

Health & Social Care

General Certificate of Secondary Education **J406**

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

OCR Report to Centres

January 2012

J406/J412/R/12J

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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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Any enquiries about publications should be addressed to:

OCR Publications
PO Box 5050
Annesley
NOTTINGHAM
NG15 0DL

Telephone: 0870 770 6622
Facsimile: 01223 552610
E-mail: publications@ocr.org.uk

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Overview

For this session, entries were higher for A912/02 than A914/02 which would suggest a continued increase in popularity of the Single Award. Many centres are holding the controlled assessment A911 and A913 entries until June 2012 in order to meet the terminal rule. It should be remembered that the 2011 controlled assessment will be accepted for moderation in January and June 2012 only; in 2013 centres must use only those assessments specified for 2013.

Centres must ensure that they abide by the time allocation permitted for controlled assessment. This means that the size of portfolios produced is likely to considerably smaller than those submitted for the previous specification.

Most entries for Controlled Assessment (A911 and A913) were paper based (Code 02); however there are an increasing number of centres submitting their candidates for E-Repository (Code 01), this process has benefits for centres including saved postage. As an increasing number of centres submit word processed controlled assessments this could be fit with centre processes. It would be helpful to the process if paper assessments are presented with a treasury tag in the top right-hand corner rather than ring binders; plastic wallets etc will not be accepted by moderators.

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. There was an issue with the URS being provided for the 2012/13 version of the controlled assessment – this has now been corrected.

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 to 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 improve the quality of answers 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 Principal's advice when preparing their candidates for future sessions.

A911 Health Social Care and Early Years provision

General comments

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 better marks. In one centre, 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 candidates were disadvantaged.

Whilst specific marks are not awarded for **Quality of Written Communication (QWC)** 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.

Entries this session were paper as well as repository based, there continued to be wrong codes entered and it would be helpful if centres could check entries carefully to ensure that there is not a delay in work being moderated.

All correspondence is now completed by email, so that centres receive an automated request for a sample. Clerical errors are also handled electronically. These help to reduce 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 this helps when a best fit mark applies.

When centres were not able to access the 2012/2013 controlled assessment URS sheet from OCR Interchange, candidates were not disadvantaged when the work was checked by the moderator.

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

Task One

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, 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 made by the Centre was useful. However candidates should be aware that itemising task by task in a chart often does 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 Two

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.

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.

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 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. 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 provides equality by giving examples of how it takes place in the setting. *e.g. 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 *e.g. 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 answers :

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.

Most centres appeared to have taught one piece of legislation in detail which candidates then wrote about. However, 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 teach candidates to focus on how the service has removed barriers and/or what more could be done.
- Centres need to teach candidates to analyse how the removal of barriers empowers 'pwus'.

Candidates demonstrated awareness 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.

e.g. I am very patient and kind so would show understanding to a relative who was awaiting news about their loved one. However 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.

In the 2010/2011 Controlled Assessment candidates were asked to present an overall conclusion about the service, 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 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 meet the needs of the people.

Many candidates did not evaluate their evidence against their aims and objectives (if they had written any) 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.

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 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. 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.

Please note: the 2011 controlled assessment will be accepted for moderation in January and June 2012 only.

A912 Understanding Personal Development and Relationships

General comments

Candidates are showing greater interpretation of the command verbs used within the paper and this was particularly evident in the answers seen for 'explain' and 'evaluate'. Once again, there were fewer 'no response' answers.

The depth of knowledge that many candidates expressed showed that centres had delivered the specification accurately. More candidates were using specific technical vocabulary correctly. However, centres should still reinforce that text language is to be avoided and that candidates should always use the correct terms and not insert abbreviated and/or 'slang' terms.

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 levels of response questions where Quality of Written Communication (QWC) is assessed. This was more noticeable in the analysis question (3C). 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. To be awarded level 3 for analysis the candidates need to use more description and to show dependency / linkage of the effects. Centres, within their teaching, should direct their candidates' in using connectives; this will enable them to develop their answers more succinctly.

Verbs used within this paper

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

*Questions 2c 3c and 4b are levelled responses and QWC is taken into account.

Question 1a

The command verb was **identification**.

A generally well answered question, with many scoring full marks. A few candidates failed to read the question and inserted their own examples.

Question 1b

Candidates were asked 'what is meant by the term growth?' Some good responses were seen. Most candidates were fully aware of this term. Occasionally candidates gave the definition for development.

Question 1c

This question was designed for the candidates to differentiate between the aspects of development. Disappointingly many were unable to do this; a significant number of candidates confused social and emotional. Many cited answers that were too vague, for example 'will develop skills' and 'will learn more' and these could not be awarded any marks.

Question 1d

The command verb was **explain**. This was a well answered question; many candidates gave both cause and effect within their responses. Candidates had clearly been taught about loss of independence within later adulthood. Where candidates failed to score full marks they had only given effects. A few candidates gave social effects rather than emotional.

Question 2a

The command verb was **identification**. Many errors were seen in the answering of this question. The most common error was when candidates gave several responses. This is another teaching point for centres; candidates need to be aware that 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'

The only acceptable answers were 'Family' and 'Working / Professional' – these are the types of relationship as given within the specification.

The main errors, apart from the one identified above were:

- using the terms parents and colleagues
- identifying features of the given relationships
- identifying friends for the type of relationship rather than working / professional

Question 2b

The command verb was **identification**. This was poorly answered. Many candidates reiterated the three factors given in 2c or re-stated the factors given in the case study; they were not able to apply their knowledge of self-concept.

Those that were able to apply their knowledge gave some plausible responses, namely:

- increased confidence
- More highly motivated
- Optimistic outlook
- Able to socialise more effectively

Question 2c

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

Within this question many candidates did not seem to understand the concept of mental health. Many drifted into explanations of how the factors could affect social and emotional development rather than physical or mental health.

Several candidates gave generalised responses, such as 'this will make them healthier'; this type of answer is too vague and is not given any credit. Candidates need to demonstrate their depth of knowledge, particularly those who have C and above target grades.

The higher ability candidates were able to link the factors / effects and wrote succinctly, enabling them to access level 3.

Question 2d

The command verb was **explain**. Many candidates were able to demonstrate their knowledge of neglect. Those that were able to give both cause and effect did so well. Some candidates only focussed on the effects and this then restricted the marks allocated. Most candidates gave negative responses. An error that some made was to focus on the relationship between Daniel; this did not answer the question.

Question 3a

For this question the candidates had to match the voluntary organisation to the support provided. Most were able to score on this question. Cruse was identified more commonly than Age UK as the type of support for bereavement.

Question 3b

The command verb was **explain**.

The role of a counsellor for some was misunderstood by many and candidates incorrectly cited 'taking them out', 'helping with shopping' and making 'referrals'.

Again, for this type of answer the candidate should be looking at 'cause' and effect'. The candidate should be initially looking at the action of the counsellor and then how this would effect, i.e. how this would help Benjamin.

Question 3c

The command verb was to **analyse**

Many candidates were able to describe physical development during puberty. The most common answer with respect to emotional development was mood swings. Those that were able to demonstrate analysis were able to make significant links between the effects and had the literacy skills to give full descriptions.

Many candidates demonstrated that they had knowledge of physical and emotional development but they were unable to access the higher level due to not making links and present cohesive answers. Once again the use of connectives would enable candidates to develop their answers more comprehensively. Correct terminology should always be used, for example breasts, pubic hair.

Question 4a

The command verb was **identification**.

A number of candidates appeared not to fully understand the words current, previous and next. Apart from this, this was a well answered question.

Question 4b

The command verb was **evaluate**

A significant number of candidates are now fully versed with the verb 'evaluate'; many gave opposing views and were therefore able to access the higher levels. Many looked at all of the different aspects of development (3 required for level 3) giving specific effects.

A number of candidates produced a one sided answer; this limits their score by half.

The differentiator sometimes between awarding level 2 or 3 was the candidates' use of language and their expression. The construction of more complex sentences along with paragraphs and the use of connectives should be incorporated into the teaching of examination techniques.

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 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 had used a clear structure 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 completed a clear plan for their investigation which identified aims and objectives; however, many did not show the purpose of their investigation. 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.

Those candidates that had been well prepared produced excellent plans and checklists. When a pre-set format for a chart had been produced by the Centre for candidates to use, 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 from candidates demonstrating their understanding of how health and well-being changes over time. Some had interviewed different generations and sought their views, others had completed the task from an historical perspective and others looked pre and post NHS. Likewise when 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 well completed. Most candidates produced questionnaires which were detailed and included open and closed questions, giving the opportunity for candidates to interpret the information later 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 candidates 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 included information that is not required 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 e.g. 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 the individuals own understanding of their health. They then looked at the person's health in terms of physical, intellectual, emotional and social needs and also made reference to norms *e.g. 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.

Candidates descriptions of the factors that had positively affected the health and well-being of the individual, were either very good or very poor, 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 to help order their thought processes.

Task 5:

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 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:

Candidates lost marks in this task for a number of reasons. Some appeared to have run out of time, others had not followed the criteria, or in some cases candidates did not appear to have learned 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 session; this gave candidate the opportunity to give a comprehensive evaluation and gain Mark Band 3 (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 appeared to have reflected on their plans throughout the duration of the controlled assessment as notes had been made 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 understanding 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, there was more referencing evident 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 analysis. These command words are an essential element and candidates are losing valuable marks by not responding to the detail required by the command verb sufficiently to gain full marks. Where candidates achieved some of the highest marks in the differentiated questions, for example questions 3, 9, 12, 17 and 18, they used their knowledge to give factually accurate answers with appropriate terminology. Legislation questions continue to be challenging for most candidates. As with previous A914 examination papers, 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 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 Every Child Matters guidelines.
- 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. This can be achieved through a variety of classroom activities such as matching correct legislation to case studies or scenarios.
- The topics covered in this examination paper included Every Child Matters, legislation, effects of ill treatment, infection control, safety signs, first aid practice, and risk assessments covering the breadth of the specification.

Comments on Individual Questions

1. Candidates were asked to identify three aims of the Every Child Matters guidelines. This was answered well by most candidates. Incorrect answers included 'be active', 'give food', 'and care for children'.
2. This question required candidates to name one piece of legislation that helps vulnerable people to live in their own homes. There was a range of correct responses and the question was answered well by most candidates. Answers such as 'COSHH', 'elderly protection' and 'carers' did not get any marks.
3. This question differentiated well. To get all the marks at the higher level, candidates had to explain possible effects of ill treatment. It was encouraging that a number of candidates were able to respond to the command word 'explain' at the required level.
4. This required candidates to identify four types of ill treatment of vulnerable adults. This was answered well with most candidates achieving full marks.

5. Candidates were asked to select the correct working temperature for a refrigerator and were given four options. This was answered well by most candidates but a range of incorrect responses were also offered by some candidates.
6. Candidates were required to explain where raw meat should be stored in a refrigerator. Candidates lost marks for not paying attention to the command word 'explain'.
7. Candidates were required to describe the purpose of the Food Safety (General Food Hygiene) Regulations in relation to infection control. Where candidates did not gain full marks it was because they gave examples relating to infection control, for example, 'tie hair back' and 'wash hands'.
8. Correct answers showed an awareness of how vaccines/immunisations help to prevent the spread of infection. However, many candidates repeated the question in their answer.
9. This question differentiated well. To get full marks candidates had to describe how to ensure cleanliness of a playroom to prevent the spread of infection. Good responses at the higher level gave detailed descriptions with accurate and appropriate terminology.
10. Most candidates were able to describe the term 'cross infection'.
11. This question required candidates 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, 'NHS', 'RIDDDOR', 'Health and Safety' and 'First aid at work act'.
12. This was a levelled question and stimulated a wide range of answers with some candidates being able to explain the first aid treatment that should be carried out for a nose bleed. Where candidates did not achieve all the marks it was because they gave a limited explanation and demonstrated little knowledge or understanding.
13. Candidates gained marks by giving a correct description of the difference between a burn and scald. Answers such as 'scald is a scar', 'burn will turn into a scar' and 'burn is minor' did not get any marks.
14. This question required candidates to identify three signs of a burn. Incorrect answers included 'dark mark', 'leaves a scar' and 'hot skin'.
15. Candidates were required to describe two different types of fracture. It was pleasing to see some candidates gaining full marks. Incorrect descriptions included 'fractured muscles', 'bones broken', 'damaged bones' and 'dislodged muscles'.
16. This question required candidates to identify two safety signs. Most candidates answered this question well, although sign A was answered less well with obscure responses such as 'hazard' and 'electricity'.
17. This question differentiated well. To get full marks candidates had to analyse the benefits of conducting a risk assessment in a care setting. This was a challenging question and good responses at the higher level were able to give a well structured and factually accurate answer.

18. This question achieved the differentiation intended. Almost all candidates gave extensive answers to this question 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. Other candidates needed to answer all three-bullet points, to secure marks at Level 3. When candidates did not achieve all the marks it was because they stated 'anyone' and 'everyone', rather than the correct response such as staff and people with disabilities.

OCR (Oxford Cambridge and RSA Examinations)
1 Hills Road
Cambridge
CB1 2EU

OCR Customer Contact Centre

Education and Learning

Telephone: 01223 553998

Facsimile: 01223 552627

Email: general.qualifications@ocr.org.uk

www.ocr.org.uk

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