

**Cambridge Technicals (2012)**

**Level 2 / Level 3**

**Health and Social Care**

**05300, 05302, 05305  
05307, 05309, 05312, 05315, 05318**

**Moderators' report 2019 series**

## **About this Moderators' report**

This report on the 2019 series assessments aims to highlight:

- areas where students were more successful
- main areas where students may need additional support and some reflection
- points of advice for future assessment/moderation

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.

The report also includes links and brief information on:

- A reminder of our **post-results services** including **reviews of moderation**
- **Further support that you can expect from OCR**, such as our CPD programme

## Reviews of results

If any of your students' results are not as expected you may wish to consider one of our reviews 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: <http://www.ocr.org.uk/administration/stage-5-post-results-services/enquiries-about-results/service-2-priority-service-2-2a-2b/>

## Grade boundaries

Grade boundaries for this, and all other assessments, can be found on the [OCR website](#).

## Further support from OCR

# CPD Training

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.

Please find details for all our courses on the relevant subject page on our website.

[www.ocr.org.uk](http://www.ocr.org.uk)

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## Overview

The Level 2 2012 Cambridge Technical Health and Social Care qualification review date has been extended and is now:

Entry Codes	Level	Previous Review Date	New Review Date
05300-05305	Level 2	30/04/2020	31/12/2024

Cambridge Technical at Level 2 offer students a broad and in-depth foundation for either the modern workplace or further studies.

With 14 Level 2 units, there is a wide choice for students to study.

The Level 3 2012 Cambridge Technical in Health and Social Care offers students a broad and in-depth foundation for either the modern workplace or further studies.

With 36 Level 3 units, there is a wide choice for students to study. Many centres continue to teach the existing Cambridge Technical 2012 suite 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 and bringing in the 2016 qualification with new year groups.

There have been no national training events for the 2102 suite this academic year. Advisory support call forms are available in the 'forms' section of the subject specific website. Advisory calls can be requested and these have proved useful and informative to many centres. Centres value the face to face visiting moderation system and all have utilised both visits.

## General comments

Many centres continue to deliver the 2012 specification. Please see the sector update section at the end of the report for further information on the funding available for both Level 2 and Level 3 2012 Cambridge Technical qualifications.

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

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 Level 3 candidate evidence.

Centres have found the assessment criteria accessible and likewise candidates have found them manageable. Centres have benefitted from advice given to them on the first moderation visit and implemented this so as to achieve 100% success on their second visit.

A wide range of assessment methods have been used and moderators have had the pleasure of moderating all types of evidence. Written evidence still remains most used however the use of display, posters, leaflets, video, role play and witness statements have also been incorporated. The organisation of work is commendable and many candidates clearly label evidence, many choosing to use the assessment criteria as a header and bold the command verb.

Many candidates are reaping the rewards of an induction programme which embeds the meaning of each command verb and an understanding of plurals and application.

Centres must take note of the JCQ guidelines re the quantity and content of centre feedback.

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

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

## **Comments on individual units Level 2**

Level 2: There are four core units and ten optional units at L2.

When the command verb is demonstrate, candidates are expected to do something and therefore a witness statement could be used. When the command verb is explain, candidates should avoid list like evidence and write in continuous prose.

### **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. While teachers would be expected to cover all barriers in their teaching, at least two must be explained in the evidence submitted. The how and why should be included. P2 requires an explanation and many students opt for a power point. This sometimes restricted the depth of explanation

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 pictorial as well as written work.

P2 When explaining the individual rights of people who use services, at least two should be covered. Candidates could focus on fewer rights in greater depth. 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.

M1 Candidates should not describe stereotypes but the problems associated with them.

For D1 an opinion or judgement should be provided when assessing the impact of applying principles and values when supporting people who use services. Candidates must assess the impact of applying care values rather than cover them generically.

## **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. Explain requires depth/content. It is good to use PIES but evidence should be detailed.

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. Please do not use centre based templates to carry out the assessment.

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. Explain risk assessment processes needs more than a simple statement in a flow chart.

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 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.

#### **Comments on individual units Level 3:**

Level 3: There are up to seven mandatory units at L3 depending on 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 candidate 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**

P1The 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 for

P2 'discuss theories of communication'. 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. The emphasis is on the influence on communication, not on what gestures mean in different countries.

M2 also uses the command verb assess and requires candidates to refer to both the one to one and the group interaction. Candidates should form an opinion or express their judgement on their own communication skills based on the two interactions.

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

M1 is based on a service and this should be identified in the prose/assessment material.

There has been some confusion between P4 and P5. P4 should be approached generically and explain how at least two national initiatives promote anti discriminatory practice. This criteria 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 be at organisational level and include such things as recruitment and training, embedding values of care. This criterion can link to M3 where candidates should describe practical ways health or social care settings can use national initiatives to promote anti discriminatory practice. Practical ways could include resources used, festivals celebrated, menu choices, etc.

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

Candidates should note the difference between setting and settings as this dictates how many settings they need to refer to. P1, M1 and P3 all refer to a setting and therefore can use a placement for example. P2 refers to settings and so at least two should be included.

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.

In D2 candidates must focus on justifying the need to review policies and procedures following critical incidents. They should not get distracted by the policies and procedures but concentrate on reasons for the need to review.

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

For P1 candidates must include each life stage as identified in the specification. 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 while 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.

Typically P4 is a concise piece of work, candidates should not be concerned by the quantity of work produced as long as the command verb is met.

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 make sure 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 make sure they relate these to at least two different social groupings. Social groupings are suggested in LO1 content.

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.

### **Sector update**

This specification is now in its eighth academic year and some reference to legislation is out of date. Candidates can be taught and use up to date legislation, however they should be able to link it to its predecessor.

In July 2019 the Education and Skills Funding Agency (ESFA) published a list of qualifications which were to have their funding withdrawn. This included Level 3 2012 Cambridge Technical Health and Social Care. All 2016 Cambridge Technical qualifications are unaffected.

Please note there are no plans to withdraw any of the 2012 Cambridge Technical qualifications however funding in England will only continue for those students who register up to 01/08/2020. This funding will continue up to their completion.

There are no indications at this stage that Level 2 funding will be removed before September 2023.

The government has announced a wide-ranging review of post 16 vocational qualifications in England with a view to reducing the number of qualifications it currently funds. Ahead of the review, the DfE has begun a two-stage consultation process which will close at the end of this year. We expect the review process itself to begin later in 2020 although no withdrawals of funding will take place before 2023 at the earliest.

### **Note to Centres**

Two key changes have occurred in relation to the Level 3 Technicals qualifications, both in relation to the examined units; firstly, an additional re-sit has been allowed, so candidates can have two further attempts at an examined unit if they wish to improve their result from the first attempt made. And secondly, a 'near pass' R grade has been introduced, which enables candidates who do not pass but achieve sufficient marks to gain some points for their examined unit outcome, which may mean that it is not necessary to re-sit the exam.

## About OCR

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