

## **GCSE**

### **Health & Social Care**

General Certificate of Secondary Education **J406**

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

## **OCR Report to Centres June 2015**

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.

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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.

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

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# A911 Health Social Care and Early Years provision

## General Comments:

Moderation took place against the assessment criteria for the 2015/2016 controlled assessment. All work needed to be accompanied with a URS sheet which is found on the OCR website, and filled out completely. Without this attention to detail Moderators were often not able to see how assessors have awarded marks, or able to check the sample sent, because candidate numbers were not recorded. The URS sheet also 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.

A few Centres had used the incorrect URS, but all work was moderated against the 2015 assessment criteria. It appeared that several Centre's had taught their candidates to the previous controlled assessment and had either:

- assessed it fairly against the 2015/2016 criteria or
- candidates had added supplementary evidence to meet the new criteria, consequently evidence could be found in several places and was muddled and not necessarily in the correct task order.

Centres are advised to ensure that candidates are initially given a copy of the current controlled assessment so that they are aware of the aim of their investigation even if the tasks are completed individually.

Generally Centres had prepared their candidates well; they showed understanding of the provision of health or social care or early year's provision in one service covering the specification. A range of different ways of approaching this unit was 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. When 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.

Many Centres this year used the interactive URS which meant that there were no clerical errors. If this is not used it is important that the marks for each task are added up correctly 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. Centres are also advised to ensure that the current URS sheet is used when attached to the candidates' Controlled Assessment. 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.) hindered 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 were 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, therefore 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, e.g. using Ofsted and CQC reports. For future sessions candidates need to be shown how to reference information used, that is not their own work.

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.

### **Comments on Individual Tasks:**

#### 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 when reviewing their work in Task 5. 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.

When candidates completed a chart highlighting completion dates, the type of research they were going to use and set clear aims and objectives, they were well prepared and produced excellent plans and check lists. Others who did not include a plan or check list but just an introduction about the service they were going to investigate were given low marks.

A pre-set format of a chart made by a Centre can be useful, however when Centres itemised each task or were too prescriptive, this contravened Controlled Assessment regulations. 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 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.

Many candidates identified a relevant piece of legislation. To gain MB2 and MB3 marks candidates are required to apply their knowledge and show understanding about the impact the piece of legislation has on the quality of service provided. Only one piece of legislation is required but it does need to be relevant to the service chosen. Some candidates wrote about five or six different pieces of legislation – some completely unconnected with their setting, and lacked understanding. There was also a lot of cut and paste in this section which did not earn marks nor did describing the Victoria Climbié case or writing about the purpose of the legislation.

Explanations of how the service has implemented procedures to overcome possible barriers were varied. Candidates were aware of the many barriers that prevent "pwus" (people who use services) from accessing the help that they need and often wrote about each barrier at length;

however they did not apply this knowledge to the service they were investigating. There was often a lot of generic information (copied without any referencing) on how barriers could be removed. Candidates, found it difficult to evaluate how services have procedures in place to address barriers but occasionally opinions and judgements were evident.

Candidates approach to analyzing ways that the service ensures equality of care was very disappointing; work lacked application, understanding or reasoning and was often only briefly mentioned. Whilst some candidates looked at equality within care values for Task 4 this did not constitute an analysis. High mark band marks were awarded to candidates who gave a comprehensive analysis using examples to show how it is executed in a setting.

### Task 3

This task caused many problems with candidates as they had not read the requirements of the Controlled Assessment. They were asked to describe how the service had been designed to meet the health, developmental and social needs of a client group that use the service. Many only focused on developmental needs (physical; intellectual; emotional, and social) and made little reference to show how health and social care needs were met.

Candidates did not always show an understanding in their explanation of who could be an informal carer, nor the roles that they could have, often confusing them with support staff. When it had been done well candidates evaluated the impact the role has on the lives of the informal carer(s) and/or service user.

A general description of other services that provided care for the chosen client group was often given. It was disappointing that little explicit reference was shown if the service was a statutory provision, or if they were privately funded. Services provided by the third sector were generally not understood. When it was done well, candidates showed, for example, that a resident in a care home which was privately funded would need access to the statutory services of a doctor, district nurse, and NHS Dentist and third sector organisations like Age Concern supported residents with financial advice and a local faith group visited the home and organised entertainment on a regular basis.

### Task 4

Parts of this task were generally disappointing as candidates had not interpreted the requirements of the Controlled Assessment. Higher level attaining candidates had researched, using secondary resources, the care values applicable to their chosen service and interviewed one care worker to gain primary information as to how they apply the care values in their daily work. Many candidates wasted time showing how the health, developmental and social care needs of clients were being met; this was not required. To gain MB3 marks candidates needed to ensure that they gave a thorough description; this could not be done by just producing a chart.

Many candidates attempted to write an analysis to show the possible effects on clients if care values are not applied. However, there was very little reference to the guidelines or codes of practice that the practitioner would follow. e.g. a midwife would use the “clinical practice and guidance from The Royal College of Midwives” in their work and would follow the Code of Conduct for Employees in Respect of Confidentiality at the hospital they work in.

Candidates were required to show how a care practitioner uses communication skills. Where it was done well, a wide range of examples had been given, however some candidates had only focused briefly on communication skills as part of other skills and qualities required to carry out the role as part of Task 5. High achieving candidates gave a detailed description of verbal, non-verbal, written and electronic ways of communication. They showed how these are used effectively by the care practitioner on whom they had focused the Task.

Most candidates showed that they were aware of different pathways, but work often lacked depth in the evaluation. It is suggested that candidates could provide a comprehensive evaluation of at least two pathways for their chosen care worker by showing an academic pathway and a vocational pathway, and when evaluating should be consider the pros and cons of each route.

#### Task 5

Candidates needed to analyse the skills and qualities needed by the practitioner to deliver effective care. Good responses were seen when candidates used the information that they had gained from their interview and then applied it to work and caring in the setting: e.g. Mathew needs to be very patient and kind so that he shows understanding to a relative who is awaiting news about their loved one, or Sundip's numeracy skills are weak so he is not given the role of administering medicine as this could be harmful to a patient if the incorrect dosage was given.

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 the entire task, or had not followed the criteria, nor were unable to write an evaluation.

Those candidates gained marks 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 and 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 made limited references to primary sources used. 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:

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

Centres still need to direct their candidates towards giving more explanation and looking at the consequences between developmental effects when aiming for level three in both analyse and evaluation questions. Within the interrelate question candidates need to develop links between the factors in order for their response to be placed in level 3.

### Verbs used within this paper

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

\*Questions 1d, 3a, 3c and 4b are levelled responses 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 developing. Some correct terminology will be used. There will 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.

Examiners saw many extended answers and the candidates had labelled the additional pages accurately.

Centres' must direct their candidates to only write in the designated areas. Examiners saw many more candidates who had written outside their allocated space.

## Comments on Individual Questions:

### Q. 1(a)

The focus for this question was for candidates to apply their knowledge of relationships and to **identify** the correct type for each example give.

This question was answered well, with the majority of candidates being able to correctly identify the types of relationships. The most common errors were candidates giving work / colleagues for working and marriage / husband and wife rather than sexual and intimate.



Q. 1(b)

This question asked candidates to **identify** the fourth relationship omitted from the previous question.

A well answered question with the majority of candidates identifying friend or friendship.

Q. 1(c)

The focus for this question was to extract from the stem and thus **identify** two factors that could positively affect self-concept. Candidates then needed to **describe** the effect on self-concept.

Most of the candidates were able to identify the factors from the stem of the question. Some cited marriage as a factor which was not given in the stem and several candidates gave factors such as employment and education. Centres should direct their candidates to only extract factors from the stem.

The most common responses for the effect on self-concept were happy, proud, confident, greater security and raised self-esteem.

The question asked for a different positive effect for each factor; Centres should direct their candidates to take note of the word 'different'; some candidates lost marks due to duplicating the effect.

Q. 1(d)

This question asked candidates to **analyse** how a person's self-concept could be affected by both gender and education

Some very thoughtful answers were seen. Generally candidates found education easier to answer than gender. Some excellent responses were seen with respect to stereotyping linked to gender. Many candidates linked gender and self-concept to sexuality and transgender. Those candidates who looked at different scenarios and then linked this to self-concept scored highly.

A few candidates reversed the question and explained how either a positive or negative self-concept could impact on gender and education; unless they qualified how self-concept was affected by either gender or education the answer would be placed in level 1.

Some candidates went off on a tangent and 'lost their way'. Centres should direct their candidates to keep referring back to the question and to adopt the PEEL technique:

- **Point**
- **Explain**
- **Expand**
- **Link back to the question.**

Linking back to the question will alert them that they have to address self-concept

Q. 2(a)

The requirements for this question was for candidates to **describe** the expected development in all four aspects of development for a two year old.

Generally this was answered well. The main error was not linking to a two year old. Some candidates seemingly looked at Infancy and in particular the development pre 2 years of age; crawling, babbling, walking holding onto furniture and rolling from back to front could not be attributed to a two year old.

Another error was looking at height and weight for physical development. Centres should reinforce the difference between growth and development.

The most common responses were:

Physical	Intellectual	Emotional	Social
Walking Running Jumping	Recognising shapes and colours Simple sentences Understanding commands	Separation anxiety Temper tantrums	Sharing Parallel play Co-operative play

Centres should direct their candidates that when describing they need to write in complete sentences. One word answers are identification. Credit was given for one word answers but they could only score 1 mark within each of the four sections.

Q. 2(b)

Candidates needed to **identify** the age span for later adulthood.

The majority of candidates' could correctly identify the age span. It was rare to see an incorrect answer.

Q.2(c)

This question asked candidates to **identify** a negative intellectual effect within later adulthood. They then progressed onto **explaining** how this negative intellectual effect could impact on a person's physical development.

The most common responses were loss of memory, dementia, Alzheimer's and becoming more forgetful. Many candidates were able to score one mark through the identification. Many candidates failed to explain the effect on physical development effectively; candidates often gave that they may forget to eat or drink but did not qualify this with the effect on physical development, i.e. weight loss or becoming dehydrated.

Q. 2(d)

This question asked candidates to **identify** a negative physical effect within later adulthood. They then progressed onto **explaining** how this negative physical effect could impact on a person's emotional development.

The most common responses were linked to aspects of mobility, loss of senses and loss of elasticity of the skin. The explanations linked to emotional development were good and many candidates picked up full marks on this question. The main emotional responses given were embarrassed, ashamed, frustrated, loss of confidence and angry.

Q. 3(a)

The focus for this question was to **explain** how specified ‘factors’ could interrelate to affect employment prospects.

Candidates did well on this question and many were placed in level 2. They addressed each of the factors and the most common responses seen were:

<b>She has just left school with 8 GCSE’s at grade C, including Maths and English</b>	<b>Her parents are very supportive</b>	<b>She recently completed some voluntary work in a children’s nursery.</b>
Hardworking Committed Progression to further education. May struggle with these grades as many employers want higher	Enhanced confidence Encouragement Motivation	Looks good on a CV Has experience

The difficulty for some was in linking the factors together. Some candidates were rather vague and tended to repeat the factors without linking to employment prospects.

Q. 3(b)

Candidates were asked to **define** neglect

Some varied answers were seen. Many identified that it was about lack of care, and failing to meet needs.

Many gave aspects of abuse which were incorrect.

Q. 3(c)

This level response question asked candidates to **explain** how physical activity could affect personal development.

Whilst there were some comprehensive answers to this question, Examiners saw many candidates going off on a tangent and forgetting that the focus of the question was on physical activity.

Candidates addressed the key aspects of development with the main ones being physical, emotional and social. Too many vague answers were seen, for example ‘they will feel good about themselves’ and ‘they will feel healthy’.

A good idea for Centres’ would be to, throughout the delivery of this unit, get their candidates to produce a glossary of key words linked to development.

Q. 4(a)

This question asked candidates to **describe** both the physical and emotional effects of the menopause.

This question was generally attempted well by all candidates, with them scoring higher on the emotional effects rather than the physical. The knowledge provided by the candidates showed that this aspect had been taught well.

Q. 4(b)

This level response question directed the candidates to **evaluate** how living with someone could impact on both social and emotional development.

One again candidates were fully versed in the requirements of the verb evaluate and they had significant knowledge of emotional and social effects.

Once again Examiners saw some candidates 'going off on a tangent' and they linked their answer to the previous question on the menopause. Each question on the paper is separate; this could be a valid teaching point for Centres'.

Q. 4(c)

The final question asked candidates to **identify** different examples of support family and friends could give to the specified scenarios.

The question asked for a different example of support; many candidates lost marks by repeating answers.

## A913 Promoting Health and Wellbeing

### General Comments:

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. Candidates who produced a clear structure had clarity and this enhanced their performance. 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.

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 2015/2016 Controlled Assessment. All work must be accompanied with a current URS sheet, found on the OCR website, completely filled out. Without attention to detail, Moderators were often not able to see how assessors have awarded marks, or able to check the sample sent because candidate numbers were not recorded. At the Centre it is important that the marks for each task are added up correctly on the URS and there are checking systems in place to ensure that the correct mark is inserted on the MS1 form. Moderators had many Clerical Errors to process; Many Centres used the interactive URS which meant that there were no clerical errors.

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.

Time guidelines are given for candidates when completing their controlled assessment. 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 work. All paper assessments must be presented with a treasury tag in the top right-hand corner. Written work submitted in any other format (e.g. ring binders, plastic wallets, etc.) hindered the moderation process.

Many assessors annotated work in the body of the controlled assessment; 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, thus 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.

### Comments on Individual Questions:

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 whom 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 need to show understanding.

Research into an 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 and analyse information required in Task 3. Many included food diaries and exercise sheets; however, it was disappointing to see that many candidates did not show the opinion of how the individual views their health.

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 e.g. age, illness, occupation and lifestyle; which could have had an impact on the physical measurements.

The analysis of the information gathered in Tasks 2 and 3 provided good differentiation. Where this was done well candidates had considered the 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 e.g. units of alcohol consumed, calorie intake etc. There was also some reference to the physical measurements of health obtained to give an overview of the individual's health.

#### Task 4:

Candidates were required to describe a minimum of two factors that had positively affected the health and well-being of the individual. When they made reference to show how the factors made a positive contribution to the development of the individual they accessed higher marks. This section produced mixed responses, and provided good differentiation.

Numerous risks that may damage the health were shown, some with application to the individual but others generically. Candidates wishing to access higher level marks needed to explain at least two possible risks that were relevant and then analyse the damage that these risks may

cause in the short and long term to the individual. Few candidates showed the impact that these risks had on the wider society: for example an individual person smoking would result in expense on the NHS budget to treat cancer, expense on the local council street cleaning butt ends and pollution of the atmosphere affecting the health of others. List like answers should be avoided.

Where candidates explained crime and economic factors that could affect the individual it was done well. However, many omitted this section and it was obvious that they were not following the 2015/2016 controlled assignment requirements.

#### Task 5:

Most candidates explained why it is important to set targets when producing a personal health plan (PHP) setting and why physical assessment are made to monitor progress. They then used SMART targets when producing their own plan.

Candidates who had been taught and given ideas on how to set out a health plan followed a logical format. They stated how the plan would either improve the client's health over a period of time or maintain health, 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 them 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 and they explained how the physical measurements of health would improve if the targets of the plan were achieved.

Some candidates did not explain how two different types of health promotion material could be used to support 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.

#### Task 6:

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.

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 sections, the conclusions for the PHP and evaluating their 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:

For the externally assessed unit A914 the majority of candidates attempted to answer all of the questions, with a wide range of marks being achieved. All candidates appeared to have used their time effectively. Long answer questions were fully attempted suggesting that candidates had enough time to produce their responses.

It was evident that many candidates had been well prepared for the examination. However, some candidates' knowledge and understanding of legislation, procedures in first aid, disposal of hazardous waste and use of technical vocabulary from the specification was poor, which resulted in their marks being limited. When questions were well answered they had good structure and correctly used terminology found in the specification. The candidates demonstrated an understanding of the command verb, appropriate knowledge, and a high quality of written communication.

A weakness seen in 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. Giving reasons for carrying out risk assessments, when reasons for the importance of keeping written records of risk assessments are required, or identifying safety signs, when their purpose is required, will not gain marks. Candidates need to be helped to develop their exam technique so that they can interpret questions accurately.

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. This unnecessary use of additional answer booklets should be discouraged by Centres.

### Comments on Individual Questions:

#### Q.1

This question was well answered, with the majority of candidates gaining full marks. Where a mark was lost this was usually by choosing 'not being allowed to watch your choice of television programme' as a safeguarding situation.

#### Q.2

Many candidates were able to achieve a level two response but were unable to access the higher marks due to not explaining the reasons they provided. For example, lack of training was given as a reason but the explanation was not developed with the effect this would have on the care provided by the staff, i.e. staff lacking understanding of the needs of people with learning difficulties, resulting in inadequate levels of care, staff being patronising etc. Detailed explanation is required to gain level 3 marks.

#### Q.3

This question was not well answered. Many candidates were not able to correctly name a piece of legislation; this resulted in very vague statements about key features. Even when the Act was correctly identified the key features given did not always relate to that legislation. Most candidates gained very few marks, usually for stating generic features of legislation. Most responses lacked any real knowledge of the relevant legislation, which is listed in section 2.4.1 of the specification.

Q.4

Candidates responded well to this question and a range of good examples were seen which gained full marks. Weaker answers were imprecise such as 'dealing with patients' which is too vague.

Q.5

The majority of candidates understood the demand of the question and clearly described three ways; there were some excellent answers. In weaker responses the appropriate colour of bags for disposal was given incorrectly or not mentioned at all; some candidates incorrectly discussed the disposal of food waste or household waste.

Q.6

This was well answered by candidates who read the question carefully and gave a description of the purpose of food legislation that was worth two marks. Others lacked detail and so only gained one mark.

Q.7

There were very mixed responses to this question. Candidates familiar with 'immunisation' were able to give very clear, accurate and detailed descriptions of the purpose with good use of technical terminology. Other responses were extremely vague, lacking knowledge and understanding of the purpose of immunisation.

Q.8

Candidates who gave correct procedures with an explanation gained high marks. Many candidates just stated procedures without giving any further detail which is required as the command verb is 'explain'. Some candidates were unfamiliar with the procedure for dealing with scalds and gave incorrect information such as cleaning with antiseptics, applying creams and lotions, covering with plasters.

Q.9

This was well answered, most candidates gained one mark and the majority gained two.

Q.10

Good responses stated the information that would be provided and then gave clear reasons why. Weaker responses just stated information without giving any reasons for its importance; this limited marks to the sub-max as the question required an explanation.

Q.11

This question asked for the purpose of the signs. Some candidates just stated the meaning of the sign but did not give its purpose. Careful reading of the question enabled many candidates to gain full marks.

Q.12

This was well answered by candidates who had read the question accurately and who explained reasons for the importance of keeping written records of risk assessments; these candidates were able to gain high marks. Others gave reasons for carrying out risk assessments which were required by the question or side tracked themselves into writing at length about court cases and suing the company.

Q.13

Few candidates gained level three marks; most were limited to level one or two due to not identifying and considering any precautions already in place and not stating specifically who may be harmed. There were some candidates who seemed unfamiliar with reading a plan, stating that the biggest hazard was that all the doors are open or that the fire extinguishers were not right against the wall, while overlooking very obvious hazards that were on the plan. Many

candidates did not seem to understand the obvious dangers of electric sockets near the water play area and wrote about 'spontaneous combustion'. Others invented hazards that were not on the plan at all, such as the hazards of rugs and hot drinks machines. To gain high marks the candidates must focus on the information provided by the plan and not add information of their own since this will not gain any marks.

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