

Health & Social Care

General Certificate of Secondary Education **J406**

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

Examiners' Reports

January 2011

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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

This was the third session of this new qualification and entries for the controlled assessment units A911 and A913 would suggest that many Centres are holding their controlled assessment entries for June 2011 in order to meet the terminal rule. A912 entries were double the entries for the A914 unit.

All entries for Controlled Assessment (A911 and A913) were paper based (Code 02); however two centres entered their candidates for E-Repository (Code 01) in error and this delayed their entry and work being called 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 proforma (URS) downloaded from OCR Interchange when assessing candidates work.

All Controlled Assessments that are paper based 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 be accepted by moderators.

Assessors need to annotate in the body of a candidates controlled assessment work so that the moderator can see how marks have 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 (all marks are out of 60) and the correct mark inserted on the electronic MS1.

The externally assessed unit A912 and A914 were paper based. Candidate's responses to these papers 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.

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

The first aggregation for this suite of exam papers will be in June 2011.

A911 Health Social Care and Early Years provision

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 this to the criteria for Task 5 and gained better 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.

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 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.

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.

Centres are advised to ensure that the correct URS sheet is used when they attach it to the candidates controlled assessment. The 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 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.

TASK TWO	the needs of clients and the types of services that exist to meet their needs	
<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, ✓ and in teacher comments say what guidance had been given. investigate other services which are available locally to meet the client group's needs</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>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>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>
0 1 2 3 4	5 6 7 8	9 10 11 12

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

Task One

Candidates who clearly stated the service that they would be focusing on and the aims and objectives of the investigation, 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 that they needed. This may not be an exhaustive list but developed as the work progresses.

Some candidates were well prepared and produced excellent plans and checklists particularly those that were in chart form highlighting completion dates, clear aims, objectives, the type of research they were going to use, and the assessor had included a witness statement as to the contribution the student had made to teamwork. Some candidates did not include a plan or checklist just an introduction about the service they were going to investigate. There were no aims or objectives or types of research to be used and no record of the candidates' contribution to teamwork. A common format for a chart can be useful, however when itemised task by task, in the chart, it may 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

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.

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 their 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.

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 fractured leg will require an initial assessment; x-ray; temporary plaster cast whilst swelling goes down; drugs to alleviate pain; permanent cast; support to walk with crutches; removal of cast, physiotherapy to get strength back and to aid walking.* The needs of client groups were usually clearly explained and when a case study was included this gave the candidate opportunity to provide the evidence to show the escalating effect that a 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.

- Assessors 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. A Nursery may work with a primary school; the health visiting service; social services; the education psychology dept; education welfare dept etc.*

How a range of services work together was mixed and the evidence provided good differentiation. Few candidates were aware that one service does not provide all the needs for a client group. Candidates often did not show how the services communicate with each other, where this was done well a candidate would have described: *e.g. Nursery....professional referral*

by Child Protection officer through an initial telephone call to Duty Officer at local Social Service Dept followed by a written account of cause for concern; invitation to a multi agency meeting; written minutes of meeting.

Task 3

Candidates were well aware of referral procedures but 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.

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 relate 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, if 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.
- Centres need to guide candidates to show what effect removing barriers has on the "pwus".

Many candidates identified a relevant piece of legislation but few actually reflected on 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. Most centres appeared to have only taught one piece of legislation and then all candidates from the centre wrote about this. Candidates often showed very little understanding on how that piece of legislation had an impact on the quality of service being provided e.g. *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 a pregnant Bangladeshi woman can be examined by a female doctor.

- The piece of legalisation 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 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.

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

This was the task where many candidates were unable to achieve the higher level marks. They did not evaluate their evidence against their aims and objectives (if they had written any) and made limited recommendations for future investigations. Some candidates appeared to have run out of time, or had not followed the criteria, or appeared to lack the knowledge of how to write an evaluation.

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

The best work was seen where candidates 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 of 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

In the Controlled Assessment candidates were asked to present an overall conclusion, this was often overlooked. 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 outlined in 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 meet 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.

The use of references was variable in the work seen. Some bibliographies tended to be list-like with mostly websites cited with a lack of referencing throughout the controlled assessment. Often candidates "forgot" 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

Overall candidates appeared to be more familiar with the command verbs used within this paper and there were noticeably fewer 'no response' answers than in previous sessions. Candidates were being more specific in their answers and fewer were using the terms 'physical / intellectual / emotional / social development'.

The main weakness for some candidates was their use of language and expression; this meant that they were not able to access level 3 in the levelled response questions. QWC should be a focus for teaching when preparing candidates for any written examination.

Question 1a

The command verb was **identification**.

This was a well answered question with many candidates correctly identifying the correct current and next life stages. There were very few errors; where these occurred candidates gave the age range and gave adulthood instead of adolescence as the next life stage for Charlotte. Many candidates were unable to correctly spell adolescent / adolescence. A few candidates give the term baby instead of infancy.

Question 1b

The command verb was **identification**.

The most common responses seen were crawling, walking, sitting up and head control. Unfortunately many candidates cited answers that were not relevant to physical development; candidates gave both emotional and intellectual characteristics instead. Another common error was candidates making reference to growth and giving generalised responses such as 'fine motor skills'.

Question 1c

This question required candidates to **select** the correct gross and fine motor skills from a given list.

Although many candidates correctly differentiated between the fine and gross motor skills and did not select the two incorrect responses, namely 'pretend play develops' and 'can hide feelings' there were still a significant number of candidates who were unable to select the given fine and gross motor skills.

Question 1d

The command verb was **explain**.

Many candidates struggled with this question. Those that achieved level 3 gave very fluent answers and all points made were linked to intellectual development. Some very innovative and considered responses were seen, with several candidates giving specific skills: discussion, problem solving, debating, synthesising information.

The most common correct responses were:

- Increased knowledge / skills.
- Gaining additional qualifications.
- Increase in brain stimulation / memory.

The most common errors were:

- Candidates taking a negative point of view and straying away from the focus of the question. For example many discussed that he would spend time away from the family and this could cause conflict and stress.
- Making the focus emotional and social development.

Question 2a

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

This was a well answered question. Many candidates were able to identify the factors and were able to give either cause and effect or two effects upon development. It was pleasing to see that more candidates were giving specific effects upon development rather than citing an impact on emotional / social development.

Occasionally candidates would identify the factor incorrectly, stating a general term, e.g. emotional / social.

Question 2b

The command verb was **explain**.

Some very considered answers were seen to this question. Many candidates gave several effects upon development and many covered at least two aspects of development; this meant that they accessed level 2. The language used by many was descriptive and with significant meaning.

The most common error made by candidates was to describe the different types of abuse without explaining the effects on development.

Question 3a

This question required the candidates to match the correct term to the given definitions
The majority of candidates were able to correctly match the term culture.

The most common mistake was matching the term sexual orientation to the definition 'The psychological and social development of male and female roles in a society'.

Question 3b

The command verb was **explain**.

This question was often poorly answered. The most common error was for candidates to cite a 'lowered / raised self concept' As stated in the examiner's report for June 2010 these answers will not be assessed as correct; candidates need to give specifics, e.g. a lowered self esteem / feeling de-valued.

Question 3c

The command verb was **identification**.

The majority of candidates were able to identify 3 of the 4 types of relationships, namely:

- Family
- Friendships
- Working
- Sexual / intimate

The most common error was candidates giving examples of relationships and /or identifying features of relationships.

Question 3d

The command verb was **analyse**.

Many candidates failed to focus on social development and many went off on a tangent and started to analyse the impact of relationships on a person's emotional development. Some went into great detail discussing the various types of relationships a person could have but failed to analyse the impact on social development. A small minority of candidates talked about the negative impact. The focus for teachers for this type of question is making sure that candidates are able to 'de-construct' the component parts of the question as well as being familiar with the command verb.

The most common responses seen were:

- Widening social group / meeting new people
- Trust
- Talking / interaction
- Confidence in social situations.

Question 4ai

The command verb was **identification**.

The most common responses were:

- Midwife
- Nurse
- GP
- Health visitor

Some candidates misread the question and did not take into account the words 'professional support'; some identified friends and family. A few candidates gave organisations, e.g. NHS / Sure start.

Question 4aii

The command verb was **describe**.

Many candidates were able to describe the type of support but weaker responses did not describe how this support would help Surinder to cope.

The most common responses to this question were

Support	Cope
Advice	Reassurance
Medication	Confidence
Listening / talking	Giving time
Practical assistance	

Question 4b

The command verb was **evaluate**.

A significant number of candidates addressed the command verb. Many were able to look at both positive and negative aspects. A small minority only gave one side and therefore could only gain a maximum of 5 marks. The most common aspects of development that were focussed on were emotional and social.

Whilst many gave both negative and positive aspects many answers were unbalanced and were more biased towards the negative impact upon development.

Many candidates identified that finance would be an issue; but did not link this to development, e.g. many identified that they would not have enough money for basic necessities (food) but failed to explain how this would impact on development.

A913 Promoting Health and Wellbeing

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

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 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.

TASK ONE Preparation		
<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;">1 2 3</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;">4 5 6</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 ✓ and in teacher comments say what contribution had been made</p> <p style="text-align: right;">7 8</p>

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

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

Good practice was seen where candidates used a structure 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 appeared to have chosen to split the work into distinct areas; this enabled the candidates to make plans for smaller sections.

Witness statements for group work were used by some centres, this gave support to judgements made within the planning stage. Best practice saw some referencing within work and 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

A different approach is needed for this unit from the legacy 4870 GCSE unit. Candidates in centres that appeared to have followed the previous format struggled to achieve the higher level marks.

Task 1 Introduction Task 1 : Investigation

Most candidates had completed a clear plan for their investigation which identified aims and objectives. Within the plan, candidates must show where they will access the primary and secondary information needed. 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.

Those candidates that had been well prepared produced excellent plans and checklists. Centres must read the guidelines on Controlled assessment so that they are clear on the level of support and guidance that can be given to candidates. The use of pre-set formats whilst useful for planning may not provide the opportunity for candidates to gain marks at a higher level when itemised task by task.

All but one Centre had 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 BMI / Height and weight and peak flow. 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. smoking would affect the person's ability to breathe and therefore a peak flow measurement would be suitable to use so that if a plan was drawn up to stop smoking there would be a physical measurement that 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)

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.

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.

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, some could have been used for the 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 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 they were able to gain the higher level marks.

Task 3: Conclusion

A number of candidates were unable to achieve marks in this Task because they appeared to have run out of time; others had not followed the criteria, or they did not appear to have had input 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.

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.

Examiners' Reports - January 2011

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

A common weakness of this paper surrounded legislation; few candidates were able to recall the correct pieces of legislation and many candidates simply invented the names of legislation. The examination paper consisted of a variety of question styles involving identification, description, analysis and explanation. It was pleasing to see evidence of candidates answering the levelled questions and achieving some of the highest marks, for example, many candidates were able 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.

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

- Making sure that candidates have sound understanding of the command words, for example, identify, explain, describe, analyse.
- Preparing candidates thoroughly for the examination by revision exercises, case studies, specialist guest speakers, class tests and repetition of the topics in the specification.
- Ensuring that all sections of the unit specification are thoroughly covered, for example; safeguarding individuals, the effects of ill treatment, infection control, first aid, potential risks and risk assessments.
- Making sure that candidates understand the key pieces of legislation.
- Ensuring that candidates understand the difference between a risk and a hazard.

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. The topics covered in this examination paper included legislation, food hygiene practices, hazardous waste materials, first aid, safety signs, ill treatment, and risk assessments covering the breadth of the specification.

Comments on Individual Questions

- 1 Candidates were required to name one piece of legislation that helps to protect people with disabilities. Most candidates were able to answer this question correctly. However, some gave an incorrect response such as 'disabled people act' and 'discrimination act'.
- 2 Candidates were asked to identify three different types of situations when individuals need to be safeguarded. This was generally answered well although some candidates identified *where* as opposed to *when*.
- 3 This was the first of the levelled questions, which allowed for differentiation. This was a quality response answer and in order to achieve 5 marks for Level 2, candidates needed to describe the possible effects of ill treatment on a service user. It was pleasing to see many candidates gaining full marks for giving a detailed description about the effects of ill treatment.

- 4 The command word in this question was *explain* and therefore required two parts to the answer. This question allowed for differentiation as the more able candidates talked about issues of lack of training, being under staffed and staff being prejudiced against the residents.
- 5 Candidates were required to describe the correct method of storing raw meat in a refrigerator. This was generally answered well with most candidates gaining full marks.
- 6 This was a levelled question that allowed for differentiation. Level 1 candidates often produced a list of possible answers, which invariably consisted of factually incorrect answers, for example the incorrect coloured bag or vague and incorrect methods of disposal.
- 7 Candidates were asked to give two reasons why care workers should have their hair tied back in the workplace. Although many candidates answered this well, some candidates gave vague answers such as 'so it looks professional', 'for fire safety' and 'for hygiene reasons'.
- 8 This was a levelled question and stimulated a good range of answers with most candidates being able to explain how to ensure good food hygiene practices in the kitchen of a children's nursery. Some candidates' answers were repetitive and lacked depth.
- 9 This question asked for the name of the legislation that covers the reporting of accidents and ill health in the workplace. Most candidates were able to recall the correct answer. However, many candidates simply guessed and gave obscure answers such as 'health and well-being act' and 'local authorities'. Some candidates left this question blank and did not attempt to answer it.
- 10 There were a variety of answers this question which also allowed for differentiation. Many candidates talked about the issues of checking for danger followed by assessing the casualty, giving the reasons why.
- 11(a) The focus of this question was for candidates to identify two possible causes of a blocked airway. Most candidates answered this question well; whilst common incorrect responses were 'asthma', 'smoking' and 'alcohol'.
- 11(b) Candidates were required to describe the first aid procedure for an individual with a blocked airway. This question was generally answered well.
- 12 This was a levels of response question and stimulated a wide range of answers with some candidates being able to analyse the importance of prioritising first aid procedures. There appeared to be a common misinterpretation made by candidates because some candidates analysed the importance of first aid rather than the importance of prioritising, which was the requirement of the question.

An example of an acceptable answer could have been:

"First of all you should check for danger, this is to protect both you and the casualty because if you get hurt by the danger then you won't be able to assist the casualty. You should then assess the situation by checking on the casualty who needs help first, in other words the casualty with the most life threatening injuries. Calling the emergency services would be the next important priority because the casualty may need urgent medical attention. You should continue to monitor the casualty and reassure them that the ambulance is on its way".

- 13 Candidates were required to name the legislation relevant to first aid provision. Few candidates answered this question correctly, and some left the question blank offering no response at all. Incorrect answers included, 'health and safety executive' and 'first aid act'.
- 14 This question required candidates to explain the difference between a hazard and a risk. Those candidates who achieved full marks were able to describe the difference by giving suitable examples.

An example of an acceptable answer could have been:

"A hazard is something that may harm you such as trailing wires, whereas a risk is the likelihood that the trailing wires will cause you harm by tripping over the wires and breaking your arm".

- 15 This question required candidates to identify three safety signs. Most candidates answered this question well, although sign C was answered less well with obscure responses such as 'beware' and 'keep away'.
- 16 Candidates were required to name regulations that have been formed from the Health and Safety at Work Act 1974. This is a widely used piece of legislation that underpins many acts and regulations. Candidates struggled however to name two correct regulations. Many incorrect responses were given such as 'keep clothes clean', 'report accidents'.
- 17 This levels of response 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 correct identification of adequate precautions. Most candidates achieved marks at either Level 2 or Level 3. There was clear evidence that Risk Assessment had been taught well in centres, but because some candidates did not answer all three bullet points, they did not secure marks at Level 3. A common error made by candidates was not identifying who might be harmed. Candidates simply stated 'anyone' and 'everyone', rather than the correct response such as older people, staff, and visitors.

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