

## **GCSE**

### **Health & Social Care**

General Certificate of Secondary Education **J406**

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

### **OCR Report to Centres June 2014**

OCR (Oxford Cambridge and RSA) is a leading UK awarding body, providing a wide range of qualifications to meet the needs of candidates of all ages and abilities. OCR qualifications include AS/A Levels, Diplomas, GCSEs, Cambridge Nationals, Cambridge Technicals, Functional Skills, Key Skills, Entry Level qualifications, NVQs and vocational qualifications in areas such as IT, business, languages, teaching/training, administration and secretarial skills.

It is also responsible for developing new specifications to meet national requirements and the needs of students and teachers. OCR is a not-for-profit organisation; any surplus made is invested back into the establishment to help towards the development of qualifications and support, which keep pace with the changing needs of today's society.

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.

OCR will not enter into any discussion or correspondence in connection with this report.

© OCR 2014

## **CONTENTS**

### **General Certificate of Secondary Education**

#### **Health and Social Care (J406)**

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

#### **Health and Social Care (J412)**

### **OCR REPORT TO CENTRES**

<b>Content</b>	<b>Page</b>
A911 Health Social Care and Early Years provision	1
A912 Understanding Personal Development and Relationships	5
A913 Promoting Health and Wellbeing	8
A914 Safeguarding and Protecting Individuals	12

# A911 Health Social Care and Early Years provision

## General comments

Generally Centres had prepared their candidates well, they showed understanding of the provision of health or social care or early years provision in one service covering the specification. A range of different ways of approaching this unit of work were seen with a focus on being able to plan and carry out tasks in which they analyse issues and problems where the weighting of marks is greatest. 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. Many candidates did not achieve marks because they did not apply their knowledge by giving examples to show understanding of health and social care issues.

Moderation took place against the assessment criteria for the 2012/2013/2014 controlled assessment. All work needed to be accompanied with a URS sheet which is found on the OCR website, this should be filled out completely. Without this attention to detail, moderators are often not able to see how assessors have awarded marks, or be able to check the sample sent because candidate numbers are not recorded.

Centres should note that for the June 2015 and June 2016 series there is a new Controlled Assessment task for A911, which is available on OCR Interchange.

Most entries for the Controlled Assessment (A911) were paper based (component 02); some centres entered their candidates for the OCR Repository (component 01) and then sent paper based work to the moderator. It is important that centres use the correct entry code, 02 for paper based entries and 01 for Repository.

Time guidelines are given for candidates when completing their Controlled Assessments. The thickness of some portfolios seen suggested that these guidelines had not been closely adhered to. The moderation process was also hindered when class notes had been included in the candidates' controlled assessments. All paper assessments must be presented with a treasury tag in the top right-hand corner. Written work submitted in any other format (eg ring binders, plastic wallets, etc.) will hinder the moderation process.

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.

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.

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 evaluating required, fulfilling the controlled assignment assessment criteria. Where there is more than one assessor marking at a centre, internal moderation is essential so that there is parity in assessment decisions.

Clear referencing within candidate's work is essential, and marks cannot be awarded for work that is not the candidate's own. There was a noticeable increase of unreferenced material found in candidates' work, eg using Ofsted and CQC reports. For future sessions candidates need to be shown how to reference information used, that is not their own work.

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 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 send the revised marks to OCR, there was a delay in the moderation process.

Centres are advised to ensure that the correct URS sheet is used when attached to the candidates' controlled assessment. The sheet needs to be completed with accurate page references. Comments made by assessors support 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 applies.

## **A911 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, the type of research they were going to use and setting clear aims and objectives. 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 when centres had itemised each 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 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 were expected to make clear the service and the client group they were studying. Although different client groups may use the service, candidates need only focus on one group in depth, however; the others should be referenced. Candidates did not achieve marks by copying out publicity material or including a location map from the website of the service.

Good primary research was shown when candidates interviewed a care worker from the setting and were able to describe in detail the needs of "pwus" (people who use the service). 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 services however whilst services such as parks and hairdressers fulfil a need they are not providers of health and social care unless qualified. Candidates showing how services 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. *For example, 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 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.*

### Task 3

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

*Exemplar answers:*

*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.*

*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. 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; occasionally opinions and judgements were evident. A limited understanding was apparent of how the removal of barriers empowers clients.

Candidates were well 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. 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, in the third column the skills and qualities being used and why they are important and in the fourth column they showed how the care values were being applied. To gain MB3 marks candidates needed to ensure that they supported 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 show 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, to award the higher band marks, assessors need to ensure that there is a detailed explanation which shows understanding. List-like answers do not show understanding and therefore must only be awarded lower level marks.

### Task 5

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 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.*

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 not completed all of the task, or had not followed the criteria, or were unable to write an evaluation.

Marks were gained by those candidates who were focused in Task 1 and used, as a measuring tool, their aims, their plans and checklist to review their work. Some candidates had reflected on their plans as the controlled assessment had progressed, making notes in a separate column on their planning sheet. This was good practice; candidates were then able to access relevant material to form part of their evaluation and make recommendations for future investigations. By making regular notes during the controlled assessment they could give detail and show understanding about their own performance and in turn gain higher level marks within this task. The recommendations of what they could do to improve their own performance was noted but varied in quality.

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 “forgot” to include their chosen service, the interviews which took place and references to primary sources were 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

Candidates are increasingly familiar with the active verbs within this paper. It is apparent that Centres are using past papers and mark schemes thus enabling their candidates to apply their knowledge to the differing styles of questions.

Centres still need to direct their candidates to developing their responses more for level response style questions. It is not sufficient to state developmental effects; candidates need to consider the dependency of effects and look at the consequences on other aspects of development.

Generalised answers such as 'will make them ill', 'will affect their health' and 'will affect their emotional development' will not be credited with any marks. Centres need to direct their candidates in giving more specific responses.

Centres are asked to look at the specific guidance within the mark scheme; this generic guidance is to be found on page 5 within the published mark scheme.

## Verbs used within this paper

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

\*questions 1b, 2c and 4b are level response questions 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 some developing. Some correct terminology will be used. There may 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.

Some candidate responses showed 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 the correct spelling of technical words; this would ensure that quality responses are given. When preparing for external assessment, candidates need to try to be concise and write in the allocated space, however; they need to be aware that they must clearly indicate if they have added additional information/answers on supplementary pages. All candidates should use ball point pens and not the "gel type" because these leak through the paper and make it difficult for examiners to clearly see the answers given and to award marks.

## Comments on individual questions

**Q1a)** The focus of this question was for the candidates to be able to place the factors into the correct category. The majority of candidates were able to do this. A few candidates confused economic and environmental.



**Q1b)** Some very varied and incisive answers were seen from candidates. Many candidates were able to access level 2 with a smaller proportion being awarded level 3. The most common error was when candidates based their answer on giving many effects on development but failing to give greater depth in their response. In order for candidates to access the top of level 2 and level 3 they need to show the ability to look at the dependency of effects along with consequences for other aspects of development.

Some candidates failed to qualify their comments; all too often candidates would give generalised comments without giving specifics. For example, 'they would not be able to afford much food and could become unhealthy'; these types of responses will gain no credit due to their vague nature.

Increasingly we are seeing greater repetition; candidates are urged to read through their responses and if they do repeat an effect then it is advisable to change to another; this allows for greater fluency in their answer.

**Q1ci)** The word owned was given more frequently than bought. The most common error was stating that material possessions were items of high monetary value. A lot of no responses were seen for this question.

**Q1cii)** Examples given were varied, with the most common ones being clothes and mobile phones. The most common error was citing money as a material possession, and a few took the word material at its literal meaning.

**Q2a)** This question was generally answered well. Marks were more frequently awarded for identifying two effects rather than cause and effect. Confident, happy and interacting more were most frequently used. Some vague answers were being given, for example 'feeling good about herself'; Centres need to direct their candidates into giving more specific answers.

**Q2b)** The most common family features given were love, trust and protection and the most common friendship features were honesty, sharing and loyalty. Once again we saw generalised answers such as caring and support; these are too vague and cannot be awarded any marks. Many candidates referred to the type of relationship incorrectly with answers such as married and partners being fairly common. Another common error regarding working relationships involved just referring to a boss or an employer without reference to others.

**Q2c)** A number of students only gave positives therefore limiting the score they could be awarded. Candidates need to know that to evaluate is to give both sides. Once again candidates need to be aware that to gain level 3 they need to show dependency of effects and the consequences on other aspects of development; identifying effects alone does not show sufficient depth and understanding.

**Q3a)** Many candidates scored highly on this question. Some candidates gave the factor within the explanation. In the majority of cases candidates gave two effects rather than cause and effect. Very few candidates cited this will affect 'physical development etc.'

**Q3b)** Many candidates were unaware of the specific voluntary organisations; many just stated 'alcohol support groups'; such answers were not awarded any marks. Some candidates mixed up professional and voluntary and some even identified family and friends misreading the question completely. A few candidates referred to the same support rather than a different form.

The most common responses for the professional were GP, Counsellor and Re-habilitation. The most common response for the voluntary organisation was Alcoholics Anonymous.

Some answers with respect to the support given were vague; candidates need to ensure that they are clear and concise with the type of support given.

**Q3c)** The majority of candidates scored highly on this question.

**Q4a)** The majority of candidates scored highly on this question.

**Q4b)** Physical responses were very common in this question with many candidates linking these to emotional effects.. Most candidates focussed on all four aspects of development. Many candidates focused on the stereotypical negative side to ageing with many vague unsubstantiated answers such as 'he will not be able to do anything' and 'he will be waiting to die'.

Lots of candidates used repetition in their answer, reversing a positive response to a negative, for example 'he may have a good social life and be able to interact more if he has friends, however, if his friends have died he will have a bad social life and less opportunities to interact'.

Candidates often tended to focus on stating effects but these often lacked explanation and analysis. Candidates lost marks by not being able to use synthesis.

**Q4c)** The physical responses given were reasonable. The most common responses were the development of breasts, and periods starting. Other answers seen fairly frequently were hips widen, voice breaks / deepens and growth spurt. For intellectual lots of candidates focussed on the acquisition of skills and knowledge, abstract thinking and developing independent thought. A few candidates answered this question relating it to later adulthood rather than adolescence.

## A913 Promoting Health and Wellbeing

### Controlled Assessment

This series saw a good performance overall by candidates and they appeared well prepared, with a focus on being able to plan and carry out tasks in which they analyse issues and problems where the weighting of marks is greatest. Many candidates did not achieve marks because they did not apply their knowledge by giving examples to show understanding of promoting health and well being. Good practice was seen when centres gave their candidates a structure with which to construct their controlled assessment, these candidates had clarity and this enhanced their performance. The controlled assessment is split into distinct areas and if followed, enables the candidates to make plans for smaller sections.

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.

Moderation took place against the assessment criteria for the 2012/2013/2014 controlled assessment. All work needed to be accompanied with a URS sheet which is found on the OCR website, this should be filled out completely. Without this attention to detail, moderators are often not able to see how assessors have awarded marks, or be able to check the sample sent because candidate numbers are not recorded.

Centres should note that for the June 2015 and June 2016 series there is a new Controlled Assessment task for A913, which is available on OCR Interchange.

Most entries for Controlled Assessment (A913) were paper based (component 02); some centres entered their candidates for the OCR Repository (component 01) and then sent paper based work to the moderator. It is important that centres use the correct entry code, 02 for paper based entries and 01 for Repository, for controlled assessments.

Time guidelines are given for candidates when completing their Controlled Assessments. The thickness of some portfolios seen suggested that these guidelines had not been closely adhered to. The moderation process was also hindered where class notes had been included in the candidates controlled assessments. All paper assessments must be presented with a treasury tag in the top right-hand corner. Written work submitted in any other format (eg, ring binders, plastic wallets, etc.) will hinder the moderation process.

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 evaluating required, fulfilling the controlled assignment assessment criteria. Where there is more than one assessor marking at a centre, internal moderation is essential so that there is parity in assessment decisions.

Clear referencing within candidate's work is essential, and marks cannot be awarded for work that is not the candidate's own. In this series there were many instances of worksheets used, or reports copied which led to reporting of malpractice.

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 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 send the revised marks to OCR, there was a delay in the moderation process.

## **A913 Promoting Health and Well being**

### **Task 1**

Most work moderated showed a clear plan for the investigation which identified aims and objectives; many did not however show the purpose of their investigation. Higher marks were gained when candidates planned to use 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. A pre-set format chart can be produced by the Centre for candidates to use but if the tasks are itemised, candidates cannot be awarded marks.

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 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 responses 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 that the candidate required on the URS sheet. If the collection of information or compiling of the questionnaire has been done as a group activity, 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 usually 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 the individual's own understanding of health, looked at the person's health 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 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:**

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 accessed 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, nor did it 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 achieved.

#### **Task 6:**

Candidates lost marks in this Task because they had obviously run out of time, or they had not followed the criteria, or they had had no training on how to write an evaluation.

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

It should be remembered that this task consists of two different evaluations:

#### **A: about the PHP**

Most candidates drew conclusions about the physical, intellectual, emotional and social effects the plan may have on the individual. 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 marginalised. Some candidates did not explain how two different types of health promotion material could be used to support the targets. 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 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.

**B: about the candidate's investigation.**

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 progressed, 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 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. It was good to see more referencing within work and candidates commenting on how useful the source had been.

# A914 Safeguarding and Protecting Individuals

## General comments

The examination paper consisted of a variety of question styles involving identify, state, describe, explain and evaluate. The command words enabled candidates to be assessed for basic recall and application of knowledge and differentiated candidates for the understanding and evaluation of information. Where candidates achieved some of the highest marks in the differentiated questions, for example questions 3, 5, 10, and 11, 12 and 14 they used their knowledge to give factually accurate answers with appropriate terminology.

Although the cohort of students taking this paper was quite small, the paper proved accessible to all candidates giving plenty of opportunity for differentiation. Examiners noted that there were few questions which had not been attempted. Some candidate responses showed 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 spelling of technical words; this would ensure that quality responses are given.

Most questions throughout the examination paper were well attempted by all candidates.

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

- Teaching candidates how to 'unpack' the examination questions and to understand the command words, especially 'explain'
- Encouraging candidates to use specialist terminology.
- Advising candidates where marks could be lost.
- Encouraging and supporting candidates to be able to recall knowledge and understanding of the legislation covered in the specification.

When preparing for external assessment, candidates need to try to be concise and write in the allocated space, however they need to be aware that they must clearly indicate if they have added additional information/answers on supplementary pages.

All candidates should use a ball point pen and not the "gel type" because these leak through the paper and make it difficult for examiners to clearly see the answers given and to award marks.

## Comments on individual questions

- 1 Candidates were required to identify two basic precautions to reduce the spread of infection. This was answered well with most candidates achieving full marks.
- 2 Candidates were asked what was meant by the initials 'ABC'. Most candidates were able to provide all three points. The question differentiated well. No marks were awarded for, 'action', 'breaks' or 'cuts'.
- 3 This question required candidates to explain how a first aider would prioritise two casualties. It was encouraging to see that many candidates correctly identified choking as the priority and were able to explain the procedure well. Some candidates however, lost marks for not explaining the procedure for the cut which was also brief in comparison.

- 4 Many students correctly identified three items that should be in a first aid box.
- 5 Many candidates lost marks for not giving a full description for disinfecting and sterilising. There was evidence of weak specialist terminology.
- 6 Many candidates correctly identified four ways of cleaning a community lounge in a care setting. Some candidates lost marks for repeating responses or for referring to bedrooms and kitchens.
- 7 Generally answered well. Many candidates gave four good food hygiene practices.
- 8 Candidates were required to state one piece of legislation that aims to prevent the spread of infection. This was generally answered well. There were a range of incorrect responses such as 'The NHS and Community Care Act', Hygiene Act' and 'Wash hands'.
- 9 This question required candidates to identify two different groups of vulnerable people. Some candidates lost marks for responding with 'the elderly' and 'infants'.
- 10 This was a levelled question with the command word 'evaluate'. Many candidates did not achieve full marks because they did not give both strengths and weaknesses of the Act. Most candidates achieved marks at level 2.
- 11 This was a levelled question with the command word 'explain'. It was encouraging to see that many candidates accessed marks from level 3 because they were able to explain the possible effects.
- 12 A levelled question generally answered well. When candidates did not achieve full marks it was because their answer was more descriptive in nature and lacked the explanation required.
- 13 This question produced a mixed response from candidates. Some candidates repeated the same points but phrased it in a different way.
- 14 A range of marks was seen across this question which also clearly demonstrated differentiation. Almost all candidates answered this question well making some perceptive assessments with detailed knowledge about the hazards, who might be harmed, and considerations of precautions. The question produced good answers where candidates looked closely at the plan. Where candidates did not achieve all the marks it was because they stated 'anyone' and 'everyone', rather than the correct response such as children, parents, staff and visitors. Many candidates did not access marks from level 3 because they did not refer to precautions already in place.



**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](mailto:general.qualifications@ocr.org.uk)

**[www.ocr.org.uk](http://www.ocr.org.uk)**

For staff training purposes and as part of our quality assurance programme your call may be recorded or monitored

**Oxford Cambridge and RSA Examinations**  
**is a Company Limited by Guarantee**  
**Registered in England**  
**Registered Office; 1 Hills Road, Cambridge, CB1 2EU**  
**Registered Company Number: 3484466**  
**OCR is an exempt Charity**

**OCR (Oxford Cambridge and RSA Examinations)**  
**Head office**  
**Telephone: 01223 552552**  
**Facsimile: 01223 552553**

© OCR 2014

