

CAMBRIDGE NATIONALS

Examiners' report



CHILD DEVELOPMENT

J818

R018 Summer 2018 series

Version 1

Contents

Introduction	3
Paper R018 series overview	4
Section A overview	5
Question 1(a)	5
Question 1(b)	5
Question 1(c)*	6
Question 2(a)	6
Question 2(b)	7
Question 2(c)	7
Question 2(d)	8
Question 2(e)	8
Question 3(a)	9
Question 3(b)	10
Question 3(c)(i)	10
Question 3(c)(ii)	11
Section B overview	12
Question 4(a)*	12
Question 4(b)	13
Question 4(c)	13
Question 5(b)	14
Question 5(c)	14
Question 5(d)	15
Question 5(f)	15
Question 5(g)	16
Question 5(h)	16
Question 6(a)	17
Question 6(c)	17

Introduction

Our examiners' reports are produced to offer constructive feedback on candidates' performance in the examinations. They provide useful guidance for future candidates. The reports will include a general commentary on candidates' performance, identify technical aspects examined in the questions and highlight good performance and where performance could be improved. The reports will also explain aspects which caused difficulty and why the difficulties arose, whether through a lack of knowledge, poor examination technique, or any other identifiable and explainable reason.

Where overall performance on a question/question part was considered good, with no particular areas to highlight, these questions have not been included in the report. A full copy of the question paper can be downloaded from OCR.

Paper R018 series overview

For the externally assessed Unit R018 the majority of candidates attempted to answer all of the questions and a full range of marks was achieved from below 5 marks up to 80 marks. There was no evidence that any time constraints had led to a candidate underperforming and the few scripts where there were no responses had large sections of the paper which had not been tackled.

Many excellent responses demonstrated that candidates were well prepared for the examination, they gave well-informed and well-structured answers using appropriate subject specific terminology from the specification. Particularly well answered were questions 2(e), 4(a), 5(c). Some candidates needed to develop their knowledge of certain key areas, for example antenatal clinic tests and checks, domino scheme deliveries and the physical needs of an ill child.

Generally most candidates did not find it necessary to extend their responses on to the extra pages this session. However many did expand their answers into the space around the question, sometimes lower down the page with arrows pointing back to the question. Centres should discourage candidates from doing this. It is often unclear which question the extra words belong to and the arrows can be very confusing.

If a candidate needs more lines for their response they should use the extra pages at the end of the answer booklet, clearly labelling their answer with the correct question number and the precise part of the question, for example 3(c) ii. Examiners did find that some candidates had mislabelled questions or identified page numbers rather than question numbers. This is not ideal, candidates should be encouraged to clearly state the correct question number so that they can gain full credit for their answers.

Candidate performance overview

Candidates who did well on this paper generally did the following:

- Demonstrated an understanding and familiarity with the different command verbs e.g. identify, describe, explain and discuss.
- Produced detailed, clear and concise responses for Level of Response questions: 1(c) and 4(a).
- Applied knowledge and understanding to Section A questions based on a scenario or set in a particular context.

Candidates who did less well on this paper generally did the following.

- Lacked precision in their responses e.g. 2(b) limited use of specialist terminology when explaining use of an incubator and 3(c)(i) suggesting physical activities when ways of meeting physical needs of a child recovering from an accident were asked for.
- Found it difficult to apply what they had learnt to different scenarios or contexts for questions in Section A.
- Produced responses that lacked depth, and were often rambling and peripheral to what had been asked, sometimes simply repeating information provided, e.g. 1(c), 2(d), 4(a), 6(c).

Section A overview

Section A of the paper consists of three questions based in different contexts. For this paper the three scenarios are bath time for Ben, Nadia and her baby Aleesha, home safety and the needs of an ill child. Candidates are required to apply their knowledge of the R018 specification topics to produce answers that are relevant to the scenarios provided.

Question 1(a)

1 Jenna likes to bath her son, Ben, regularly.



(a) State **one** way that Jenna could make sure that the bath water is not too hot for Ben.

.....
..... [1]

Question 1(b)

(b) Give **two** ways that Jenna could check that the bath toys are safe to use with Ben.

1

.....

2

..... [2]

Answered successfully by the majority of candidates with a wide range of correct responses given. Many candidates accurately named specific safety labels or referred to checking for choking hazards such as small/loose parts or looking for any sharp edges. An age appropriate label was also a common correct response.

The main weakness was to state 'look at the label' without saying what to look for.

Question 1(c)*

(c)* Discuss the benefits for Jenna and Ben of having a regular bath time routine.

Your answer must:

- include benefits for children
- include benefits for parents/carers.

..... [8]

Well answered with a wide range of correct responses with fully detailed discussion enabling some candidates to achieve Level 3 and many gained Level 2. Good answers consisted of discussion around bonding, aiding relaxation and sleep, enjoyment and developing motor skills; and gave a balanced consideration of benefits for both the parent and the child.

Some responses were limited to Level 2 with QWC being an issue at this level and a lack of balanced coverage of benefits for both parents and children, with the discussion focussing mainly on children.

In weaker responses repetition was frequent and disadvantaged candidates in both time and marks. Simple errors that did not gain any marks include giving instructions for how to bath a baby and describing benefits for parents of having a bath themselves. A number of responses stated that when the child had gone to bed the parents would have free time.

Question 2(a)

2 Nadia's baby, Aleesha, was born prematurely at 34 weeks.

The paediatrician has told Nadia that Aleesha will have special care needs because she is premature.

(a) Describe the role of a paediatrician.

.....

.....

..... [2]

Responses that gained two marks demonstrated their knowledge by describing two specific aspects of a paediatrician's role such as attending difficult births and that they are expert doctors in the care of children up to the age of 16 years.

Some candidates were able to gain 1 mark for identifying that paediatricians are doctors specialising in babies and children.

Not many candidates gained the second mark due to giving vague or incorrect information such as suggesting they are midwives and cared for the mother during labour.

Question 2(b)

(b) Aleesha has specific care needs and she must be kept in an incubator.

Explain **one** reason why keeping Aleesha in an incubator will help to meet her specific needs.

.....

.....

.....

..... [2]

This question was poorly answered by many candidates with responses lacking detail and not addressing the command verb which is 'explain'. Many gave vague ideas around 'warmth' and it being 'like the womb'. Better use of correct terminology is needed in many responses.

Candidates who gave correct responses explained maintaining constant temperature control due to Aleesha being unable to maintain her own body temperature, or providing assistance with breathing as lungs are not fully developed. Some candidates explained how the incubator provides isolation keeping Aleesha away from potential infections.

Question 2(c)

(c) After two weeks in hospital baby Aleesha is well enough to go home with Nadia.

Give **three** ways that Nadia's family and friends can help her when she returns home with Aleesha.

1

.....

2

.....

3

..... [3]

Features of good responses included specific, practical suggestions such as nappy changing, feeds, housework, shopping and cooking.

Some vague responses included 'helping with the baby', 'support Nadia' but did not qualify what was meant by 'help' or 'support'.

Some candidates misinterpreted the question as preparation for Nadia before arriving home.

Question 2(d)

- (d) Nadia has decided she does not want to have another baby for a couple of years. Her GP advises that she could start taking the combined contraceptive pill to avoid a further pregnancy.

Complete the table below with **one advantage** and **one disadvantage** of the combined pill.

Combined pill	
Advantage	
Disadvantage	

[2]

Answered well with the majority of candidates indicating good knowledge of this method of contraception. Precise advantages and disadvantages such as 'is 99% effective if taken as instructed' and 'doesn't protect against STIs', gained marks.

Vague responses that did not gain marks included 'prevents pregnancy', 'isn't 100% effective' and 'it has to be taken regularly'. Some candidates unnecessarily gave more than one advantage and one disadvantage, as only the first one of each given by the candidate is marked. Examiners do not choose the correct answer from several provided by the candidate.

Question 2(e)

- (e) Nadia's friend suggests she should try the contraceptive patch.

Describe how the contraceptive patch works.

.....

.....

.....

.....

.....

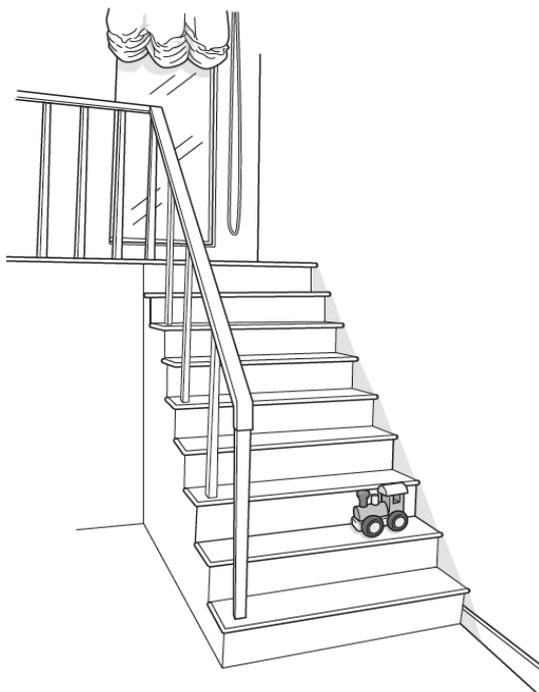
..... [2]

Answered well with most candidates demonstrating good knowledge of how this method of contraception works with responses covering points such as it being 'a sticky patch stuck on the arm', 'releasing hormones' and 'preventing the release of an egg'.

Marks were lost with imprecise, vague answers, for example 'put on the body somewhere', 'prevents pregnancy' and incorrect references to the cap or coil.

Question 3(a)

3 This is a picture of the stairs at Jamie's home. Jamie is nearly 2 years old.



(a) Identify **three** unsafe features of the stairs at Jamie's home and give **one** reason why each feature is not safe for Jamie.

Unsafe feature

Reason

.....

[2]

Unsafe feature

Reason

.....

[2]

Unsafe feature

Reason

.....

[2]

The majority of candidates gained high marks for this question. Candidates clearly recognised and identified unsafe features such as that there are no stair gates, there are wide gaps between the bannisters, the long blind cord and the toy on the stairs.

A wide range of appropriate reasons were given by candidates such as trip hazard, danger of falling, possible strangulation, unsupervised access to the stairs

Candidates did not achieve marks for repetition of the same reason for different hazards, for example 'falling' or for inaccurately referring to the blind cord as a choking hazard or a cause of suffocation rather than strangulation and for stating that Jamie could 'fall through' the bannisters rather than get stuck between them causing various types of injuries.

A few candidates just stated that 'the stairs' were a hazard, this did not gain any credit as the question asked for 'unsafe features of the stairs'.

Question 3(b)

(b) Jamie has a fall on the stairs.

Identify **four** different injuries that Jamie could suffer as a result of his fall.

- 1
- 2
- 3
- 4

[4]

Very well answered by the majority of candidates. A full range of relevant injuries were identified. A few candidates did not gain marks due to repetition of the same injury, for example broken leg, broken arm, broken ankle or dislocated knee, dislocated shoulder.

Question 3(c)(i)

(c) Jamie's GP has advised that he should rest quietly at home for a few days to recover from his fall.

(i) Explain **two** ways Jamie's parents/carers can meet his **physical** needs while he is recovering.

- 1
-
-
-
- 2
-
-

[4]

This question was not well answered. Many candidates did not read the question carefully enough and so their responses did not address the given scenario. The GP has advised that Jamie should 'rest quietly at home...to recover'. Two ways his parents can meet his 'physical needs' while he is recovering are required.

Many candidates' suggestions inappropriately involved physical activities such as walking to the park or playing ball games in the garden. As Jamie is supposed to be 'resting quietly at home' these activities are not suitable.

A few candidates were able to gain credit for explaining meeting physical needs such as his parents should ensure he gets regular drinks so that he doesn't get dehydrated or ensuring he takes medication as required or that he gets enough sleep, to aid his recovery.

Candidates are advised to revise PIES (physical, intellectual, emotional and social) as a number of responses incorrectly suggested addressing emotional or social needs.

Question 3(c)(ii)

(ii) State **four** ways that Jamie's parents/carers can meet his **social** needs while he is recovering.

1

.....

2

.....

3

.....

4

.....

[4]

Responses needed to include ways that involve social interaction and that are appropriate to Jamie's situation as described in the scenario. Suggestions of things that Jamie could do in isolation were not credited as the question is about 'social' needs.

This question was well answered with the majority of candidates gaining at least half marks and many gaining full marks. Correct examples include playing board games with parents, having a couple of friends to chat and reading a story together having Skype or video calls and watching TV together.

Section B overview

Section B of the paper consists of three questions that are fact and knowledge based. Candidate responses do not have to relate to a particular situation or scenario.

Question 4(a)*

- 4 (a)* Explain how the two factors, **finance** and **age**, can affect a couple's decision to have children.

.....
.....
.....
..... [6]

The question required an explanation of how two factors – finance and age – can influence a couple's decision to have children. A number of candidates focussed their responses on only one of the factors, usually finance, and so their marks were limited to Level 2.

The most common focus of correct responses was the cost of providing equipment, clothing and a home for a child and the income required to achieve that along with the necessity to curtail expenditure on holidays and having a social life. Older mothers being more likely to have a child with Down's syndrome was the main point made for the influence of age and some candidates explained younger parents might lack maturity to cope with the responsibility of a child.

Level 3 responses gave balanced explanations of both age and finance, discussing the different choices that couples may consider such as fertility, returning to work, completing education and the need for child care.

In weaker responses there were many comments that 'older' people (over 35) lacked energy so wouldn't be able to play games with their children and would have deteriorating health leading them to not live long enough to see their children grow up.

Some candidates referred to many aspects of finance and/or age but not in any detail so points were not explained or developed in any way this limited marks to Level 1 or 2.

Question 4(b)

(b) Children need to be aware of 'stranger danger'.

Explain **two** rules parents/carers could teach their child about 'stranger danger' to help keep them safe.

1

.....

.....

2

.....

.....

[4]

Many candidates gained at least at least two marks for identifying two rules such as 'don't talk to strangers', 'don't take sweets from a stranger', 'don't get into a stranger's car' were good examples. Unfortunately many did not gain the second mark for the explanation of the rule. Candidates needed to state what the child should be told to do if a stranger started talking to them, giving them sweets or offering a lift in their car.

Explanations such as find a safe stranger such as a policemen, a shop worker, a neighbour or scream and shout for help were able to gain full marks.

Some candidates did not gain marks when they gave vague responses suggesting parents 'show them videos', 'read books/leaflets' but did not give any further detail. As the command verb is 'explain' some further detail about the rule is required such as content or purpose of the videos, books or leaflets.

Question 4(c)

(c) A child's behaviour can be influenced by the example set by their parents/carers.

Give **four** examples of how parents/carers can be role models and set a good example for their child's behaviour.

1

2

3

4

[4]

Answered well by many candidates who demonstrated their knowledge of socialisation with realistic and practical examples such as parents being polite and always saying please and thank you, not shouting or swearing and always eating healthy foods.

A few responses were vague and suggested parents should 'tell' the child rather than actually demonstrate or 'role model' the desired behaviour.

Question 5(b)

(b) How long after conception does the embryo become a foetus?

..... [1]

The correct answer is 8 weeks. A gap in many candidates' knowledge.

Question 5(c)

(c) A urine test is routinely carried out at the antenatal clinic.

Give **two** reasons why a urine test is carried out.

1

.....

2

.....

[2]

A good number of candidates answered well demonstrating their subject knowledge by giving signs of pre-eclampsia, diabetes, ketones and kidney infections and protein.

Some candidates made very general statements that did not gain any marks e.g. 'to see if she is still pregnant' and 'to make sure if she is healthy'

A number of candidates confused the urine test with blood tests and wrote about checking iron levels and anaemia. Others incorrectly suggested it was to test for pregnancy, an inappropriate answer as the question states it is at the antenatal clinic.

Question 5(d)

(d) Specialised diagnostic tests are also carried out at the antenatal clinic.

The names of some specialised diagnostic tests are shown in the box below.

- Amniocentesis
- CVS (chorionic villus sampling)
- Nuchal fold translucency scan
- AFP (alpha fetoprotein test)

Three of the tests in the box are described in the table below.

Complete the table to show the correct name of each test.

Description of the test:	Name of the test:
A small sample of blood is taken. The blood is screened for spina bifida and Down's Syndrome.	
An ultrasound scan is carried out. A hollow needle is used to remove some amniotic fluid from the uterus. Screens for Down's syndrome after 15 weeks of pregnancy.	
A hollow needle is used to take a small sample of placenta tissue. Screens for Down's syndrome after 10 weeks of pregnancy.	

[3]

Most candidates correctly identified amniocentesis but many confused AFP with CVS tests.

Question 5(f)

(f) A pregnant woman's weight is checked at every antenatal clinic appointment.

Identify **three** reasons why a pregnant woman's weight is checked at the antenatal clinic.

- 1
-
- 2
-
- 3
-

[3]

This question was not answered well, candidates seemed to lack knowledge. Many responses were vague giving little information with responses simply stating 'to check/see if the mother is under/overweight' without indicating the reason. There was little evidence of candidates knowing why the weight might indicate problems and very few were able to actually name the issues that might be revealed by the weight check.

A few candidates gave excellent accurate responses such as stating that gaining too much weight can increase the risk of gestational diabetes and pre-eclampsia or that gaining too little weight can cause premature birth or a baby with a low birthweight.

Question 5(g)

(g) Give **four** reasons why some women choose to have a **domino scheme** delivery.

- 1
-
- 2
-
- 3
-
- 4
-

[4]

A large number of candidates were unable to demonstrate any knowledge of a domino scheme delivery which is one of the choices available for birth listed on the specification in LO2. Many candidates appeared to be guessing with vague suggestions such as 'quicker', 'less painful', 'easier'.

Those few candidates who were familiar with this type of delivery generally gained 2–4 marks with accurate answers around continuity of care and having the same midwife throughout, mother having a greater feeling of control as she is at home and not in the hospital environment for long and reduction in the chance of assisted deliveries.

Question 5(h)

(h) Some fathers attend antenatal appointments with their partner.

State two reasons why this can help to make the birth an **emotionally** satisfying experience.

- 1
-
- 2
-

[2]

A few candidates misinterpreted the question giving responses that referred to the delivery and birth rather than attending antenatal classes. When candidates did understand that the question was centred around emotions their responses were usually correct.

Question 6(a)

6 (a) Newborn babies have natural immunity.

Give the meaning of 'natural immunity'.

.....

..... [1]

The majority of candidates did not link this with the mother and so was poorly answered, indicating a lack of knowledge.

Some correct responses included reference to immunity gained from the mother or placenta. But very few candidates referred to breast feeding.

Question 6(c)

(c) Explain how an immunisation protects the body against infections.

.....

.....

.....

..... [2]

Not well answered, many lengthy responses which did not explain how an immunisation protects.

A few candidates were knowledgeable and able to give a clear explanation and did gain full marks. Some candidates gained one mark for mentioning the production of antibodies.

Copyright acknowledgements

Q3

Adapted from 'Keeping Under Fives Safe Online', 2016, www.childnet.com, Childnet International, UK Safer Internet Centre.

Q5e

© British Standards Institute.

Supporting you

For further details of this qualification please visit the subject webpage.

Review of results

If any of your students' results are not as expected, you may wish to consider one of our review of results services. For full information about the options available visit the [OCR website](#). If university places are at stake you may wish to consider priority service 2 reviews of marking which have an earlier deadline to ensure your reviews are processed in time for university applications.

activeresults

Active Results offers a unique perspective on results data and greater opportunities to understand students' performance.

It allows you to:

- Review reports on the **performance of individual candidates**, cohorts of students and whole centres
- **Analyse results** at question and/or topic level
- **Compare your centre** with OCR national averages or similar OCR centres.
- Identify areas of the curriculum where students excel or struggle and help **pinpoint strengths and weaknesses** of students and teaching departments.

<http://www.ocr.org.uk/administration/support-and-tools/active-results/>



Attend one of our popular CPD courses to hear exam feedback directly from a senior assessor or drop in to an online Q&A session.

<https://www.cpdhub.ocr.org.uk>



We'd like to know your view on the resources we produce. By clicking on the 'Like' or 'Dislike' button you can help us to ensure that our resources work for you. When the email template pops up please add additional comments if you wish and then just click 'Send'. Thank you.

Whether you already offer OCR qualifications, are new to OCR, or are considering switching from your current provider/awarding organisation, you can request more information by completing the Expression of Interest form which can be found here: www.ocr.org.uk/expression-of-interest

OCR Resources: *the small print*

OCR's resources are provided to support the delivery of OCR qualifications, but in no way constitute an endorsed teaching method that is required by OCR. Whilst every effort is made to ensure the accuracy of the content, OCR cannot be held responsible for any errors or omissions within these resources. We update our resources on a regular basis, so please check the OCR website to ensure you have the most up to date version.

This resource may be freely copied and distributed, as long as the OCR logo and this small print remain intact and OCR is acknowledged as the originator of this work.

Our documents are updated over time. Whilst every effort is made to check all documents, there may be contradictions between published support and the specification, therefore please use the information on the latest specification at all times. Where changes are made to specifications these will be indicated within the document, there will be a new version number indicated, and a summary of the changes. If you do notice a discrepancy between the specification and a resource please contact us at: resources.feedback@ocr.org.uk.

OCR acknowledges the use of the following content:
Square down and Square up: alexwhite/Shutterstock.com

Please get in touch if you want to discuss the accessibility of resources we offer to support delivery of our qualifications: resources.feedback@ocr.org.uk

Looking for a resource?

There is now a quick and easy search tool to help find **free** resources for your qualification:

www.ocr.org.uk/i-want-to/find-resources/

www.ocr.org.uk

OCR Customer Contact Centre

Vocational qualifications

Telephone 02476 851509

Facsimile 02476 851633

Email vocational.qualifications@ocr.org.uk

OCR is part of Cambridge Assessment, a department of the University of Cambridge. *For staff training purposes and as part of our quality assurance programme your call may be recorded or monitored.*

© **OCR 2018** Oxford Cambridge and RSA Examinations is a Company Limited by Guarantee. Registered in England. Registered office The Triangle Building, Shaftesbury Road, Cambridge, CB2 8EA. Registered company number 3484466. OCR is an exempt charity.



Cambridge
Assessment

