight
- Puberty

A small minority of candidates misread the question and identified social and emotional changes.

### **Question 1c**

This question required the candidates to **identify** the life stage.

Apart from the occasional error of using the terms OAP and teenager, the majority of candidates correctly identified both later adulthood and adolescence

### **Question 1d**

The active verb was **explain**. This was a **levelled response question**.

The focus for this question was social development. Whilst we did see some very well expressed and constructed responses linking specifically to social development the majority of responses were placed in levels 1 and 2. The most common error was candidates digressing from social development and discussing mainly emotional development and sometimes physical development. Candidates lack of expression also played a part in them not being awarded level 3; a lot of repetition was seen particularly in citing opposites, e.g. will make new friends / will lose old friends.

The most common responses were:

- Developing more friendships / making new friends
- Being able to interact / talk
- Enhanced confidence
- Isolation from other friends
- Team work

### **Question 2a**

The active verbs were **identification** and **explain**.

This was generally a well answered question with the majority of candidates gaining high marks. Many candidates were able to identify the factors and were able to give either cause and effect or two effects upon development.

The factor 'not getting on with neighbours' was used by many candidates. However the explanations were rather vague with respect to development and many candidates interpreted this as not having any friends at all and being totally isolated. Centres need to guide their students to apply their knowledge into giving more realistic effects on development.

Many candidates for an explanation gave 'being ill'; centres need to guide their candidates into giving more specific responses and to avoid such vague responses.

### **Question 2b**

The active verb was **explain**. Candidates were also expected within this explanation to explain how the factors interrelated. This was a **levelled response question**.

Many candidates were able to give some explanation for all of the given factors. The main error which prevented them from accessing level 3 was not fully linking their explanations to employment. This is a key teaching point when delivering examination techniques for Centres. Another error was that some candidates totally misread the question and compared with the person identified in the previous question.

The most common responses were:

Both her parents have well paid jobs	Money – smart appearance for interviews / paying for university fees – higher qualifications / role models
Her house is warm, well maintained and in a quiet neighbourhood	Quiet house, encourages sleep and helps concentration for study – better performance in examinations
She has a very close relationship with her parents	Support and encouragement from parents. High expectations from parents

### Question 3a

The active verb was **explain**. This was a **levelled response question**.

Some mixed responses were seen to this question. At the higher end we saw some very thoughtful and applied answers; candidates had given both examples of support that could be given and had linked this to how this could help them to cope. At the lower end candidates lacked specifics within their responses and made generalised comments. Unfortunately some candidates did not read the question accurately and went on to explain how different professionals could support the family.

The most common responses seen were:

Support	Coping
<ul style="list-style-type: none"> <li>• Talking</li> <li>• Listening</li> <li>• Help with household chores</li> </ul>	<ul style="list-style-type: none"> <li>• Take mind off the situation</li> <li>• Relieve stress</li> <li>• To express feelings</li> </ul>

### Question 3b

The active verb was **evaluate**. This was a **levelled response question**.

Candidates were familiar with the verb evaluate and many gave both positives / negatives and addressed both parents and daughter. Centres input in examination technique here was very evident. We saw many responses in level 2, with some being able to access level 3. A key teaching point for Centres would be to alert candidates that no marks will be awarded for repeating the same point; candidates need to quickly proof read their answers in the examination and delete any repeated point.

### Question 4a

The active verb was **identification**.

Many errors were seen in the answering of this question. The most common error was when candidates 'hedged their bets' and gave several responses. This is another teaching point for centres; candidates need to be aware of the following:

***'Where more than one answer is given for a one mark question, credit can only be given if ALL answers are correct. One correct answer amid incorrect answers must be marked as wrong'***

Another frequent error was when candidates gave features of a relationship rather than the type of relationship.

**Question 4b**

The active verb was **explain**.

This question was on self concept. We still saw many responses that stated 'this would higher / lower self concept' Centres need to inform candidates that these responses will gain no marks; candidates need to say explicitly how self concept is affected. The most common responses were:

- Feeling loved
- Raised confidence
- Higher / lowered self esteem

**Question 4c**

The active verb was **analyse**.

Once again it was pleasing to see that many candidates were familiar with the requirements of this active verb. Many candidates were able to give many social and emotional effects. Physical and intellectual effects were seen but not as much coverage given. Those candidates that were awarded level 3 developed their answers and made significant links between the effects given. Centres should encourage candidates to use more connective words and phrases; this will lead them into more analytical responses.

## A913 Promoting Health and Wellbeing

Good practice was seen when centres gave their candidates a structure with which to construct their controlled assessments, the candidates had clarity and this enhanced their performance. Annotation within the work enabled the moderator to see where judgements had been made. Some centres chose to split the work into distinct areas; this enabled the candidates to make plans for smaller sections which they found easier to handle.

Centres showed a much clearer understanding of the requirements of the controlled assessment during this exam session and it was evident the centres that had been to an OCR Training event.

Most Centres used the current URS sheet which was attached 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; these could be strengthened if reference was made about team work or independent working to ensure that the assessment decisions made are justified to show clearly what the candidate had done.

- It is recommended that the assessor highlights or ticks each section of the band that applies to the work that the candidate has produced (an example is given below) this will help when a best fit mark applies.

<b>TASK ONE Preparation</b>		
<p>Identify the person on which the investigation will be based</p> <p>Produce a basic plan/checklist for the investigation; aims and objectives show limited understanding of the purpose of the investigation</p> <p>Evidence of limited planning of the information to be used, including sources of primary and/or secondary data which will have limited relevance to the context of the investigation</p> <p>In teamwork situations, the candidate has made limited contribution to the efforts of the team</p> <p style="text-align: right;"><b>1 2 3</b></p>	<p>Identify the person on which the investigation will be based</p> <p>Produce a sound plan/checklist for the investigation; aims and objectives show some understanding of the purpose of the investigation</p> <p>Evidence of some planning of the information to be used, including sources of primary and/or secondary data which will be mostly appropriate to the context of the investigation</p> <p>In teamwork situations, the candidate has made some contribution to the efforts of the team</p> <p style="text-align: right;"><b>4 5 6</b></p>	<p>Identify the person on which the investigation will be based</p> <p>Produce a comprehensive plan/ checklist for the investigation; aims and objectives show sound understanding of the purpose of the investigation</p> <p>Evidence of comprehensive planning of the information to be used, including sources of primary and secondary data which will be appropriate to the context of the investigation</p> <p>In teamwork situations , the candidate has made a significant contribution to the efforts of the team ✓ <i>and in teacher comments say what contribution had been made</i></p> <p style="text-align: right;"><b>7 8</b></p>

All entries this session sent to moderators were paper based and should have been entered as 02. Some Centres entered for repository (01) by error

- Centres would be advised to ensure that the correct entry is made initially.

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.

Witness statements for group work were used by some centres; this gave support to judgements made within the planning stage. It was good to see some referencing within work. To give more validity to the bibliography some candidates commented on the validity and reliability of the information that they had accessed.

All correspondence between centres and moderators is now completed by email; the automated request for a sample for the moderator and clerical errors being handled electronically reduces the flow of paper between centres and the moderator.

### **A913 (02) Promoting Health and Well being**

Some excellent work seen and good practice demonstrated. In some cases controlled assessments resembled the legacy work and consequently the work was muddled and resulted in candidates doing more than required when looking at positive factors and risks. A different approach is needed for this unit from the legacy 4870 GCSE unit. Those centres that tried to follow the previous format did not support their candidates sufficiently to achieve the higher level marks.

#### **Task 1 Introduction Task Investigation**

Those candidates that had been well prepared produced excellent plans and checklists. A pre-set format for a chart made by the Centre was useful, however when centres had itemised task by task it did not provide the opportunity for candidates to gain marks at a higher level.

Most candidates moderated completed a clear plan for their investigation which identified aims and objectives. Within the plan, candidates need to show where they will access the primary and secondary information that they need. 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 Centres highlighted the extent to which candidates had contributed to team work. One centre included a breakdown of activities and the input each candidate had made on a tabulated chart/witness statement. There is an opportunity (but not essential) for team work to take place, this can enable candidates to share the gathering of information. If this does take place then the assessor and the candidates 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 if used.

- Centres should note that It is insufficient evidence for an assessor to place a mark on the URS sheet that "*in teamwork situations the candidate has made a significant contribution to the efforts of the team*" without qualifying the statement.

Candidates would be advised to clearly identify who their controlled assessment is focussed on and the aims and objectives of their investigation. This will enable them to access more marks in Task 3 when they are reviewing their work.

### **Task 1 Introduction Continued**

The planning and carrying out of the research into the individual's health and well being was generally done well. Questionnaires were often detailed and included open and closed questions, giving the opportunity for candidates to interpret the information and draw conclusions, the latter varied dependant on the calibre of the candidate, this provided good differentiation. Where candidates had worked as a team to compile a questionnaire it is important that the assessor and the candidate clearly indicate what individual contribution has been made and reference the work of other members of the team.

Candidates understood the definition of health, and evidence was usually detailed and relevant. Often information was collected through interviews and this provided the opportunity for higher level candidates to reference a variety of opinions including the individual who they were studying and to give their own opinions. Some candidates extended this to show how they would recognise if someone was in need of a health plan, and brought in the purpose of the investigation from the scenario.

Candidates showed that they could analyse the physical, intellectual, emotional, and social health and well-being of the individual. These were sometimes addressed generically and then analysed. Higher marks were awarded when a candidate had included and expanded upon their own opinions and a detailed analysis given.

### **Task 2: The Health Plan (1)**

Measures of health were accurately carried out by most candidates. The most common physical measures of health were Peak Flow and developed Height and Weight into a BMI calculation. Many had interpreted the data collected applying the information to the individual and making in depth comparisons to the norms.

Candidates often did not refer nor explain the features of the individual's lifestyle which could affect their physical health. Higher level candidates made reference to the person's age, illness, occupation and lifestyle.

*e.g. a person who was classified as "over weight" would not be fit and have a poor resting pulse rate after the exercise test. This measurement would be suitable to use so that if a plan was drawn up to increase fitness levels and reduce their weight and this physical measurement could be used to see the improvement that this has made on the persons health.*

Some candidates wasted time by describing generically all the physical measurements of health, no marks were awarded for this.

### **Task 2: The Health Plan (2)**

Candidates who had been taught and been given ideas on how to set out a health plan followed a logical format and stated how the plan would improve the client's health over a period of time. These candidates were able to access the higher level of marks. Very imaginative health plans were seen but it was questionable whether they had been given too much time to complete these since some were rather extensive. Some candidates lost marks as they did not produce a plan which could be used to show how someone could maintain or improve their health.

The needs for the health plan were evident, common areas were; improved diet and exercise. Candidates are advised that they need to give two health needs for their individual and then explain why those needs have been chosen. Where this was done well, candidates developed two specific targets that would be addressed in the health plan, stated how the physical measurements of health would improve if the targets of the plan were successful and how the individual's needs had been addressed.

### **Task 2: The Health Plan (3)**

This section usually commenced with numerous possible risks to the client, sometimes these were generic but some did show application. Candidates wishing to access higher level marks need to explain possible risks (at least 2) that are relevant to the individual and then analyse the damage that these risks may cause in the short and long term and avoid list like answers. A variety of presentation methods were seen which would have been suitable to use for a health promotion campaign.

The explanation of the difference between the individual's state of health and recommended norms was often weak. Higher ability candidates included a comprehensive explanation of the client's levels of health and those of the recommended norms. The best work seen was when a chart had been compiled showing findings from the initial investigation to the expected norms (the chart could be also used for publicity purposes) with the candidate adding a short paragraph to explain the differences so they could access higher level marks.

When candidates analysed the factors that had positively affected the health and well-being of the individual, this was done either really well or was very weak, a minimum of two factors should be analysed. Reference to the factors 'interrelating positively' resulted in mixed responses, and provided good differentiation. It should be remembered that a mind map approach to the interrelation of factors is not an explanation however it can be used by candidates as a prompt sheet.

The response from candidates for this section was often variable. Where candidates had directed the focus on showing how an individual's health might be at risk, if a plan was not followed and the factors which were having a positive effect on the person's health were covered, higher level marks were achieved.

### **Task 3: Conclusion**

Candidates lost marks in this Task because they had obviously run out of time, or they had not followed the criteria, or they had had no training on how to write an evaluation. It should be remembered that this task consists of two different evaluations:

- A: of the plan and
- B: of the candidate's investigation.

- Centres would be advised to practice writing an evaluation prior to commencing a controlled assessment.

Candidates who gained higher marks explained why the health plan was relevant for the individual. They analysed the difficulties that the individual might have in following or achieving the proposed plan and how support could be given in order that the targets were met.

Most candidates drew conclusions about the physical, intellectual, emotional and social effects the plan may have on the individual and those gaining higher level marks were realistic in their suggestions.

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 understating about their own performance, make recommendations for future investigations and gain 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 training to reference sources of information used within the context of their controlled assessment.

# A914 Safeguarding and Protecting Individuals

## General Comments:

The examination paper consisted of a variety of question styles involving identification, description, explanation and analysis. Where candidates achieved the highest marks in the differentiated questions, for example questions 7, 11 and 15, they used their knowledge to give factually accurate answers with appropriate terminology. These candidates were also awarded high marks at level 3 through demonstrating their ability to synthesise information and write with fluency. Many candidates did not seem to have the knowledge or understanding to respond to questions about legislation and need to be encouraged to focus on the context of the question.

Centres could help to improve the quality of candidates' responses by:

- Making sure that candidates are fully aware of legislation that contributes to the safeguarding of vulnerable people.
- Ensuring candidates understand the difference between safety and security.
- Preparing candidates thoroughly for the examination by revision exercises, case studies, specialist guest speakers, class tests and repetition of the topics in the specification including the perusal of past papers.
- Making sure that candidates understand the general purpose of legislation that underpins prevention of the spread of infection and its purpose.
- Making sure that candidates have sound understanding of the command words, for example, name, give, identify, describe, explain, evaluate, and analyse.
- Ensuring that all sections of the unit specification are thoroughly covered, for example; safeguarding individuals, the effects of ill treatment, infection control, first aid practice, legislation and risk assessments.

The topics covered in this examination paper included legislation, infection control, first aid practice, safety signs, effects of ill treatment, and risk assessments covering the breadth of the specification.

The levelled questions in the paper were accessible to F/G level candidates and also provided opportunity for differentiation for the more able candidates to demonstrate depth of knowledge. There was little evidence to suggest that candidates ran out of time.

## Comments on Individual Questions

1. Candidates were required to give one reason for the use of disinfectant in care settings. Most candidates were able to answer this question correctly, for example 'to reduce bacteria to safe level'. Others gave an incorrect response such as 'to kill all bacteria'.
2. Candidates were asked to give two reasons for not wearing jewellery in food preparation areas. This was answered well with most candidates achieving both marks.

3. This question required candidates to identify four diseases that must be reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). This was answered well by most candidates.
4. Question four required candidates to identify two actions to prevent mice droppings in a kitchen of a residential home. This was answered well with most candidates achieving both marks.
5. This question differentiated well. To get full marks candidates had to identify and evaluate legislation that aims to prevent the spread of infection. This was a challenging question and candidates needed to know about legislation. Good responses at the higher level identified correct legislation with factually accurate information.
6. Candidates were asked to name five items that should be in a first aid box. This was answered well by most candidates. Candidates who did not achieve full marks gave repetitive or vague answers including 'creams' and 'tablets' .
7. This was a levelled question and good responses at the higher level responded to the verb 'explain'. These responses were factually accurate with appropriate terminology. When candidates did not get marks it was because they did not explain the reasons for the actions.
8. Good responses included a description of how to prevent infection as a first aider. When candidates did not get marks it was because they emphasised the first aid procedure rather than the prevention of infection.
9. This question required candidates to name one piece of legislation that aims to protect older people. This was answered well by most candidates. Answers such as 'elderly act', 'care homes' and 'flu jabs' did not get any marks.
10. Correct answers showed an awareness of the effects of lack of safeguarding. This was answered well by most candidates. Repetitive answers did not get any marks.
11. This question differentiated well. To get all the marks at the higher level, candidates had to analyse possible effects of ill treatment. It was encouraging that a number of candidates were able to analyse at the required level.
12. This was a challenging question and candidates needed to know about Every Child Matters (ECM). Many candidates were able to identify two aims of ECM and others needed to develop the explanation of how the aim contributed to safeguarding young people.
13. Most candidates gained marks by correctly choosing 'no entry for pedestrians' or 'safety gloves must be worn'. Answers such as 'no people walking' or 'no entry' did not get any marks.
14. This question required candidates to identify and describe. Many candidates gave clear descriptions about how the safety feature could prevent vulnerable people leaving their residential home. When candidates did not achieve high marks was because they talked about 'stair-lifts', 'ramps' and 'wheelchairs'.

15. 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. Most candidates achieved marks at either Level 2 or Level 3. The question produced good answers where candidates looked closely at the plan. Other candidates needed to answer all three-bullet points, to secure marks at Level 3. When candidates did not achieve all the marks was because they stated 'anyone' and 'everyone', rather than the correct response such as patients, staff, and people with disabilities.

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