

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 November 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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R022 Communicating and working with individuals in health, social care and early years settings

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 not well signposted and additional evidence could not be easily located or identified. Some centres are still experiencing difficulty assessing the work against the grading criteria. This area is being addressed by online CPD events in the future. 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.

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