

Health and Social Care

General Certificate of Secondary Education **J406**

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

OCR Report to Centres

June 2012

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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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Overview

For the second aggregation session of this qualification entries were higher than in the January session especially for the controlled assessment units A911 and A913. Many centres appear to be holding the controlled assessment entries until June in order to meet the terminal rule. Next January will be the last opportunity for candidates to be entered in this way as from 2014 candidates need to submit all units at the time of aggregation. As expected A912 entries exceeded the entries for the A914 unit as more centres had entered candidates for the Single Award.

Please note that the 2011 controlled assessment is no longer valid. On this occasion candidates were not penalised but for future sessions submissions will only be accepted for the correct controlled assessment for the year in question.

There was a range of URS sheets submitted with work for moderation and a mixture of controlled assignments (2010/2011 and 2012/2013). It must be noted that centres must enter the candidates with a controlled assignment that correlates with the year of submission. Most entries for Controlled Assessment (A911 and A913) were paper based (Code 02); some centres mistakenly 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 for controlled assessments A911 and A913 and use the correct pro-forma (URS) downloaded from OCR Interchange when assessing candidates work.

Time guidelines are given for candidates when completing their Controlled Assessments, however it was noted that the volume of work submitted by some centres was very large for the time permitted. Centres are reminded that the JCQ instructions must be followed and that suspected breaches are referred for investigation. 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 **should** be presented with a treasury tag in the top right-hand corner. Written work should **not** be submitted in any other format eg ring binders; plastic wallets etc.

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.

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 need to clearly indicate if they have added additional information/answers on supplementary pages. All candidates should use a biro pen and not the "gel type" because these leak through the paper and make it difficult for examiners to see clearly the answers given and to award marks.

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

A911 Health Social Care and Early Years Provision

General Comments

Entries this series were paper as well a repository based, some centres are still entering using the wrong component code. Component code 01 should only be used where the centre plans to upload the sampled work onto the OCR Repository; the code for postal submission is 02. Please ensure that the correct component code is used for all future series.

Excellent practice was seen in many centres who ensured that the correct URS sheet was attached to the candidates controlled assessment. The sheet needs to be completed accurately with correct page references. Comments made by assessors supported the moderation process. In particular where an assessment was made about team work, assessors stated what the candidate had done to contribute to the work. For all assessment decisions assessors must qualify and justify the assessment made.

The best work seen included assessor highlighting or ticking each section of the band that applies to the work that the candidate has produced which helped when a best fit mark applies.

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

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

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, reducing the flow of paper between centres and the moderator, producing a more efficient system.

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

Task 1

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

Some candidates were well prepared and produced excellent plans and check lists particularly those that were in chart form, highlighting completion dates, setting clear aims and objectives and the type of research they were going to use. Others did not include a plan or check list, just an introduction about the service they were going to investigate. A pre-set format of a chart was useful, however when candidates 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.

Task 2

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

In the best work seen Candidates made 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 series candidates need to be shown how to reference information used, that is not their own work.

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.

Candidates needed to investigate other services available locally to meet all the client group's needs. Some candidates attempted 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. How they worked together provided good differentiation. Few candidates were aware that one service does not provide all the needs for a client group.

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

Task 3

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

Exemplar answer:

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

Human Rights Act: no one should be discriminated against on the grounds of sex, race, colour or language: which ensures that a pregnant Bangladeshi woman can be examined by a female doctor. The practice must ensure that male and female doctors/nurses are available for duty. It appeared that some centres had taught one piece of legislation which the candidates then wrote about. Candidates often showed very little understanding on how that piece of legislation had an impact on the quality of service being provided.

Care Standards Act: by providing the correct room space, a resident will be able to have many of their own personal effects with them and this will help with the transition from being independent to being cared for. There will be room for a carer to give the resident, personal care in the room with the door closed respecting their dignity.

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 apply this knowledge to the service they were investigating.

There was often a lot of generic information (copied without any referencing) on how barriers could be removed. Candidates found it difficult to evaluate how services have procedures in place to address barriers, but some opinions and judgements were evident. 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.
- Centres need to guide candidates to analyse how the removal of barriers empowers 'pwus'.

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

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 produced a landscape chart to show in one column the day to day tasks, in the second column how the health, developmental and social care needs were being met, 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. If this method is chosen, to gain MB3 marks candidates need to ensure that they support the information gained by writing an analysis to show the possible effects on the client if care values are not applied as well as writing an in-depth understanding to why certain skills and qualities are needed.

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.

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.

Task 5

For the 2012/2013 controlled assessment task candidates needed to analyse how their own skills and qualities would be appropriate for working in their chosen service. Good responses were seen when candidates used the information that they had gained from their investigation and applied it to themselves working in the setting.

eg My numeracy skills are weak and I would be afraid that I would not measure the correct dosage of medicine. I also am squeamish at the sight of blood, so I do not think a role as a nurse in the hospital would be suitable for me. However, I am very patient and kind and can show understanding eg to a relative who was awaiting news about their loved one, therefore I would like to explore a role as a counsellor but felt that I will need more life skills before undertaking that kind of employment.

Many candidates did not evaluate their evidence against their aims and objectives (if they had written any) and made limited recommendations for future investigations.

Marks were gained by those candidates who were focused in Task 1 so that they used as a measuring tool, their aims, their plans and check list to review their work. 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 understating 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.

The use of references was variable in the work seen. Some bibliographies tended to be list like, mostly websites where 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. To gain MB3 candidates need to comment on how they used the source and how useful it was. There were some examples of this being done well.

A912 Understanding Personal Development and Relationships

General Comments

It is becoming increasingly evident that teachers are directing their candidates to the active verbs within the paper. Many candidates chose to plan their answers prior to answering them; this was particularly evident in the final question which required the candidates to analyse the impact of bullying on a child’s development. The one verb which was often not interpreted accurately was the verb ‘evaluate’; far too many candidates lost marks by only giving one side within their answer. The use of connectives in the level response questions were seen more often and this enabled candidates to extend and develop their responses.

A weakness seen with some responses was the inability to relate their answer to the specific question, this sometimes resulted in the candidate going off on a tangent and not answering the question. Centres could aim to develop the **PEEL** technique with their candidates:

Make a **P**oint
 Provide **E**vidence
Explain how the evidence proves your point.
 Link back to the question

Centres need to alert their candidates to the assessment of answers that only require one word/phrase answers. The wording in the mark scheme is:

‘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’

Verbs used within this paper

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

*Questions 1d 3a 3c and 4c use levels of responses marking 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**.
 Most candidates were able to score highly on this question. The main error that occurred was identifying ‘becoming independent’ as intellectual development.

Question 1b

For this question candidates were asked ‘**to put milestones of an infant’s physical development in order**’

A significant number of candidates correctly identified ‘moves head to follow person’ as the first milestone. Many also correctly identified ‘holds spoon and finger foods’ as the fourth milestone. Several confused the order of the palmar grasp and the pincer grip.

Question 1c

The active verb was **identification**.

An occasional incorrect answer (adolescence/late adulthood) but the majority identified adulthood as being the correct life stage.

Question 1d

The active verb was **evaluate**. **This was a levels of response question.**

The main reason why candidates failed to achieve the top end of level 2 and level 3 was by not giving both sides within their answer; many candidates only focussed in on the positive effects of exercising, thus limiting the score they could achieve. Centres should ensure that their candidates are aware of the need to give both sides when completing an evaluation question. Another error seen frequently was candidates not being specific enough in their answers; ‘less likely to become ill’ and ‘will become more healthy’ are too vague and were not awarded any marks.

Some candidates discussed emotional and social health and failed to acknowledge that the question specifically asked about physical health.

The most common responses were:

Positive effects	Negative effects
<ul style="list-style-type: none"> • fit • toned/muscle strength • loss of weight/maintenance of weight • beneficial for the heart – stamina/endurance 	<ul style="list-style-type: none"> • broken bones • torn muscles • tired

Question 2a

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

Many candidates scored highly on this question in both the identification and the explanations given. One weakness highlighted when answering this question, was the explanation; some candidates did not give both cause and effect, they only gave the cause therefore losing out on two marks. Centres are advised to reinforce to their candidates that the aspect of development given must be specific; no marks will be awarded for merely stating that this would help a person’s emotional development.

Question 2b

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

Some very innovative answers were seen by a small minority of candidates, interestingly linked to technology; pod casts to access lessons, creating a video link within the lesson so to enable access to the content/delivery and the use of e-mail between the teacher and Jason.

Many responses did not link back to the original question which asked about the effects on level of education; if candidates are taught the PEEL technique this deficit should be overcome.

A failing was not being able to interrelate the points being made; this meant that access to level 3 was restricted.

Candidates need to be reminded that just re-writing out the question will not gain them any marks.

Question 2c

The active verb was **identification**.

Generally a well answered question with many candidates scoring maximum marks.

A common error was in using both self-esteem and self-image – credit can only be awarded once.

A few candidates gave factors rather than effects.

Question 3a

The active verb was **explain**. This was a **levels of response question**.

The emotional effects given were often comprehensive. Candidates who did not discuss the physical effects of having a STI; were only able to gain half marks. Once again, if the PEEL technique was adopted this would ensure that candidates would go back to the original question and, in doing so, would notice their error.

Those that did manage to explain the physical effects were able to access the top end of level 2 and level 3. The most common responses were:

- infertility
- lowered immune system.

Question 3b

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

Many candidates were able to identify an appropriate Professional carer.

Most candidates were able to explain the support given with many citing:

- prescribe appropriate medication
- listen
- advice/information
- referrals.

Question 3c

The active verb was to **analyse**.

Candidates found it easier to analyse social effects rather than intellectual effects. Once again it was expected that candidates would give specific effects rather than vague answers, for example 'will learn more'.

The question is a stand-alone question, however many candidates linked it to the question on contracting a STI and this, in many instances, meant that answers became muddled and lacked coherence.

Question 4a

The active verb was **identification**.

Generally a well answered question with many clearly having been taught the correct categories.

The most common errors were:

- candidates giving features rather than the type of relationship

- candidates giving more than one answer ('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')
- candidates using the terms formal and informal.

Question 4b

For this question candidates were asked '**What is meant by the term self-concept**'?

Many were able to give that self-concept is made up of self-esteem and self-image. Some only gave one aspect so lost out on a mark.

Some answered in how other people saw them and did not link this to how this is then interpreted by the individual into image and feelings.

Question 4c

The active verb was **analyse**

A question which engaged the candidates and they were able to write about the impact of bullying on development in great depth. However, this did result in some repetitive answers. The most common aspects of development which candidates focussed on were emotional and social. Analysis requires candidates to link effects; this was missing for many. Candidates chose to look at each aspect of development separately resulting in a lack of linkage between the effects or being able to develop answers further.

Centres need to reinforce that QWC will be taken into account for levels of response questions.

A913 Promoting Health and Wellbeing

Centres showed a much clearer understanding of the requirements of the controlled assessment during this exam series. 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.

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

Good practice was seen when candidates used a structure with which to construct their controlled assessment. The candidates had clarity and this enhanced their performance. Annotation within the work enabled the moderator to see where judgements had been made. The controlled assessment is split into distinct areas and if followed enables the candidates to make plans for smaller sections.

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 Promoting Health and Well being

Task 1

Most candidates moderated had completed a clear plan for their investigation which identified aims and objectives; many did not, however, show the purpose of their investigation. Within the plan, candidates needed to show where they intended to access the primary and secondary information that they needed. This was not expected to be an exhaustive list and may well develop 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.

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

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 6 when they are reviewing their work.

Task 2

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

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

It is important that the assessor clearly indicates the guidance required on the URS sheet. There is an opportunity for team work to take place; this can enable candidates to share the gathering of information. If this does take place then the assessor must clearly indicate what contribution the individual has made to the controlled assessment and reference must be made to the work of other members of the team.

Task 3

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

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

Task 4

This section usually commenced with numerous risks to the client, some showing application but others answered generically. Candidates wishing to access higher level marks needed to explain at least two possible risks that were relevant to the individual and then analyse the damage that these risks may cause in the short and long term. List-like answers should be avoided.

When candidates described the factors that had positively affected the health and well-being of the individual, this was done either well or was very weak, a minimum of two factors should be described. Reference to the factors 'interrelating positively' resulted in mixed responses, and provided good differentiation. 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.

Task 5

Some candidates who 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.

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

Task 6

Some candidates lost marks in this Task because they it was not completed. This may have been due to running out of time, not following the criteria or because of undercertainty on how to write an evaluation. It should be remembered that this task consists of two different evaluations: A: about the plan and B: about the candidate's investigation.

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

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. Candidates who gained higher marks explained why the health plan was relevant for the individual.

The description of difficulties that may be encountered in achieving the PHP was either done well or was marginalized. For the 2012/2013 controlled assessment candidates need to explain two different types of health promotion materials that could be used to support the targets, this was often overlooked. Where it was done well, candidates had considered for example; a diet sheet from the internet and attending a weekly weigh in series. This gave candidates the opportunity to give a comprehensive evaluation and gain MB3 marks. Candidates should not include copies of booklets etc in their assessment material as they are bulky and costly to post nor should they waste controlled assessment time making their own promotional material.

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. It was good to see more referencing within work and to give more validity to the bibliography some candidates commented on how they had used the source and how useful it had been.

A914 Safeguarding and Protecting Individuals

General Comments

The examination paper consisted of a variety of question styles involving identification, description, explanation, and evaluation. These command words are an essential element and candidates continue to lose valuable marks by not responding to the command verb sufficiently to gain full marks. Where candidates achieved some of the highest marks in the differentiated questions, for example questions 3, 7, 11, and 18, they used their knowledge to give factually accurate answers with appropriate terminology. Legislation questions continue to be challenging for most candidates; this particular paper found many incorrect descriptions of features of The Mental Health Act and there were a significant number of 'no responses' to the question regarding COSHH. As with previous A914 examination papers, the questions marked using levels of response 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 and application of theory. There was little evidence to suggest that candidates ran out of time.

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

- Preparing candidates thoroughly for the levelled questions by planning and structuring their responses.
- 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.
- Making sure that candidates are fully aware of the contribution of the Criminal Records Bureau in terms of safeguarding vulnerable people.
- Ensuring candidates do not simply repeat answers within written text.
- Candidates should be sufficiently prepared to take note of the command words such as identify, describe, explain and analyse.
- The topics covered in this examination paper included ill-treatment, legislation, Criminal Records Bureau, infection control, first aid practice, and risk assessments covering the breadth of the specification.

Comments on Individual Questions

- 1 Candidates were asked to identify three types of ill-treatment. This was answered well by most candidates. Incorrect answers included '*depressed*', '*sectioned*', and '*equality*'.
- 2 This question required candidates to describe two key features of the Mental Health Act. Very few candidates answered this question correctly and were not familiar with the Mental Health Act. Some left the question blank offering no response at all. Many candidates talked about discrimination, equality and being treated fairly. Good responses achieving full marks gave accurate descriptions.
- 3 The command word in this question was 'evaluate'. Whilst most candidates were able to discuss the positive contribution of the Criminal Records Bureau, many did not evaluate the negative contribution; therefore these candidates achieved marks at level 2.

- 4 This question required candidates to give three basic procedures to prevent the spread of infection. This was answered well with most candidates achieving full marks. Where candidates did not achieve full marks this was for repeats in their answer, for example, *PPE, aprons, gloves*.
- 5 Candidates were asked to describe the disposal of soiled bedding and unused medication. This question was not answered particularly well. Many thought that discarding soiled bedding or incinerating was the correct answer. Many also thought that unused medicines should be discarded down the toilet.
- 6 Candidates were required to match foods to the correct coloured chopping boards. Whilst some candidates gave incorrect answers for cooked meat and raw fish, most candidates were able to gain full marks.
- 7 Candidates were required to explain how using food preparation equipment correctly contributes to good food hygiene practices.
- 8 Most candidates correctly stated three basic principles of first aid.
- 9 Most candidates gave three correct signs or symptoms of a fractured leg.
- 10 Most candidates were able to identify two pieces of information when calling for the emergency services and correctly stated why the information was important.
- 11 This question required candidates to explain how to prioritise first aid needs. Very few candidates answered this question correctly, which resulted in marks being awarded at level 1. Good responses at level 2 responded with the correct priority of needs.
- 12 Candidates were asked to explain how safety/warning signs help to keep individuals safe. This was answered well by most candidates.
- 13 There were mixed responses to this question. Some candidates gave no response at all, many candidates guessed at the correct answer; however it was pleasing to note that most answered this question correctly.
- 14 Candidates were asked to identify three security features that could be used in a day nursery, stating the purpose of the feature. This was generally answered well, for example candidates responded with *'install CCTV so you can monitor what is going on in the building'*. Some candidates confused security with safety and gave incorrect answers such as *'no sharp objects'*, *'to prevent the children from getting harmed'* and *'high door handles to prevent the children from escaping'*.
- 15 This question achieved the differentiation intended. Almost all candidates answered this question well making some perceptive assessments with detailed knowledge about the hazards, identifying who might be harmed, and discussing the merits of the precautions. Most candidates achieved marks at either Level 2 or Level 3. The question produced good answers where candidates looked closely at the plan. Many candidates achieved marks at level 2 because they identified hazards and made sound links between the care workers and the individuals and the risks. Candidates at this level also showed some consideration of precautions. Candidates achieving marks at level 3 indicated consideration of precautions that were already in place.

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