

QCF, NVQ, NQF

Preparing to work in Adult Social Care

Level 2 Certificates in Preparing to Work in Adult Social Care **04700**

Level 3 Certificates in Preparing to Work in Adult Social Care **04701**

Level 2 Award in Employment Responsibilities & Rights in Health, Social Care and Children and Young People's Settings **04711**

Level 2 Awards in Awareness of Dementia **05919**

Level 3 Awards in Awareness of Dementia **05921**

OCR Report to Centres 2013 – 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.

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1. The qualifications and standards

Level 2 Certificate in Preparing to Work in Adult Social Care (04700)

- This qualification has a minimum credit value of 20 credits
- Learners must complete all 9 mandatory units
- The certificate includes knowledge-based units that focus on the core areas related to working in adult social care settings: communication, personal development, diversity, equality and inclusion, safeguarding and protection, duty of care, role of the social care worker, person-centred approaches, health and safety and handling information
- The certificate forms part of the apprenticeship framework and can be used to progress onto the Level 2 Diploma in Health and Social Care (Adults) England.

Level 3 Certificate in Preparing to Work in Adult Social Care (04701)

- This qualification has a minimum credit value of 21 credits
- Learners must complete all 9 mandatory units
- The certificate includes knowledge-based units that focus on the core areas related to working in adult social care settings: communication, personal development, diversity, equality and inclusion, safeguarding and protection, duty of care, role of the social care worker, person-centred approaches, health and safety and handling information
- The certificate forms part of the apprenticeship framework and can be used to progress onto the Level 3 Diploma in Health and Social Care (Adults) England.

Level 2 Award in Employment Responsibilities & Rights in Health, Social Care and Children and Young People's Settings (04711)

- This qualification has a minimum credit value of 3 credits
- Learners must complete 1 unit
- It aims to assess learners' knowledge of the health, social care and children and young people's sector and their role within it
- It covers areas such as statutory responsibilities and rights of employees and employers, awareness of own occupational role and agreed ways of working with employers
- This qualification has been included in the apprenticeship frameworks for the sector.

Level 2 Award in Awareness of Dementia (05919)

- This qualification has a minimum credit value of 8 credits
- Learners must complete all 4 mandatory units
- The award includes knowledge-based units

- The award links to the units and dementia pathway included in the health and social care diplomas and can be used as a basis to progress onto the Level 2 Diploma in Health & Social care (Adults).

Level 3 Award in Awareness of Dementia (05921)

- This qualification has a minimum credit value of 11 credits
- Learners must complete all 4 mandatory units
- The award includes knowledge-based units
- The award links to the units and dementia pathway included in the health and social care diplomas and can be used as a basis to progress onto the Level 3 Diploma in Health & Social care (Adults).

Centre Assessment:

Assessment of these qualifications for this academic year was of a good quality. Centres have provided learners with good quality support and a range of valid resources including the use of workbooks that are rich in information and knowledge activities designed to ensure learners understand and develop their knowledge across the key concepts explored within each unit.

Where centres have used the OCR Model Assignments learners have on the whole evidenced their knowledge and understanding well across all the assessment criteria within the units.

Workshops and one to one support sessions have also been made available to learners along with case scenarios, centre devised assignments, projects, group and individual led discussions.

Level 2 Certificate in Preparing to Work in Adult Social Care (scheme 04700)

Areas of Good Practice:

- **Unit 1** – posters designed by learners that include details of both verbal and non-verbal communication methods (LO2, AC2.2). Learners' reflections on different ways to maintain confidentiality in their work settings (LO4, AC4.2)
- **Unit 2** – learners using their own personal development plan to identify those involved in the personal development plan process as well as sources of support for learners' own learning and development (LO3, ACs 3.2, 3.3).
- **Unit 3** – using a table for learners to present a list of both internal and external sources of information, advice and support about diversity, equality, inclusion and discrimination (AC3.1, LO3).
- **Unit 4** – using a table to present definitions of the different types of abuse and list their associated signs and symptoms (LO1, AC1.1).
- **Unit 5** – using case studies and reflections to evidence different dilemmas that may arise between the duty of care and an individual's rights (LO2, AC2.1).
- **Unit 6** – using discussions with learners to enable them to identify the skills and approaches needed for resolving conflicts that may arise in their work settings (LO3, AC3.3).
- **Unit 7** – using reflections to evidence different ways of supporting an individual to make informed choices and the reasons why risk-taking can be part of an individual's choices (LO5, ACs 5.1,5.2).
- **Unit 8** – using reflections to evidence learners' understanding of how to use a health and safety risk assessment as well as how and when to report potential health and safety risks that have been identified (LO2, ACs 2.2, 2.3).

- **Unit 9** – using case scenarios to evidence how to access guidance, information and advice about handling different types of information in learners' work settings (LO2, AC2.1).

Areas for Development:

- **Unit 1** – Evidencing of AC4.4 – to fully meet this AC an explanation of both *how* and *when* to seek advice about confidentiality must be provided and a rationale included.
- **Unit 4** – Evidencing of AC5.1 – to fully meet this AC a *description of different* unsafe practices that may affect the well-being of individuals must be provided.
- **Unit 5** – Evidencing of AC2.2 – to fully meet this AC an *explanation of the process to follow* to access additional support and advice about how to resolve such dilemmas must be provided.
- **Unit 6** – Evidencing of AC1.2 – to fully meet this AC a *description of different working* relationships in social care settings must be provided.
- **Unit 7** – Evidencing of AC5.3 – to fully meet this AC an *explanation of how* agreed risk assessment processes are used to support the right to make choices must be provided.
- **Unit 8** – Evidencing of AC7.2 – to fully meet this AC a *description of safe practices* that includes storing, using and disposing of hazardous substances must be provided.

Level 3 Certificate in Preparing to Work in Adult Social Care (scheme 04701)

Areas of Good Practice:

- **Unit 1** – using case scenarios and reflections of different individuals from different backgrounds that use communication methods in a variety of different ways (LO3, AC3.1).
- **Unit 2** – learners making reference to Gibbs and Kolb's models when explaining what reflective practice is (LO1, AC1.1).
- **Unit 3** – learners reflecting on their own beliefs, culture, values and preferences and then detailing how each of these may affect working practice (LO3, AC2.3).
- **Unit 4** – using case scenarios to evidence the actions to take for both suspicions and allegations of abuse made by individuals (LO2, ACs 2.1, 2.2).
- **Unit 5** – using case studies to evidence different dilemmas and conflicts that may arise between the duty of care and an individual's rights, the risks associated with these and where to get additional support and advice (LO2, ACs 2.1, 2.2, 2.3).
- **Unit 6** – learners reflecting on their own job roles to evidence why it is important to adhere to the agreed scope of their role as well as what is meant by agreed ways of working (LO2, ACs 2.1, 2.2).
- **Unit 7** – using case scenarios to evidence different approaches to support an individual to make informed choices (LO5, AC5.1).
- **Unit 8** – learners using different risk assessments they have completed to evidence their understanding of the steps involved in carrying out a risk assessment (LO2, AC2.2).
- **Unit 9** – using reflections to evidence different practices that ensure security when storing and accessing information (LO2, AC2.2).

Areas for Development:

- **Unit 1** – Evidencing of AC2.1 – to fully meet this AC details of *both similarities and differences* must be provided when *comparing ways* to establish the communication and language needs, wishes and preferences of an individual Evidencing of AC4.4 – to fully meet this AC an *explanation of both how and when* to seek advice about confidentiality must be provided.
- **Unit 4** – Evidencing of AC4.1 – to fully meet this AC an *explanation of how* the likelihood of abuse may be reduced by working with person-centred values, encouraging active participation and promoting choice and rights must be provided.
- **Unit 6** – Evidencing of AC1.2 – to fully meet this AC a *description of different working relationships* in social care settings must be provided.
- **Unit 8** – Evidencing of AC7.1 – to fully meet this AC a *description of different types of hazardous substances* that may be found in the social care setting must be provided. Evidencing of AC7.2 – to fully meet this AC a *description of safe practices* for storing, using and disposing of hazardous substances must be provided.

Level 2 Award in Employment Responsibilities & Rights in Health, Social Care and Children and Young People’s Settings (04711)

Areas of Good Practice:

- Learners researching their work’s settings grievance procedure and then describing in their own words each step of the procedure to follow in event of a grievance (AC2.3)
- Learners reflecting on their job role and then explaining with examples of how their role fits within the service provided (AC3.1) and the effects of following good practice and the consequences of non-compliance on the service (AC3.2)
- Learners using their own 3/5 year career plan to evidence the next steps in their own career pathway (AC4.3)

Areas for Development:

- **Unit 1** – Evidencing of AC1.4 – to fully meet this AC, learners must *identify both* sources and types of information and advice available in relation to employment responsibilities and rights. Evidencing of AC2.2 – to fully meet this AC learners must provide a description of different terms and conditions of own employment contract. Evidencing of AC4.1 to fully meet this AC, learners must include an *exploration* of different types of occupational opportunities.

Level 2 Award in Awareness of Dementia (05919)

Areas of Good Practice:

- **Unit 1** – using case studies of two different individuals to describe how individuals may experience living with dementia depending on age, type of dementia and level of ability and disability (LO4, AC4.1)
- **Unit 2** – using case scenarios to outline at least four benefits of working with an individual with dementia in a person centred manner (LO1, AC1.2)
- **Unit 3** – learners completing a spidergram to include at least three different techniques that can be used to facilitate positive interactions with an individual who has dementia (LO3, AC3.2)
- **Unit 4** – using reflections to detail how the experience of an older individual who has dementia may be different from the experience of a younger individual who has dementia (LO3, AC3.1).

Areas for Development:

- **Unit 1** – Evidencing of AC1.3 – to fully meet this AC an *explanation* of the reasons why *depression, delirium and age related memory impairment* may be mistaken for dementia must be provided. Evidencing of AC3.1 – to fully meet this AC a *list* of the *most common causes* of dementia rather than a list of the most common types of dementia must be provided. Evidencing of AC3.2 – to fully meet this AC a *description* of the likely signs and symptoms of the *most common causes* of dementia must be provided rather than a description of the most common types of dementia to fully meet this AC. Evidencing of AC3.3 – to fully meet this AC an outline of the risk factors for the *most common causes* of dementia – *brief details of the risk factors for the most common causes* must be provided.
- **Unit 3** – Evidencing of AC1.1 – to fully meet this AC an *explanation* of how dementia may influence an individual's ability *to communicate and interact* must be provided.

Level 3 Award in Awareness of Dementia (05921)

Areas of Good Practice:

- **Unit 1** – using case studies of two different individuals to describe a range of causes of dementia syndrome and the types of memory impairment commonly experienced (LO1, ACs 1.1,1.2)
- **Unit 2** – using reflections to detail how commonly used medications affect individuals with dementia both positively and negatively (LO1, AC1.2)
- **Unit 3** – using case scenarios to evidence four examples of how carers and others may misinterpret communication (LO1, AC1.2)
- **Unit 4** – using a table to present how the experience of dementia may be different for individuals who have a learning disability, who are from different ethnic backgrounds and at the end of life (LO2, AC2.4).

Areas for Development:

- **Unit 4** – Evidencing of AC1.4 – to fully meet this AC a *description* including at least three ways of how discrimination and oppressive practice can be challenged must be provided.

Internal Moderation:

Areas of Good Practice:

On the whole records included in batches of work sent to examiner-moderators show that there is a clear and detailed audit trail of internal moderation evident. Documented feedback and guidance provided to assessors ensures that all assessors are marking learners' work to the same, consistent standard and that learners are evidencing their knowledge and understanding of all assessment criteria in full.

Internal moderators have also advised assessors on how to ensure a clear audit trail is evident when using voice recorded evidence for both discussions and oral questioning completed with learners.

Areas for Development:

Internal moderators could provide more guidance and opportunities for tutors/assessors to ensure that candidates understand that the work they submit must be their own, that they understand the meaning of plagiarism and how plagiarism is considered as malpractice and could ultimately lead to them being disqualified. For example when learners conduct research and use this as part of their evidence they must reference and acknowledge that they have done so and not claim it as their own work.

Administration/Documentation:

Areas of Good Practice:

Centres have followed the administration procedures for these qualifications effectively. Examples of good practice have included:

- Evidencing a clear audit trail with dates and signatures from learners, assessors/tutors and internal moderators
- Completing in full the candidate evidence checklist
- Completing in full the submission cover sheet.

Areas for Development:

It is also important that centres ensure that a print out of the claim made is included with all batches of work sent to the examiner-moderator.

OCR Support and Resources:

Feedback suggests that centres have been received timely and effective support from OCR with respect to queries regarding the qualification specifications, centre feedback reports and administration procedures to follow.

Centres that are new to delivering these qualifications have benefitted from speaking with OCR representatives about how the moderation process works and from reading through the centre handbooks available on OCR's website.

OCR continue to make available the following range of resources:

OCR Model Assignments: OCR Model Assignments are available to download for all the units in the Preparing to Work and ERR Qualifications.

These have been designed to meet the full assessment requirements of the unit.

The model assignment scenario can be amended but must be set in a health, social care, children or young people context and must still cover all the assessment criteria.

Learners should be provided with sufficient time to complete all of the tasks; evidence can be produced in several sessions.

Learners must produce individual and authentic evidence for each task within the assignment.

Teaching and Learning Resources: OCR has produced a set of skills guides that aren't subject specific, but each cover a topic that could be relevant to a range of qualifications – for example 'communication', 'legislation' and 'research'. These are available to download from OCR's website.

Exemplification Column: OCR has provided further guidance in units around how to meet the requirements of the assessment criteria.

Additional Guidance: OCR has also included guidance in units on how assessment could be carried out and how the assessment criteria could be met.

Centre Handbooks: These are in place for all these qualifications and are available to download from OCR's website and include information about the qualifications, assessment, internal standardisation, the external moderation process.

Recording Documents: These are available to download from OCR's website and include an Evidence Checklist, Internal standardisation report form, submission cover sheet and a witness statement form.

OCR Subject Expert Visits: These are available for all these Qualifications and can be booked through OCR's website.

Assessment Summary:

Centres have continued to produce good quality assessment and to provide learners with good quality support and a range of valid resources for these qualifications.

Centres have responded effectively to actions identified in centre feedback reports completed by examiner-moderators and have used the feedback obtained to standardise and improve their practices. Examiner-moderators have been able to implement their sampling strategy effectively across units, assessment criteria and assessment teams within centres.

2. Developments

The following developments have arisen in the health and social care adult sector:

September 2013

- ***Kings Fund report on health and social care***

This is the final report from the independent Commission on the Future of Health and Social Care in England. The commission proposes a new approach that redesigns care around individual needs regardless of diagnosis, with a graduated increase in support as needs rise, particularly towards the end of life. The commission concluded that this vision for a health and care system fit for the 21st century is affordable and sustainable if a phased approach is taken and hard choices are taken about taxation.

Key findings and recommendations include:

- Having a single ring-fenced budget for the NHS and social care, with a single commissioner for local services.
- Bringing Attendance Allowance within the health and social care system, and renaming it care and support allowance.

- A focus on more equal support for equal need, which in the long term means making much more social care free at the point of use.
- The commission largely rejects new NHS charges and private insurance options in favour of public funding.

December 2013

- **Review of progress in improving the quality of care for vulnerable people, following abuse of residents at Winterbourne View hospital.**

Some of the work that has been undertaken includes:

- the completion of the Learning Disabilities Census
- the development of a new planned approach to Care Quality Commission (CQC) inspection of mental health and learning disabilities services from next year, to be led by Professor Sir Mike Richards
- the development of new fundamental standards, which will be set out in regulations
- ensuring that Adult Safeguarding Boards are written into law.

February 2014

- **Care Quality Commission's new approach to inspecting community healthcare**

The Care Quality Commission (CQC) has published their 'fresh start' document, which sets out new ways for inspecting health care in the community. This will include more inspections carried out by larger teams and spending more time observing care. Health services are now increasingly likely to be delivered in people's homes, health centres and community hospitals and this makes joined up care so important.

The new approach to inspecting these services will see teams include:

- expert CQC inspectors
- sector specialists and clinicians – for example nurses, health visitors, allied health professionals such as occupational therapists, GPs, paediatricians, sector directors and managers
- experts by Experience – comprehensive inspections will always involve people who have experience of using care services.

May 2014

- **Launch of the Royal College of General Practitioners' Dementia Roadmap**

The development of the Roadmap has been funded by the Department of Health and the work carried out by the Royal College of General Practitioners. It is a great example of a collaborative partnership with the Alzheimer's Society and the Strategic Clinical Network for Mental Health, Dementia and Neurological Conditions in the South West.

It will help colleagues in primary care support their patients diagnosed with dementia, their families and carers and will also:

- **Introduce questions about memory and general functioning** in scheduled visits and routine health checks and investigations for people identified as potentially at risk
- **Assess and identify** patients who present with symptoms suggestive of dementia signposting them to relevant resources or services

- **Reassure people who have dementia** their carers and families at diagnosis and during the dementia journey by signposting them to local resources, information and support
- **Promote positive messages** about remaining independent and living with dementia
- **Provide support for carers** to maintain their health and wellbeing and provide opportunities for respite for the person they care for
- **Support patients more efficiently**, thereby reducing multiple or repeat appointments
- **Refer patients** onto specialist services where appropriate.

June 2014

- **The Care Act 2014**

The Care Bill becomes The Care Act 2014. Royal Assent has been granted to the Care Bill and as a result it is now the Care Act 2014

- **Blackfriars Consensus Statement calls for new policy focus on brain health to reduce the risk of dementia**

Action to tackle smoking, drinking, sedentary behaviour and poor diet could reduce the risk of dementia in later life alongside other conditions such as heart disease, stroke and many cancers, according to the UK Health Forum and PHE in a joint consensus statement. Fifty-nine organisations and experts from across the dementia and public health community, including practitioners and researchers, have signed the consensus statement.

The agreement, known as the Blackfriars Consensus Statement, highlights the need for a new national focus on dementia risk reduction. The Blackfriars Consensus Statement says that the scientific evidence on dementia risk reduction is evolving rapidly and is now sufficient to justify action to incorporate dementia risk reduction into health policies and to raise wider awareness about which factors can reduce the risk of developing dementia.

- **Technology to make life easier and safer for dementia patients**

The charter, developed by a diverse working group led by Tunstall Healthcare, gives people who have dementia and their carers information on how to access technology that can make life easier and safer for dementia patients. It also provides guidance to health, housing and social care professionals on how to make technology work for people based on their individual needs.

Assistive technology, if used in the right way, has the potential to increase independence and autonomy both for the person who has dementia and those around them

July 2014

- **Fundamental standards: improving quality and transparency in care**

The Government has announced legislation which introduces fundamental standards for health and social care providers. Subject to parliamentary approval, it will become law in April 2015. The new measures are being introduced as part of the government's response to the Francis Inquiry's recommendations and are intended to help improve the quality of care and transparency of providers by ensuring that those responsible for poor care can be held to account.

As part of the fundamental standards, a new duty of candour and fit and proper persons requirement for directors will be introduced for NHS providers from October 2014, and will be extended to all providers by April 2015, subject to parliamentary approval.

The fundamental standards are:

- care and treatment must be appropriate and reflect service users' needs and preferences
- service users must be treated with dignity and respect
- care and treatment must only be provided with consent
- care and treatment must be provided in a safe way
- service users must be protected from abuse
- service users' nutritional and hydration needs must be met
- all premises and equipment used must be clean, secure, suitable and used properly
- complaints must be appropriately investigated and appropriate action taken in response
- sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed
- persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed
- registered persons must be open and transparent with service users about their care and treatment (the duty of candour).

September 2014

- **Making health and social care information accessible - launch of consultation on the draft accessible information standard**

NHS England is developing an Information Standard for accessible information. The standard aims to establish a clear and consistent framework, and provide guidance to health and social care organisations on how to ensure that people who have disabilities, service users, carers and parents receive information in formats that they can understand such as correspondence in easy read, braille or via email and support to help them to communicate such as a British Sign Language interpreter or an advocate.

- **Developing a national framework for local commissioning of community based support for people with learning disabilities**

NHS England has asked Sir Stephen Bubb, the Chief Executive of charity leaders network Association of Chief Executives of Voluntary Organisations (ACEVO), to chair a steering group to develop recommendations for the development of a national framework for local commissioning of community based support for people with learning disabilities. This will specifically respond to the pledge set out in the Winterbourne View Concordat that is aimed at ensuring better care for people who have learning disabilities, autism and behaviour that can be challenging

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