

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 January 2015

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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. It showed that many candidates had been well prepared as they gave accurate responses and confidently used appropriate terminology. However, for other candidates there were some notable gaps in 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.

The majority of candidates attempted all the questions and a full spread of marks was achieved, with some candidates gaining over 50 marks. Those candidates who paid full attention to the command verbs, correctly 'describing', 'explaining' and 'identifying' were enabled to give accurate responses that fully addressed the demand of the questions.

A weakness seen with some responses was that candidates had simply not read the question properly. Although it was clear that candidates possess knowledge, some were unable to gain marks because they did not do what the question asked. Identifying rights, when values of care are required, or identifying a value of care when a protected characteristic is asked for, will not gain any marks. Candidates need to be helped to develop their exam technique and to interpret the questions accurately.

It was evident that some candidates may have memorised answers from previous mark schemes. This resulted in inappropriate responses that did not achieve marks. This is a particular issue with Section A of the paper as it is context based. The questions are based on three scenarios and candidates have to apply their knowledge to the given context to produce a relevant response. Section B of the paper is fact and knowledge based. Candidates using answers similar to the previous session's mark scheme were unable to achieve marks because the answers were not relevant to this year's questions.

If candidates use previous mark schemes, this will not enable them to produce appropriate answers and should be actively discouraged. Candidates need to know and understand the topics covered by the specification, so that they are able to confidently apply their knowledge and give accurate and valid answers to the questions on the examination paper.

Few candidates needed to continue their responses on extra pages this session. This suggests that they are being guided by the number of lines provided on the question paper and as a result are producing more considered and focussed answers. However, a small number of candidates were unnecessarily provided with additional 4 page answer booklets to continue their responses, when the included extra page had not been used at all.

Comments on Individual Questions:

Question No.

1(a)

Most candidates were able to name appropriate security measures, but a few missed out on marks by giving answers that were too vague. Responses such as 'alarms', 'name tags', 'locks', are not specific enough to gain a mark.

1(b)

Candidates who gave answers relating to ways the **school** can be shown to comply with health and safety legislation, such as ‘arranging for all staff to have health and safety training’ or ‘all accidents are recorded in an accident book’, were able to gain full marks. Some answers were incorrectly linked back to the security measures in 1(a) and simply gave more examples of security measures. This suggests that candidates may not have read the question properly.

1(c)

This question was about protecting staff. Answers that explained training on manual handling is required and emergency procedures, such as fire drills, help to protect staff were able to achieve good marks. Those who focussed entirely on how to carry out a lift or on protecting children limited the marks they could achieve. It was evident in weaker responses that some candidates were unfamiliar with the term ‘equipment considerations’ which is in LO4 of the specification. Some candidates wrote at length about ‘safety procedures’ without actually naming any or explaining anything about them, which also limited marks given.

2(a)

Some candidates correctly identified all three values of care and gave specific examples of how a care worker could apply them in day-to-day tasks. This knowledge is fundamental for the unit and candidates should be familiar with the values of care and be able to give examples of them in use.

Some candidates missed out the ‘promoting’ or ‘maintaining’ prefix. A number of candidates did not know the difference between ‘rights’ and ‘values of care’ stating three ‘rights’ instead, some gave three ‘early years values of care’. A feature of some responses was giving negatives ie ‘not shouting at Adam’. The questions, however, asks for an example of what the staff should do, not what they shouldn’t do.

2(b)

The majority of candidates were able to provide detailed explanations of two or three physical, intellectual, emotional or social (PIES) effects on Adam, with many gaining level two and three marks. The best responses focussed on a detailed explanation of two or three effects covering two aspects of PIES. Done well this can gain full marks. Some candidates, who tried to cover too many effects in less detail, did not achieve as many marks. Responses in level one were often not contextualised or gave examples how the staff should treat him rather than the effect on him; some were just lists of adjectives in sentence form, lacking any explanation. References to older people or children limited marks in a few cases as they were not relevant to the context of the question which is ‘young people’ such as Adam.

3(a)

The majority of candidates gained marks for stating changes that needed to be made at the setting. Candidates familiar with reflective practice (LO2 of the specification) were able to achieve higher marks. Weaker answers often concentrated on beneficial effects for the patients, this was not required by the question.

3(b)

Candidates familiar with Equality Act generally gained full marks. Omitting the suffix ‘reassignment’ from ‘gender’ lost a mark for a few candidates; ‘age’ ‘race’ and ‘disability’ were the most common correct answers. It was evident, however, that some candidates were unfamiliar with the legislation and may have been guessing, usually incorrectly, by stating rights or giving facts from 3a.

4(a)

This question was generally well answered by many candidates. The second key aspect was where some candidates lost the mark as ‘the Health and Safety at Work Act’ was given for the answer – possibly because ‘safety’ was in the description. Candidates who wrote more than one Act in each box, only got credit for the first one listed in each box.

4(b)

Some candidates, who were familiar with the legislation, answered this question very well, describing two or three aspects of the Children Act. Detailed knowledge of aspects of the Act and use of correct terminology were seen in these responses.

One aspect done well would have been enough to gain 3 of the 6 marks, yet many candidates did not manage to do this. They demonstrated limited knowledge of the Act and gave generally vague responses referring to keeping children safe, this limited marks. Candidates need to have an awareness of aspects of the pieces of legislation covered by LO3 of the specification in order to achieve higher marks.

4(c)

This question was answered very well and the majority of candidates have good knowledge of 'rights'.

4(d)

There were mixed responses to this question. Common, good answers included 'open and closing times' 'type of services available' etc. Some candidates incorrectly responded by naming rights or gave information that a service user would provide to a service.

5(a)

Candidates who read the question carefully gained good marks here, using appropriate terminology in clear and specific explanations that related to the personal hygiene measures identified in the question.

Some candidates did not read the question carefully and did not notice the word 'protective' in the first measure given. As a result these answers were about looking smart, rather than protection against the spread of infection.

Other answers about 'appropriate clothing' focussed on not wearing tight/short skirts, high heels etc in a nursery. It was evident that these responses were from a question on the June 2014 paper about appropriate clothing for a nursery. This is completely irrelevant for this question.

5(b)

This question was well answered by many candidates. Good responses, that gained full marks, gave two or three specific examples of ways and described how they would demonstrate valuing diversity. Some candidates gave several really good ways but did not develop their description enough to show how the ways valued diversity. Weaker responses gave a list of ways with no description, or gave a definition of 'diversity' with no ways of valuing it at all.

R022 – R31

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 accessing the higher mark bands.

LO2: Connections were not always made between personal qualities and effective care. When caring for an individual, the 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 i.e. 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. Synopticity 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 however, not always recorded. Candidates rarely compared the data to the norms and the functioning of the body systems.

SPAG was not acknowledged in the evidence.

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 affects on transition was weak. Life events were limited and factors were often discussed as barriers (barriers were not asked for).

LO2: Most candidates described the ageing process appropriately, however, limited examples of the effects on development. 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.

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 grading assessment.

SPAG not addressed.

LO2: Some candidates' evidence of the benefits of participating in creative actives 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 i.e. of the specification, this limited access to the higher mark bands by some candidates. Health and safety issues were covered well in the planning. 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 and 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.

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 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. Candidates who used diagrams/plans showed a clear understanding of assessment requirements. SPAG not addressed.

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

R029

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 were often omitted or were implicit. 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.

LO3: Most candidates linked 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.

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

R031

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 any 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.

Supporting evidence from candidates was not always included.

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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