

## **Cambridge Technicals**

### **Health and Social Care**

Level 3 Cambridge Certificate in Health and Social Care **05307**

Level 3 Cambridge Introductory Diploma in Health and Social Care **05309**

Level 3 Cambridge Subsidiary Diploma in Health and Social Care **05312**

Level 3 Cambridge Diploma in Health and Social Care **05315**

Level 3 Cambridge Extended Diploma in Health and Social Care **05318**

## **OCR Report to Centres September 2016**

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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## CONTENTS

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### OCR REPORT TO CENTRES

<b>Content</b>	<b>Page</b>
Cambridge Technical in Health and Social Care Level 3.....	4
1. Overview: .....	4
2. General Comments .....	4
3. Comments on Individual Units .....	4
4. Sector Update .....	7

# Cambridge Technical in Health and Social Care Level 3

## 1. Overview:

2015-2016 has been another successful year for Cambridge Technical L3 Health and Social Care 2012.

It has been great to hear of so many successful applications to university courses. Many universities are familiar with Cambridge Technical and OCR continues to work with those who are not.

The launch of the 2016 suite of Cambridge Technical L3 Health and Social Care, this September, will ensure that the qualification stays in the radar of admission tutors and employers.

Centres may continue to teach from the existing Cambridge Technical 2012 suite for the foreseeable future, however, there is no option to mix and match between the 2012 and 2016 specifications within a year group.

Some centres are remaining with the 2012 qualification, others are seeing out the 2012 with Year 13 and bringing in the 2016 qualification with Year 12.

National training events were held throughout the year for 2012 and many centres used the opportunity to have a free advisory visit, prior to their first moderation visit. The advisory visit proved very useful, both building teacher confidence with the specification and clarifying any specification queries.

Centres value the face to face visiting moderation system and most have utilised both visits.

## 2. General Comments

The vast majority of centres have used written evidence to meet assessment criteria. This has been supported with case studies which have allowed candidates to apply knowledge and show understanding. Posters and leaflets have been used where the command verb is identify, outline or describe. Photographic evidence and witness statements have been used for practical activities. Witness statements should reflect the wording used within the assessment grid.

The majority of centres have delivered the teaching content as it appears in the specification. It should be noted that not all teaching content is reflected in the assessment grid. There is a significant difference between the amount of information that should be delivered to meet the teaching content and the evidence that needs producing to meet the assessment grid. Some centres had produced excessive amounts of evidence due to this lack of understanding. Good practice would be to reference within the body of the text and provide a bibliography/reference list at the end. This was seen in the majority of candidate evidence.

## 3. Comments on Individual Units

There are up to seven mandatory units at L3, depending upon the qualification size, and twenty nine optional units. Units 6 and 7 are 5 credit units and all other mandatory units are 10 credit

units. Optional units vary in credit value. Many centres are able to build in work placement to their programme of learning and where this happens, evidence is often applied and realistic. Not all centres are able to do this and therefore use role play, guest speakers and educational visits to engage the learner with health, social care and early year environments.

Not all assessment criteria for every unit will be referred to below.

### **Unit 1 Developing effective communication in Health and Social Care**

P1 The majority of centres explained the role of effective communication using the four different types of communication. This assessment criterion can sometimes contain too much information, as the teaching content is included in its entirety. All examples should relate to health, social care or early years environments. It was encouraging to see the use of audio equipment being used to provide evidence.

When completing P3, candidates must explain at least two factors and cover at least two environments.

The focus for M1 must be the usefulness of theories of communication within health and social care environments. Candidates need to provide judgements linked to examples when making an assessment.

D1 requires candidates to analyse how cultural variations can influence communication. Candidates should not spend time discussing different cultural variations, but instead analyse how each can influence communication. Good practice seen used Argyle's Communication Cycle when analysing the influence.

### **Unit 2 Equality, Diversity and Rights in Health and Social Care**

P2 requires candidates to describe discriminatory practice in health and social care. This means poor practice related to health and social care settings.

There has been some confusion between P4 and P5. P4 should be approached generically and can link to M2. The Disability Discrimination Act (DDA) has now been integrated into The Equality Act; either can be used in order to meet the assessment criteria.

P5 focuses specifically on health and social care settings and candidates must describe how anti-discriminatory practice is promoted within these. This can link to M3 where candidates should describe practical ways health or social care settings can use national initiatives to promote anti discriminatory practice.

Many centres had used guest speakers or educational visits to facilitate learning for this unit. Candidates had the opportunity to experience the reality of the sector and to find out first-hand how national initiatives filter down into settings.

### **Unit 3 Health, Safety and Security in Health and Social Care**

The learning outcome for P3 is a 'candidates should be able to' statement. This is indicative of a practical task and candidates had to carry out a risk assessment in a health or social care setting. Ideally candidates would have visited the setting as part of work placement, however, candidates could use a virtual health or social care environment.

There were some excellent case studies used for P4 and candidates were able to explain possible priorities and responses when dealing with two particular incidents or emergencies in a health or social care setting.

D1 required candidates to evaluate the effectiveness of the recommended controls in reducing the incidents of harm or injury. In any evaluate task, candidates would be expected to give both sides whether that be advantages and disadvantages or strengths and weaknesses.

Occasionally in D2, candidates described policies and procedures rather than focusing on justifying the need to review policies and procedures following critical incidents.

#### **Unit 4 Development through the Life Stages**

P1 was often presented in a chart or as a series of web diagrams using PIES for each life stage. It was interesting to see family case studies being used which incorporated all life stages.

The command verb for M1 is 'describe' and many candidates went on to describe different stereotypical perceptions of life stages and not their possible effect on development. The emphasis of this assessment criterion is 'the effect on development'.

M2 can also be approached using case studies and whilst candidates must be able to identify at least two life factors and at least two life events, they must be able to explain how life factors and events may interrelate to influence an individual's development.

Some wonderful work was seen for D1, candidates had researched several cases of nurture verses nature and were able to analyse the significance of genetic influences as opposed to social factors in human development.

#### **Unit 5 Anatomy and Physiology for Health and Social Care**

For P1 and P2 candidates should adhere to the command verb and use the teaching content to guide content. The command verb is outline and this requires brief descriptions rather than extensive prose. Often candidates used illustration and labelled anatomy as well as outlined.

P3 states all the main body systems must be outlined and in order to achieve this assessment criterion the teaching content should be used as a tick list. Again candidates should not go into too much detail.

P6 asks candidates to follow guidelines to collect data for heart rate, breathing rate and temperature before and after a standard period of exercise. Candidates appeared to enjoy this practical task, photographic evidence and witness statements were used to support this assessment criterion.

M3 requires candidates to explain measures taken to ensure validity and reliability during the practical investigation. This must link to the methods used to undertake the investigation and should include equipment used and procedures followed.

#### **Unit 6 Sociological Perspectives for Health and Social Care**

P1 should focus on the two principal sociological perspectives, namely the interpretative perspective and the structuralist perspective. Candidates can then go into one theory for each to demonstrate understanding. There is no requirement to go through all the key terms in the teaching content within the portfolio. This should however be addressed within the classroom.

When explaining patterns and trends in health and illness for P3, candidates must ensure they relate these to at least two different social groupings.

The command verb in M1 is compare and it is expected that this will include similarities and differences.

For D1 candidates are required to consider the pros and cons of the ways patterns and trends in health and illness are measured.

This unit has tended to be submitted as a concise piece of work and include mainly written evidence.

### **Unit 7 Psychological Perspectives for Health and Social Care**

P1 should explain the principal psychological perspectives. Candidates must cover all six psychological perspectives.

P2 and P3 can be blended together and much of the evidence seen this year followed this pattern. Examples should be signposted so as to identify health and social care practice.

M1 provides candidates with the opportunity to explain how practitioners could apply psychological approaches to health and social care practice. Good practice here would be to provide realistic, practical examples which demonstrate understanding.

At least two psychological perspectives must be analysed for D1.

## **4. Sector Update**

The Cambridge Technical (2012 suite) in Health and Social Care have been extended to the dates shown below.

Entry codes 05307-05318 Level 3

Last entry date 31/08/2019

Last certification date 31/08/2022

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