

Cambridge Nationals

Health and Social Care

Level 1/2 Cambridge National Award in Health & Social Care **J801**

Level 1/2 Cambridge National Certificate in Health & Social Care **J811**

Level 1/2 Cambridge National Diploma in Health & Social Care **J821**

OCR Report to Centres June 2014

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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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R021 Essential values of care for use with individuals in care settings

General Comments:

The externally assessed unit R021 had questions that differentiated well, some candidates gave accurate responses and confidently used appropriate terminology. However for other candidates there were some notable gaps of knowledge. It is important that centres, in their planning of delivery, take into consideration the maturity of the candidates and ensure terminology and technical terms used in the specification are thoroughly explained.

This was the fourth series of this examination unit with a large increase in the number of entries. The majority of candidates answered all of the questions and a spread of marks was achieved with an increase in the numbers gaining over 40 marks. There was greater evidence than in the past that candidates were familiar with the command verbs such as explain, describe, identify etc. This enabled candidates to gain level two and level three marks for responses that clearly addressed the demand of the questions.

Some candidates were unable to relate the answer to the specific question. For example, 'rights' was a familiar topic for many candidates and they used their knowledge of the topic throughout the paper in several questions. This was often not appropriate and repeating the same irrelevant information in several questions did not gain marks. Answers should always link back to the question.

If candidates need to continue their answer to a response, having filled the answer space provided, there are extra lined pages included at the end of the examination paper for this purpose. However, some candidates were unnecessarily provided with additional answer booklets to continue their answers, when the included extra pages had not been used at all.

It is essential when using continuation pages that the number of the question continued is clearly shown. This should include the part question as well as the question number itself e.g. '3b'. A significant number of candidates did not do this. Answers were not labelled at all or just labelled with 'C' giving no indication of which question it belonged to. Some had completely wrong numbers such as '9c', when the paper consists of 5 questions. This made it difficult for examiners to establish which of the questions was being continued.

Comments on Individual Questions:

Question No.

1(a)

Most candidates gained at least one mark for defining 'rights'. Some candidates gave examples of non-discriminatory behaviour; this is the opposite of what was asked for. Examples were not required and did not gain marks.

1(b)

A specific example of something a care worker would do was required and candidates familiar with the values of care answered well, gaining full marks. Others gave vague statements, often just repeating the wording of the value of care. Many candidates incorrectly referred to providing choice as a way of ensuring equality of opportunity.

1(c)

Candidates responded well to this question and a range of excellent answers were seen, with some gaining full marks and many achieving the top of Level 2. Strengths of good answers were clearly identifying a hazard, explaining what could happen and then giving the effect on the children and/or Jennie. Both hygiene and safety aspects were covered in a balanced way. Weaker answers that did not gain marks included developing the information in the question, saying the skirt was short/tighter etc or stating, for the high heels, she could slip on water on the floor, but she could do this anyway in flat shoes. Examples of more appropriate clothing were not required and did not gain marks.

2(a)

There were some very clear and well described examples of ways George could address the discriminatory behaviour, with candidates highlighting that it was important to confront the two staff members and provide them with extra training; and that management should be involved. Many responses gained full marks. Common incorrect answers involved George looking after the elderly patients himself or videoing the ward.

2(b)

Candidates who developed their responses to cover adapting communication to the needs of the patients with dementia, and linked this to supporting their rights by providing detailed examples, were able to achieve good marks. Those who focussed entirely on methods of communication or just on rights limited the marks they could achieve. It was evident in weaker responses that some candidates wrote about sign language when in fact they meant using gestures and body language; others suggested using interpreters and translators which are not relevant. Vague statements such as 'use the right tone' 'use the right pace' without explaining what this would be, did not gain high marks.

3(a)

Many candidates correctly identified all three values of care. Some missed out the 'promoting' or 'maintaining' prefix. A number of candidates stated three 'rights' or three early years values of care, rather than the three values of care that apply to health care settings. A few candidates provided examples of the values of care in practice, rather than naming them; examples were not required and did not gain marks.

3(b)

This question was well answered by those candidates who gave explanations of the effects and covered two or more categories from: physical, intellectual, emotional or social. The answers that focussed exclusively on emotional effects were limited to the sub-max of 3 marks. Marks were also limited where responses focussed on the values of care or on rights, or just listed effects.

4(a)

This question required specific information about the Equality Act 2010 or the Mental Health Act 2007. Candidates who were familiar with legislation produced good answers reflecting their knowledge of their chosen Act. Weaker responses demonstrated limited knowledge of the Act and just repeated information about 'rights' or wrote vaguely about 'equality' without giving any specific key aspects. For this question good answers should relate to the content of the chosen Act, what it covers, not the impact on individuals or society.

Candidates need to have an awareness of aspects of the pieces of legislation covered by LO3 of the specification and be able to use the specialist terminology with confidence in order to achieve higher marks on this type of question.

4(b)

Marks were awarded for answers that linked to training, safe working conditions and providing policies and procedures. Many candidates gained no marks due to a lack of understanding of how legislation impacts on services and practitioners. A common incorrect answer was to provide a definition of a care practitioner and a service provider, suggesting candidates had not read the question accurately.

4(c)

Many candidates correctly named three rights and were able to provide clear examples of how they could be put into practice. Others incorrectly stated values of care. Some responses did not provide a clear and specific example of how the rights could be supported by a care worker. Vague statements such as 'everyone can choose what they want to do' or 'everyone should be treated equally' did not gain marks. Confidentiality was sometimes given even though this was in the question and could not gain any marks.

4(d)

Candidates, who understood that this question was about the specific circumstances when confidentiality has to be broken, did well. Others misinterpreted it to be about normal everyday information sharing between practitioners in care settings or on breaches of data security and so did not gain any marks.

5(a)

Responses which focused on two or three methods, explained in detail and clearly related to care settings gained level 3 marks. There were a number of lengthy responses with a lot of repetition and lack of detailed explanation. Many candidates wrote briefly about lots of different methods rather than providing two in detail which would have enabled them to gain higher marks. Weaker answers also included inaccuracies such as stating 'gloves' should be worn when in fact they meant 'disposable gloves' or 'rubber gloves'.

5(b)

Most candidates were able to name a security measure. Many candidates did not give a 'procedure' for emergency situations or moving and handling and so did not gain the marks. Often the answers for a moving and handling procedure did not relate to the question, for example naming rights. This suggests that candidates need to read questions more carefully in order to provide a relevant and accurate answer.

R022 – R31

General Comments:

Evidence produced was of a much better standard than previous series, with candidates showing a greater maturity in the work presented with knowledge and understanding closely linked to the specification and assessment criteria.

Some centres did not use the model assignment. This is a requirement of the specification and there are three available for each unit. Very few centres included a copy of the model assignment used showing any permitted adaptations made. It was also evident that some centres still have not thoroughly understood the grading criteria and that the outcome of the unit is across 7 grade boundaries hence making it a Level 1/2 qualification.

R022

LO1: In the main, this evidence was accurate and had addressed methods of different types of communication with most candidates giving examples relating to health, social care and early years settings.

Factors and barriers were not always clearly defined and there was lack of evidence as to the how and why factors positively influence communication.

Most candidates' evidence clearly showed knowledge and understanding of the barriers to communication and appropriate examples were given relating to health, social care and early years settings. Ways of overcoming barriers were not always appropriate. Factors and barriers were often the same limiting the candidate from accessing the higher mark bands.

LO2: Connections were not always made between personal qualities and effective care. When caring for an individual, evidence produced rarely showed relevant application and justification of personal qualities to be used and why.

LO3: Planning by most candidates met the grading criteria, where it did not there was a misinterpretation of what was required in the plan and they had not related the planning to the ones in the specification. This limited the mark bands the candidates could access.

Both one-to-one and group activities were mostly carried out appropriately. Most candidates had witness statements for both activities. However, the witness statements did not always reflect the competency the candidate showed when carrying out the activity and did not meet the mark band criteria.

Types of behaviour that fail to value people was omitted by most candidates and was implicit when included. This was often a statement on the URS by the tutor as opposed to the student showing knowledge and understanding of synopticity across the units.

Across all evidence links between units and synoptic assessment was minimal.

Overall there was a range of evidence meeting the mark band criteria to give the range from L1P to L2D.

R023

LO1: Candidates provided information on all three systems' functions with appropriate diagrams. However, most diagrams were not independently annotated or source referenced. Links between structure and function showed limited knowledge and understanding by most candidates. In the main correct terminology was used.

LO2: Candidates provided symptoms for a disorder across all three systems. However, most candidates did not make links between disorders and structure and functionality of each system.

LO3: Body measurements were taken appropriately but candidates rarely compared the data to the norms and the functioning of the body systems.

Spelling, punctuation and grammar (SPAG) was not acknowledged in the evidence.

Across all evidence links between units and synoptic assessment was minimal.

R024

LO1: Candidates clearly described health social care and early years sectors. Funding by most candidates was weak and lacked knowledge and understanding of the process involved in funding. Examples given were not always appropriate.

Evidence on partnership working was limited and showed a lack of understanding by candidates. SPAG was not addressed.

LO2: Most candidates gave information on professionals given as an ie in the specification, some candidates used other professionals that were not appropriate.

Evidence for the referral process was mainly generic and not specific to the professional. Barriers were not always specific to the services and candidates had crossed referenced evidence from other units, which was not appropriate.

LO3: Candidates' evidence showed that there was a lack of knowledge and understanding between a care pathway and a care plan. Across all evidence links between units and synoptic assessment was minimal.

R025

LO1: Although candidates addressed P.I.L.E.S. showing, in the main, the correct sequence of the normal development stages, links to effects on transition was weak. Life events were limited and factors were often discussed as barriers (barriers not asked for).

LO2: Most candidates described the ageing process appropriately, however, limited examples of the effects on development were given. Evidence was weak on how the person's role in life changes and lacked understanding of the assessment criteria.

SPAG not addressed.

LO3: Few candidates showed understanding in their evidence of conditions which affect transition through the life stages. The evidence describing how the chosen condition might affect the health and social well-being of the individual and their family was omitted by most candidates.

LO4: Plans submitted were mostly appropriate and communicated in suitable format.

Across all evidence links between units and synoptic assessment was minimal.

R026

LO1: Candidates that entered this unit approached it well showing a sound knowledge and understanding of the assessment criteria.

LO2: Evidence of personal skills and attributes was not always clearly explained with limited understanding of the health and safety issues linked to health, social care and young people's workforce.

LO3: Research was appropriate however career plans were basic. Development plans gave limited evidence to meet specification ie/grading assessment.

Across all evidence links between units and synoptic assessment was minimal.

R027

LO1: Most candidates provided evidence on different types of creative activities to meet the needs of different groups. However, a few candidates focused on one group ie young children. This restricted them accessing the full range of marks.

SPAG not addressed.

LO2: Some candidates' evidence of the benefits of participating in creative activities was limited and was often repetitive. Types of creative activities and P.I.L.E.S. benefits were not always given.

LO3: Plans did not always meet the requirements of the specification, this limited access to the higher mark bands by some candidates. Health and safety issues were covered well in the planning and most candidates had witness statements, but these often did not reflect the assessment criteria. Reviews were carried out by the candidates showing a limited knowledge and understanding of the command words in the assessment criteria.

Across all evidence links between units and synoptic assessment was minimal.

R028

LO1: The majority of candidates' evidence was appropriate and addressed the milestones appropriately. Comparisons were made to a child. Most candidates used their own child study, however, often they did not cover the age range from 0-5 this limited the evidence produced for assessment.

LO2: The majority of candidates' evidence was appropriate and addressed the milestones appropriately. Comparisons were made to a child. Most candidates used their own child study, however, often they did not cover the age range from 0-5 and this limited the evidence produced for assessment.

SPAG not addressed.

Across all evidence links between units and synoptic assessment was minimal.

LO3: Risks and hazards considered appropriately and showed a clear understanding. Risk assessments were carried out appropriately. However, candidates' witness statements did not always meet the command words across the mark bands showing how the risk assessment was carried out. Candidates produced appropriate plans but there were limited explanations of the purposes of the examples given.

RO29

LO1: Evidence showed knowledge and understanding of the nutritional requirements of the different life stages. The functions of the nutrients were limited. Government guidelines and dietary requirements showed limited understanding. Government guidelines were often omitted

LO2: Factors that influence diet was often omitted. Most candidates created appropriate dietary plans to meet individual needs. The majority of the candidates' evidence showed how the plan reflected the needs of the individual and the importance of the nutrients to the individual's condition/symptoms.

Across all evidence links between units and synoptic assessment was minimal.

LO3: Most candidates linked the chosen individual from LO2 to LO3 and carried out an analysis of the meal. A few candidates who used software to analyse their meal did not always give an explanation of their findings. Candidates produced appropriate meals following hygiene and safe food preparation. Candidates' witness statements did not always meet the command words of the assessment criteria indicating how well the candidates had performed.

RO31

Most candidates who entered this unit had attended an external first aid course delivered by an appropriate organisation or had used the St John's Young First aider course to meet the evidence requirements.

LO1: A few candidates failed to demonstrate assessing the scene of the accident hence this limited the assessment criteria available to the candidates. This evidence was not always supported by a witness statement.

LO2 and LO3 were often linked together as part of a first aid course that had been undertaken. Witness statements did not always meet the command words of the assessment criteria.

LO3: the review of the practical activities by most candidates was weak and lacked relevance to the candidates' performance.

Across all evidence links between units and synoptic assessment was minimal.

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