Cambridge Technicals

Health and Social Care

Level 2 Cambridge Technical Certificate in Health and Social Care **05300**

Level 2 Cambridge Technical Extended Certificate in Health and Social Care **05302**

Level 2 Cambridge Technical Diploma in Health and Social Care **05305**

OCR Report to Centres September 2016

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OCR REPORT TO CENTRES

Cambridge Technical in Health and Social Care Level 2

1. Overview:

This has been another successful year for 2012 Cambridge Technical L2 Health and Social Care. Candidates have produced some excellent evidence, demonstrating their knowledge and understanding about a range of job roles and environments. Evidence has become more streamlined and quality-driven as centres are becoming more familiar with the specification and assessment criteria guidelines.
Fourteen units are available to teach at L2. Many centres offer L2 in Year 12 as either a step up to level 3 or as a supporting qualification.

Cambridge Technical L2 Health and Social Care 2017 are currently being developed, ready for first teaching from September 2017. They are designed to meet the DfE's Technical Certificate characteristics to provide students with the skills required when starting out in their chosen career.

The 2012 Cambridge Technical L2 Health and Social Care will remain available once the 2017 product is launched, to allow centres a choice.

2. General Comments

Good progression was seen in all units from Pass to Merit to Distinction. The standard of the work and the terminology and language used was fitting of L2.

Centres have used a variety of web-based sources of information, such as you tube, BBC news articles, DVD's and other relevant websites to enhance learning. Digital cameras have been used to provide evidence. The OCR community continues to provide support for many teachers and holds a wide range of resources.

Work experience/placements varied considerably depending on location and links with the local community; where placement has been embedded this has enhanced the quality of the work seen. Application of theory to practice is aided by observations made on work experience/ placement. It was encouraging to see reference to work placement being used across a wide variety of units.

Centres value the face to face visiting moderation system and most have utilised both visits. Many centres have taken advantage of advisory visits. OCR CPD also offers advisory telephone calls to centres.

3. Comments on Individual Units

Centres have occasionally found it difficult to interpret the assessment grid and have generally included an excessive amount of information in portfolios. For future reference, wherever a plural is used within the assessment grid, this should be interpreted as 'at least two'. The exception to this is where a definitive term such as 'all' or 'each' is used in the assessment grid.

Portfolios have on the whole been presented in a logical order. Pass, merit and distinction criteria have been signposted and this clear labelling has aided the moderation process. Centres must take note of the JCQ guidelines regarding the quantity and content of centre feedback.

Unit Recording Sheets have been used appropriately. Moderators value comments and page referencing as it helps identify where and why grades have been awarded.

When students participate in group work they must clearly identify their contribution.

There are four core units and ten optional units at L2.

Unit 1 Communication in Health and Social Care

This unit has been approached well and accurately assessed.

P1 requires candidates to identify different forms of communication. Assessment evidence has included pictures, tables and descriptive comments.

M1 asks candidates to describe at least two technological aids. This evidence must relate to a range of health and social care environments. Observations made during work placement have been referred to when providing evidence for this assessment criteria.

P2 requires candidates to explain barriers to effective communication within a health and social care environment. This should be based on a setting and again can refer to work placement or a visit to a setting. Whilst teachers would be expected to cover all barriers in their teaching, at least two must be explained in the evidence submitted.

P3 and P4 require candidates to take part in effective interactions. Good practice would be to support each assessment criteria with a witness statement. Additional evidence could include planning of the interaction or a set of statements covering the 'who, what, why, where and when', for each interaction.

M2 requires candidates to assess the effectiveness of their communication skills in each interaction. Assessment requires candidates to form an opinion or provide a judgement and both interactions should be referred to.

In D1, when analysing the factors which enhanced and inhibited communication in each interaction, candidates should cover at least two enhancing and two inhibiting factors across the two interactions.

Unit 2 Individual Rights in Health and Social Care

P1 Candidates are asked to identify factors that contribute to the equality of individuals in society. The teaching content should be referred to and social and political factors included. Evidence submitted has included pictures as well as written work.

P2 When explaining the individual rights of people who use services, at least two should be covered. This is also the case in P3 when candidates must explain the principles and values which underpin the support for people who use services. An explanation can suggest the use of continuous prose and examples should be provided.

Many candidates have produced superb evidence for M1. Some candidates have used case studies to describe the problems associated with stereotyping, labelling and prejudice.

For D1, an opinion or judgement should be provided when assessing the impact of applying principles and values when supporting people who use services.

Unit 3 Individual needs in Health and Social Care

A wide range of different types of evidence were produced for this unit.

P1 requires candidates to outline the everyday needs of individuals. Many used tables, web diagrams or time lines to address the assessment criteria. Teaching guidance was used accurately to guide content.

At least two factors which affect the everyday needs of individuals should be explained for P2. It was encouraging to see centres had delivered breadth, addressing a wide range of factors, however, candidates had explained in depth at least two.

P3 is a practical task which asks candidates to carry out an assessment of the health and wellbeing of an individual. Generally, when a learning objective starts 'candidates will be able to', the assessment criterion is a practical task. In this case, many candidates selected an 'unhealthy' individual and conducted an interview. Other techniques included completing physical measures and dietary records.

P4 requires candidates to produce a plan for improving the health and wellbeing of an individual. The majority of candidates used the findings from P3 and put together a realistic plan to improve different aspects of health of the individual.

M1 is linked to P3 and P4 in that candidates are asked to interpret the findings of the assessment of the health and wellbeing of an individual. There are many ways of doing this and many candidates used the 'norms' of good health to compare their individual against.

D1 requires candidates to justify the methods used to gain information about an individual when carrying out an assessment. Some candidates did not fully understand that they were required to justify why they conducted an interview, or recorded alcohol consumed or food intake. This is not an evaluation and there is no requirement to provide advantages and disadvantages of different methods.

Unit 4 Ensuring Safe Environments in Health and Social Care

P1 requires candidates to identify potential hazards that might arise in health and social care environments. Candidates must consider more than one health and social care environment and many used diagrams to identify potential hazards.

Presentations were often used to produce evidence for P2. The command verb is outline and presentations lend themselves to this. Only the main features of current health and safety legislation as applied in health and social care needed to be included.

P3 has caused some confusion for some candidates. The emphasis is on explaining risk assessment processes in the context of everyday activities in health or social care. Some candidates did not consider the processes but simply completed a risk assessment.

M1 asks candidates to explain possible ways to control risks using processes and procedures in health or social care. This means candidates must cover at least two ways for at least two risks and all must relate to health and social care.

D2 (currently signposted as the second D1) links to this, as candidates can then go on to make recommendations to minimise specific risks in health or social care.

When approaching D1 candidates must describe the responsibilities of both health and social care employers and employees in identifying potential hazards within settings. At least two settings should be included.

4.   Sector Update

The 2012 Cambridge Technical L2 in Health and Social Care has been extended to the dates shown below.

Entry codes 05300-05305 Level 2

Last entry date 30/04/2020
Last certification date 31/08/2022

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