

**CAMBRIDGE TECHNICALS LEVEL 3 (2016)**

**Moderators' report**

# **HEALTH AND SOCIAL CARE**

**05830–05833, 05871**

**Summer 2024 series**

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## Introduction

Our Moderators' reports are produced to offer constructive feedback on centres' assessment of moderated work, based on what has been observed by the moderation team. These reports include a general commentary of accuracy of internal assessment judgements, identify good practice in relation to evidence collation and presentation and comment on the quality of centre assessment decisions against individual Learning Objectives. The report also highlights areas where requirements have been misinterpreted and provides guidance to centre assessors on requirements for accessing higher mark bands. Where appropriate, the report will also signpost other sources of information that centre assessors will find helpful.

OCR completes moderation of centre-assessed work in order to quality assure the internal assessment judgements made by assessors within a centre. Where OCR cannot confirm the centre's marks, we may adjust them in order to align them to the national standard. Any adjustments to centre marks can be viewed on the Interchange claim once processed by the moderator. Centres should also refer to their individual centre report provided after moderation has been completed. In combination, these centre-specific documents and this overall report should help to support centres' internal assessment and moderation practice for future series.

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## General overview

The Level 3 Cambridge Technical Health and Social Care qualification continues to remain popular among centres. Centres run a two year course post sixteen and offer candidates either a one, two or three A Level equivalent Cambridge Technical qualification.

Centres have a choice of either a face to face or remote moderation for each of the two free moderation visits offered in a year. Many centres have opted for at least one face to face meeting.

### Key point: Three guiding principles

When completing evidence for moderated units there are three guiding principles:

- The **command verb** must be adhered to. The level and depth of command verb dictates the style/type of evidence which should be produced.
- The **plural rule**. Wherever a plural is used, it should be interpreted as meaning 'at least two'.
- The **application rule**. Wherever the term 'environments' is used, application should be to 'at least two' environments.

The following comments represent issues raised and evidence seen over the last academic year. There will be a separate section following this on administration of the Cambridge Technical Health and Social Care.

- Some centres continue to offer their candidates work experience and some practical demonstrations (Unit 1 P4 and P5) have been completed in these environments. Please note, work experience is not mandatory for any size qualification, however it is encouraged where possible.
- Centres have taken on board the need to develop application with many using a range of case studies that provide sufficient detail for candidates to think about not just the 'how' but the 'why'. Furthermore candidates have access to relevant TV programmes such as *One Born Every Minute* and *999 Emergency Call Out*; this allows them to analyse context and person-centred approaches.
- Centres facilitate good practice towards providing evidence of additional research, especially when completing an 'analyse' task. In order to back up reasoned comment, many candidates provide evidence of research or data.
- There have been centres that have blended criteria to help candidates and where this has been well annotated, it has been very successful. If, however, two criteria which contain two different command verbs are blended together, this can sometimes mean one of the two is not addressed in the body of the work. An example of this is Unit 1 P3 and M2, with P3 being an explain task focused on 3.1 of the teaching content and M2 being an analyse task, focused on 3.2.
- The use of criteria as headings has been useful to aid candidates to focus on the requirements of the grading criteria.
- There is a trend in some centres to allow students free choice of units depending on their personal interests. Other centres dictate the units covered as part of the programme.

There are however some common problems/issues that have also been noted, as outlined below.

## Misconceptions



- There is over production of evidence to address the command verb 'identify' with many centres offering a description. When the command verb is 'identify', candidates could present their evidence using a list, table or mind map.
- There is still a tendency for candidates to present the whole of the teaching content. The teaching content is there to guide what should be delivered by the teacher, candidates should not use the teaching content as a tick list or check list of what to include as evidence.
- Confusion between the command verb 'analyse' and 'evaluate', with many offering positive and negatives only for 'analyse'. Please refer to the command verb definition resource to seek clarification of all command verbs.
- Candidates follow the plural rule but the examples they use are brief and that can mean they do not address the command verb. Candidates must be careful when selecting the assessment method and make sure it allows for the command verb to be addressed, e.g. a PowerPoint alone may not be sufficient to achieve the command verb 'explain'.

## Administration of Cambridge Technical Health and Social Care

More and more it is becoming increasingly popular for the teachers involved in delivery to be the ones responsible for entering candidates and building Interchange claims. This is the role of the examinations officer and training is available for this. Moderators are being asked more than ever for assistance with incorrect claims, late claims, inaccurate entries, etc.

The following points have been raised by moderators and team leaders alike:

- Some centres have put claims in quite late. This isn't as much of a problem with face to face visits, but with remote ones it can seriously interfere with moderating schedules and make extra work. Some centres underestimated the external moderation date with many rescheduling and wanting to have a visit right at the end of June. This does not allow for any changes/ mop up visits as candidates have already left centres.
- Several centres seem to have reverted to putting separate claims in for each unit rather than one claim per qualification. Correct staff initials on claims continue to be an issue. The correct assessor initials for each candidate for each unit should appear under the grade submitted on an Interchange claim. This allows the moderator to select their sample correctly, ensuring all assessors are represented in their sample.
- Internal standardisation is a mandatory requirement for centres. Quite often records shown merely agree or not with the overall grade without giving evidence of specific criteria within the work. Where centres have only one teacher involved in delivery and assessment, any other Level 3 assessor can be asked to internally standardise. They are checking the standard rather than the accuracy of the content.
- The secure exchange platform was difficult to use for some centres and as a consequence they did not upload their work in a systematic manner so it was difficult to navigate. When uploading work it is helpful to the moderator if one long document is clearly labelled rather than multiple folders or files.
- Page numbering and annotation on the unit recording sheet is also useful as it allows the moderator to understand where the assessor believes the criteria has been met.

Model assignments are available for eight internally assessed units, covering both mandatory and some optional units. Model assignments are not mandatory however they are encouraged. Centres can adapt the version provided or write their own. There is an assignment checking service available via Teach Cambridge.

## Comments on individual units

### Unit 1 – Building positive relationships in health and social care

This unit is a 60GLH unit and is mandatory for all qualification sizes.

For P1 we have seen that this task is often over-produced as candidates cover all five types of relationship listed in the specification, rather than apply the plural rule. P1 asks candidates to explain different types of relationships that can be built in health, social care or child care environments. The command verb is 'explain', which requires detail covering the how and why. At least two types of relationship should be explained and at least two environments must be used. Candidates can use two health, social care or childcare environments from the same sector.

#### Key point: P1

To aid moderation, copy and paste the types of relationship being explained and bold the environment being used for application. At least two types of relationship from 1.1 must be explained and applied to at least two health, social care or childcare (H/SC/CC) environments.

For M1 it was seen that the word 'and' in the final part of the assessment criteria has caused some confusion. To clarify, at least two environments should be referred to; there is no need to cover all three sectors, candidates must make sure they address the command verb 'analyse' and use the teaching content to interpret the word 'context'. Candidates would benefit from watching TV programmes such as *Ambulance* or *Casualty*, to observe the role context plays in building positive relationships.

For P2 candidates do not need to include the whole of the content for at least two types of factor, e.g. communication and cultural. They must explain factors that can influence the building of positive relationships in health, social care or child care environments. While the teaching content guides what factors must be delivered in the classroom, in terms of types and examples, candidates are required to explain at least two. 'At least two' means two examples of factors (e.g. eye contact and lighting).

**Again as with P1 and in fact all assessment criteria except P4 and P5, at least two environments must be referred to.** This task is often over-produced.

In evidence for P3 many candidates explained all four strategies listed in the specification. P3 only requires candidates to explain at least two strategies to ensure a person-centred approach in health, social care or child care environments. M2 is occasionally blended with P3 but good practice is to attempt these separately as the command verb is 'analyse'. Candidates would benefit from watching videos from the Social Care Institute of Excellence (SCIE) and observing strategies being put into action.

For P4 and P5 only one environment is required and many chose to use interactions from work placement. Both interactions must be **effective** and must be supported by a witness statement as the assessment method. P4 and P5 are practical tasks which require the candidate to do something. Candidates must demonstrate effective communication skills in a one-to-one and group interaction to build a positive relationship in a health, social care or child care environment. When candidates address M3 they must review the effectiveness of the communication skills used during **both** interactions rather than just the one-to-one or group.

#### Key point: D1

We see candidates go off on a tangent in D1, writing reams about reflective practice without homing in on how it ensures interactions build positive relationships. D1 is very much a stand-alone task. Candidates must justify the use of reflective practice to ensure interactions build positive relationships in health, social care or child care environments. There is no requirement to reflect further on their own interactions but instead to justify the use of the concept of reflective practice.

## Unit 5 – Infection control

P1 and P2 criteria had proved difficult for some candidates; the differences should be linked to the service users and it would therefore be helpful to have, for example, a nursery environment and a residential care home environment. P1 relates to 1.1 and 1.2 of the teaching content and all common terms should be described. P2 asks candidates to explain how risks associated with poor infection control are different for different health and social care environments. At least two risks should be explained and there should be application to at least two environments.

P4 asks candidates to outline the ways in which infection can be transmitted from one body to another. While the command verb is to 'outline', much of the information in 2.1 of the teaching content should be covered. Both P3 and P4 could be assessed through a poster, chart, booklet or power point presentation.

For P5 candidates are still producing extra, unnecessary written work as well as a witness statement. The witness statement should state clearly the two methods which were demonstrated. Candidates need to demonstrate at least two methods used to prevent the spread of infection in order to address P5. This could be evidenced using witness statements.

In P7 some candidates referred to an isolation room but this is not 'protective clothing'. Candidates are asked to explain the purpose of protective clothing in controlling the spread of infection. The emphasis should be on the purpose of the protective clothing rather than naming different types of protective clothing.

### Assessment for learning



Good practice would be to use statistical evidence to back up D1, analyse the effectiveness of immunisation in controlling infection. Candidates can use any data, for example Covid figures, which would be ideal for the effectiveness of immunisation.

There have been some queries over the following two criteria: P10 Explain the importance of following policies and procedures to ensure effective infection control and M4 Explain the purpose of policies and procedures in promoting good standards of infection control. Guidance has been to merge the two criteria together as one task and to make sure that when explaining the purpose of policies and procedures, reference is also made to the importance.

### Misconception



For P8 there is a misconception that candidates should refer to 'methods of cleaning' rather than 'methods of monitoring'. P8 requires candidates to state a range of **methods of monitoring** to ensure adequate cleaning. The command verb lends itself to a poster or leaflet.



## Unit 10 – Nutrition for health

This is a 30GLH unit.

P1 asks candidates to describe nutritional and diet guidelines. As a minimum, candidates should describe at least two nutritional guidelines and at least two diet guidelines. The teaching content identifies several of each. While good practice for P2 would be to cover macro and micro nutrients, candidates must describe the functions of at least two nutrients, rather than describe sources in the diet or deficiency diseases.

For M1 candidates must analyse at least two possible effects of poor nutrition for different individuals. This criteria lends itself to using two case studies. Candidates could use referencing to back up the possible effects.

D1 states candidates need to evaluate the possible causes of poor nutrition for different individuals. It is accepted that it is difficult to evaluate possible positive causes of poor nutrition. However, we are seeing many candidates approaching this criteria to good effect through the use of two case studies and explained at least two causes of poor nutrition for each. Causes could include lack of education, cost, availability, facilities available, family habits, etc.

### Key point : P3

P3 Explain how nutritional requirements differ for individuals. An issue that has arisen with this criterion has been that candidates explain the nutritional requirements for individual A and again for individual B but do not explain how they differ. This should be the focus of this criterion.

P4 Candidates must explain at least two factors which influence nutritional health. In some work seen, candidates covered a wider range of factors, and they often did not explain but instead described, thereby failing the task.

For P5 and P6 it is best to base these on the same individual. For P5 candidates must evaluate the diet and nutrition of a chosen individual. They may choose to do this by firstly recording what the individual eats and drinks, by interviewing the individual or by asking the individual to keep a food diary. From this, they must then go on to look at the positive and negative aspects of their diet. P6 requires candidates to develop a dietary plan to improve the nutritional health of an individual. The plan can be presented in a table or chart.

### Misconception



In M2 the word sustainability sometimes gets replaced by candidates with suitability and the research and subsequent response is skewed. M2 requires candidates to analyse the sustainability of a dietary plan for a chosen individual. Candidates should be focusing on how difficult or easy the plan will be to follow for the candidate.

## Unit 12 – Promoting positive behaviour

This unit is a 60GLH unit and is a synoptic unit which draws together knowledge and understanding from other units. As such, it is advisable to cover this unit towards the end of the qualification. This unit is optional at Diploma size and mandatory at Extended Diploma.

P1, P2 and P4 are all practical tasks where candidates need to demonstrate skills. Each could be evidenced using witness statements or video evidence.

M1 and M2 both require the candidate to 'assess' and that requires candidates to form an opinion or provide a judgement. The command verb 'assess' is usually addressed through continuous prose.

M3 and D1 ask the candidate to evaluate and this in turn means both sides should be presented, whether that is advantages and disadvantages or strengths and weaknesses. A conclusion would be expected.

When producing evidence to address P5, describe legislation related to promoting positive behaviour, the content should relate to 4.1 of the teaching content. At least two pieces of legislation should be described.

## Unit 13 – Sexual health, reproduction and early development stages

This is a 60GLH unit. It has proven very popular with candidates. It has ten pass criteria, so attention must be paid to the command verbs and candidates must be careful not to over-produce, where it is not required.

### Key point: P1

P1 asks candidates to describe how at least two sexually transmitted infections could affect the health and wellbeing of the individual. The emphasis is on the effects on health and wellbeing and this may go beyond physical symptoms. There are several emotional and social effects and all areas should be described.

For P2 candidates should summarise ways in which an individual may be protected against unlawful and harmful sexual intercourse. We are seeing candidates' work being guided by the teaching content but also seeing evidence going beyond the teaching content and including relevant and up to date factors such as safety on nights out and keeping drinks safe.

With P3 sometimes candidates list many methods of contraception and provide only one or two sentences on each, missing the command verb 'explain'. For P3 candidates explain how a range of methods of contraception protect against pregnancy. For this candidates must cover at least three methods of contraception and for each must explain how they protect..

For M1 candidates must analyse approaches that could be taken to promote sexual health. This task is separate to P2 and focuses on the promotion of sexual health rather than protection. D1 however does follow on from P2 and requires candidates to evaluate the effectiveness of legislation in protecting the individual against unlawful and harmful intercourse. Fundamentally they are answering the question 'Does legislation work? Yes or no?' It can be helpful for candidates if the points made for D1 could be researched and backed up.

P4 and M2 have a common thread but candidates should be careful not to over-produce evidence which we are seeing in some candidates' work. A mind map or poster is sufficient. For P6 candidates should describe at least two factors that affect the health of the foetus as factors is a plural.

P8 requires candidates to explain the birth process. Candidates should pay particular attention to the three stages of labour and pain relief. Care should be taken when using PowerPoints for the evidence for P8 as sometimes they do not meet the command word 'explain'. It can be a good idea to use continuous prose for this task.

We are seeing that many candidates link P9 to M3 which is acceptable and sensible. P9 could be evidenced through a mind map and candidates should identify support available to post-natal mothers. M3 could follow on from this. The emphasis should be on the mother.

With P10 many candidates who did well with this criteria broke down the first year of life into segments, e.g. 0-3 months, 3-6 months, etc., and explained the physical, intellectual, emotional and social (PIES) development. Care should be taken to cover all areas of development. This could then link on to M4 Explain positive and negative factors influencing development in the first year of life.

D2 should be separate from P9 and M3 as it focuses on the baby rather than the mother. Candidates must analyse at least two ways in which health and social care services could influence the care and development of the baby in its first year of life.

## Unit 14 – The impact of long-term physiological conditions

This unit is a 60GLH unit and it is a synoptic unit which draws together knowledge and understanding from other units. As such, it is advisable to cover this unit towards the end of the qualification.

P1 candidates should summarise all types of long-term physiological conditions to meet the command word.

We see many candidates having success by blending P2, P3 and M1 together. The information provided in the teaching content 1.2, 1.3 and 1.4 should form the basis of the evidence. Candidates could select at least two long-term physiological conditions for this and may continue to use the same conditions for P4, P6 and P7.

### Misconception



P5 requires candidates to describe two possible ways of monitoring a long-term physical condition. Please note, this is one condition only and the emphasis is on 'ways of monitoring', as outlined in 2.2 of the teaching content.

For M2 the impact can extend beyond the physical impact and consider other areas of PIES (physical, intellectual, emotional and social). A case study could be used as the basis for this criteria.

When completing evidence for P8 it is a description of services that best support the needs of two individual's, each who has a long-term physiological condition that is required.

For M3 the focus is on one individual and one long-term physiological condition. Candidates must analyse local service provision available for an individual with a long-term physiological condition.

P11 asks candidates to describe at least two strategies and at least two frameworks available to support individuals in the terminal stages of long-term physiological conditions. This assessment criteria relates to 4.1 and 4.2 of the teaching content.

## Unit 17 – Supporting people with mental health conditions

This unit is a 60GLH unit. It has proved very popular with candidates and assessors.

P1 asks candidates to describe concepts, types, causes and effects of mental health conditions.

### Key point: P1

One approach to P1 that enables candidates to succeed is to consider the concepts of mental health separately to the rest of the criterion. Following on from this, candidates can then focus on two mental health conditions (MHC) and describe the types, causes and effects of each. After the introduction to the concepts of mental health, many home in on two case studies, one for each MHC they intend to follow throughout the unit.

P2 and M1 could be linked together in one task however P2 requires a description and M1 a comparison. For the mental health conditions described in P1 candidates can for P2 describe treatments that can best support the individuals. Following on from this in M1 candidates compare the use of treatments for these same mental health conditions. A comparison would include similarities and differences.

Similarly P3 and M2 could be linked together. For P3 candidates are asked to describe services within the health and social care sector that can best support the needs of individuals with mental health conditions. Following on from this M2 then asks candidates to compare how different support services benefit individuals with mental health conditions.

P3 and M2 focus on services whereas D1 concentrates on professionals. It would follow that the professionals in D1 come from the services in P3 and M2.

Finally P4 requires candidates to summarise how legislation can be used to support individuals with MHC. Legislation is identified in the teaching content and any updates should be taught.

## Unit 24 – Public health

This is a 30GLH unit.

P1 has been approached in many ways, from the use of a timeline to the use of key historical legislation and public health events. Candidates can produce their evidence in any way but it must summarise the origins of public health policy and legislation.

### Misconception



There has been some confusion about the differences between P2, P3 and M1.

P2 requires candidates to explain the role of at least two organisations and of at least two practitioners from the organisations (one from each), in promoting health.

P3 requires candidates to explain at least two strategies used to promote public health (from the teaching content).

M1 brings P2 and P3 together and requires candidates to explain how organisations and practitioners work together on strategies to promote public health. This might be best approached through the use of two public health promotion campaigns, e.g. [Better Health: Quit Smoking](#) and [Help Us Help You - Vaccinations](#). Candidates could identify and explain the strategy used and then who is involved in promoting it.

D1 asks candidates to analyse the effectiveness of different public health strategies. Detailed work has been presented for this task, backed up with charts and statistics. Candidates have used the vaccination strategy to look at the reduction in the uptake of diseases such as smallpox.

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# Online courses

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Our online courses are self-paced eLearning courses designed to help you deliver, mark and administer internal assessment for our qualifications. They are suitable for both new and experienced teachers who want to refresh their knowledge and practice.

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- gain a deeper understanding of the marking criteria and how to apply them consistently and accurately
- see examples of student work with commentary and feedback from OCR moderators
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- the principles and methods of standardisation
- the best practices for collecting, storing and submitting evidence
- the common issues and challenges in internal assessment and how to avoid them.

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