

**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 2016**

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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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### OCR REPORT TO CENTRES

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

### **General Comments:**

For the externally assessed unit, R021, the majority of candidates attempted to answer all of the questions and a range of marks was achieved. However few gained over 45 marks. All candidates appeared to have used their time effectively. Longer answer questions were fully attempted, suggesting that candidates had enough time to produce their responses. It was evident that many teachers are guiding their candidates about the importance of addressing the command verbs such as explain, describe, identify etc. This enabled candidates to gain level 2 and level 3 marks for responses that clearly addressed the demand of the questions.

A weakness seen with some responses is where the candidate writes about a topic they are familiar with regardless of the question. Examples include question 1(a) which required information about the early years values of care, many candidates wrote about 'rights'. For question 5(a) candidates wrote about safety rather than the security measures required.

For Section A questions, many candidates produced high quality responses that clearly related to the context provided. This enabled them to achieve high marks. However, some candidates produced responses that were inappropriate for the context and this limited the marks they could achieve. For example, in question 2(b), the context was a retirement home; some candidates gave examples of ways to promote equality and diversity that would only be suitable for children, not for the older residents of the retirement home. Candidates need to be guided to develop their exam technique so that appropriate knowledge is used for the question that is being attempted.

The candidates achieving higher marks demonstrated an understanding, and familiarity with, the command verbs combined with appropriate knowledge of the specification content. It was evident that some candidates seem to lack key knowledge and terminology for aspects such as values of care and legislation. This knowledge is fundamental for the unit and candidates should be familiar with, at the very least, key facts about these topics. To achieve the higher grades they need to be aware of their importance and the impact on service users, care practitioners and providers, as detailed in LO2 and LO3 of the unit specification. Question 1(a) early years values of care, question 3 the Mental Health Act and 4(b) the Health and Safety at Work Act were well done by candidates familiar with the subject content; but many candidates gave brief answers, incorrect answers or, particularly for question 3, did not attempt the question.

A number of scripts proved challenging to mark due to poor handwriting. This can be difficult for examiners to decipher and candidates should be encouraged to write as clearly as possible, so that they can gain full credit for their responses. 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. There is no need for candidates to use an additional answer booklet if the extra pages at the end of the examination paper have not been used.

### Comments on Individual Questions:

Question No.

1(a)

Many candidates familiar with the early year's values of care gained full marks, however some did not have the knowledge required by this question. They were unable to accurately name the early year's values, or to provide examples of the values in practice. Many gave vague statements, such as 'treat fairly', without giving an example of how this would be achieved. In addition, some missed key vocabulary, for example 'maintaining', 'promoting' or 'ensuring' when naming the values. In the unit specification, bullet point 4 of LO2 states the early year's values of care that candidates need to know.

1(b)

This was well answered by the majority of candidates who had read the question carefully and provided a detailed explanation of emotional and social effects of discrimination. Many demonstrated good knowledge and understanding of the topic. A small number of candidates wrote about physical effects, these responses did not gain any marks.

1(c)

This was misunderstood by some candidates who demonstrated limited understanding of methods of challenging discrimination and the terminology associated with it. Responses that suggested 'putting up posters' need to explain the purpose and content of the posters in order to gain any marks. Some responses referred to ways of 'punishing' but this is not a way of challenging discrimination. Some candidates stated 'challenge through long-term proactive campaigning' but were unable to state how this would be done. Where understanding was shown, this question was well answered.

1(d)

This was generally well answered. Correct responses covered a range of ways to communicate effectively with children, such as not being patronising, EAL, use of specialist methods and adapting communication to suit needs. These methods were linked to supporting rights, such as aiding understanding, feeling valued, respected etc. However, some candidates only wrote about rights, not referring to using effective communication at all. This limited the marks they could achieve.

2(a)

Emergency procedures were better understood than equipment considerations. Candidates who gave responses that linked to equipment being safety checked, risk assessed and staff undertaking training to use it, so that staff and residents were safe and protected from injuries, gained the mark.

2(b)

Candidates made frequent reference to 'treating people the same' and another common error was where candidates confused 'providing choices' with providing equal opportunities. These gained no marks. Most responses that gained marks referred to celebrating a range of festivals, making the retirement home accessible to all e.g. ramps for wheelchair users and providing menus that catered for a wide variety of dietary needs. Better understanding of diversity was evident. Some responses gained limited marks because the candidate did not relate the answer to the context of a retirement home. Suggestions suitable for children in a nursery are inappropriate for older adults in a retirement home and so gained few marks. Other responses focussed entirely on explaining rights, with no reference to how they would be maintained, this also limited the marks awarded.

3

Some candidates were familiar with the MHA and were able to gain full marks. However, there is a general lack of knowledge about the Mental Health Act, this is confirmed by the number of candidates who did not attempt the question. Candidates should know basic facts about the content of the Act, this would have enabled them to gain half marks; brief knowledge of how it impacts on a practitioner would gain the other two marks.

4(a)

This was well answered by most candidates. However, there were some who thought, incorrectly, that equal and fair treatment means to treat everyone the same. Responses that gave more than one tick in a box gained no marks.

4(b)

There were many good responses that covered the need for service providers to carry out risk assessments, provide free PPE for staff and provide staff training for example. Some candidates incorrectly referred to hygiene practices or gave very repetitive answers. Other weaker responses gave examples of health and safety practice, rather than showing an understanding of health and safety management by service providers.

4(c)

This was generally well answered. Some confusion was evident between choice and consultation. Responses that gave more than one term in a box gained no marks.

5(a)

This was well answered by candidates who read the question carefully and gave security measures not safety procedures. A small number of candidates did not gain marks because their responses about how the security measure protects were not appropriate, for example CCTV can watch the residents/children 24/7, or staff having 'CRB checks' which is safety not security. Other candidates gave vague security measures that did not gain marks – 'ID', 'camera' and 'badges' are examples.

5(b)

There were some excellent responses to this question giving a wide range of appropriate examples, showing a good understanding of personal hygiene and how it relates to protecting individuals. Weaker responses provided lists of personal hygiene measures which limited marks to level 1 as many candidates did not describe how the measures protect individuals. Some candidates incorrectly wrote about general hygiene, such as cleaning floors or worktops.

## R022 – R031

### General Comments

Generally portfolio evidence indicates that centres are showing a greater understanding of the specification requirements. There is still an issue that all centres are not including the Model assignments. This is particularly an issue when alterations have been made or the model assignment not used at all, as often evidence that candidates produced does not meet the assessment evidence requirements.

Where the model assignments have been included and there is direct reference to them the work is far more focused and shows application of theory into practice.

Re-submissions in the main were well signposted and additional evidence could be easily located. There is now a pattern emerging of the more popular units (R027, R028 and R031 in particular) and some centres are still experiencing difficulty assessing the work against the grading criteria. This area is being addressed by online CPD events from the Autumn Term.

The majority of centres opted for postal moderation followed by visiting. However several centres who originally entered for visiting transferred to postal. This in the main was brought about by the early submission date for visiting units. There were very few centres opting for the repository option.

### Comments on Individual Units

#### 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. Some centres still give this evidence as a generic piece of work and do not link to appropriate settings.

Factors are not always given as positive, as the assessment evidence requires. 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, evidence produced rarely showed relevant application and justification of personal qualities to be used and why. Qualities and effective care need to show clearly how they link together.

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.s in the specification. This limited the mark bands the candidates could access. Some centres had misinterpreted group interaction and had submitted not individual evidence but work from a group of candidates. Evidence submitted for all units must be carried out independently.

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. There is a witness statement attached to the model assignment and this clearly covers the assessment evidence requirements.

Types of behaviour that fail to value people continue to be omitted by many candidates and is often implicit when included. This should be submitted as a separate piece of written evidence; this is clearly stated in the model assignment.

Across all evidence, links between units and synoptic assessment is showing improvement. When it is included, synopticity is not always understood and a synopsis of the unit is given or a review. A few centres looked at synopticity holistically across the unit and signposted it throughout. This showed a very clear understanding of application of knowledge and understanding.

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 are still not being 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.

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 some candidates was weak and lacked knowledge and understanding of the process involved in funding. Examples given were appropriate.

Evidence on partnership working was limited and showed a lack of understanding by candidates.

SPAG was not always 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 cross 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 affects on transition was weak. Life events were limited and factors were often discussed as barriers (barriers not asked for). When delivering underpinning knowledge, centres need to make a clear distinction between factors and barriers and the actual requirement of the assessment evidence grid.

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. At the end of each unit there are suggestions for synoptic links.

## **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 i.e./grading assessment.

Across most 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. A relevant description of the different types of creative activities, with relevant explanations about how these activities meet the needs of all three different groups, needs to be included.

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 i.e.s 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.

When the centre produces their own child study (a permitted change) this must be included with the original model assignment at the time of submission. Some centres using their own child study often gave more information than permitted and this over direction resulted in candidates being given part of the evidence required for the assessment evidence. While some centres prevented their candidates from accessing the full assessment criteria with the centre child study used.

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. It was not always clear that the candidate had undertaken the risk assessment, this endorses the importance of a witness statement. 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.

## **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 still showed limited understanding. Government guidelines were often omitted.

LO2: Factors that influence diet was also 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 individuals' condition/symptoms. Lifestyle choices (e.g. vegetarians) are not dietary conditions, this is a lifestyle choice and should not be used for plans/meals.

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

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.

### **R030**

The emphasis by candidates is still on the project content, as opposed to the research methodology.

LO1: There was limited evidence of a plan for the project.

LO2: Research was often implicit and evidence not always sourced.

LO3: Few candidates gave objectives or produced a project record. The project document should be a working document throughout the research.

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

LO4: Reviews were weak and did not always refer to the research methodology but the project content. There was limited understanding of the learning achieved as a result of completing the project.

Few centres enter this unit and some still do not thoroughly understand it is the research methodology, which is being assessed.

### **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. The Young First Aider course on its own is not sufficient to meet assessment evidence criteria.

LO1: A few candidates failed to demonstrate assessing the scene of the accident, hence this limited the assessment criteria available to the candidates. A witness statement did not always support this evidence. A witness statement needs to be supported by written evidence from the candidate.

LO2 and LO3 were often linked together as part of a first aid course that had been undertaken. Sequences of procedures were usually accurate. Witness statements did not always meet the command words of the assessment criteria. All model assignments for this unit have witness statements designed specifically to meet assessment criteria.

LO3: the review of the practical activities by most candidates was weak and lacked relevance to the candidates' performance. The review was often just a reiteration of what the candidate had done and not a review.

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

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