



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 January 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.

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CONTENTS

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OCR REPORT TO CENTRES

Content	Page
R021 Essential values of care for use with individuals in care settings	4
R022 – R31	7
R022	7
R023	8
R025	8
R027	9
R028	9
R029	9
R030	10
R031	10

R021 Essential values of care for use with individuals in care settings

General Comments:

For the externally assessed unit, R021, the majority of candidates attempted to answer all of the questions and a wide range of marks was achieved, however few gained over 50 marks. All candidates appeared to have used their time effectively. Longer answer questions were fully attempted, suggesting that candidates had enough time to produce their responses. Virtually all candidates completed all of the questions on the examination paper itself and did not use the extra pages at the back of the script or require additional answer books.

Many candidates had been well prepared for the examination and were able to apply their knowledge, demonstrating understanding of the command verbs to produce appropriate, well-structured responses, correctly using technical vocabulary. For Section A questions, many candidates produced high quality responses that clearly related to the context provided. This enabled them to achieve high marks.

A weakness seen in some responses was that candidates had simply not read the question carefully enough and so produced an inappropriate answer, or where they did not specifically answer the question, but presented knowledge they had, even though in many cases it was not relevant. Writing about emotional effects when physical and intellectual effects (1b) or social effects (5b) are required, will not gain any marks. Some candidates appeared to ignore the question altogether and just wrote about what they knew, regardless of any relevance to the question. An example is (5a) where answers focused on 'promoting diversity' or 'working in partnership with parents' rather than the value of care 'ensuring equality of opportunity' which was clearly emboldened in the question. Candidates need to be guided to develop their exam technique, so that appropriate knowledge is used for the question that is being attempted.

It was evident that some candidates had memorised answers from previous mark schemes. This results in inappropriate responses that do not achieve any marks. Candidates need to be advised that the questions are different each session and so different responses are required. Memorising a previous session's mark scheme will not help them to achieve good marks. Candidates need to know and understand the topics covered by the specification, so that they can confidently apply their knowledge to give accurate and relevant answers to the questions on the examination paper they are sitting.

The candidates achieving higher marks demonstrated an understanding, and familiarity with the command verbs, combined with appropriate knowledge of the specification content. These candidates often underlined or highlighted key words in the question to assist the planning of their answers.

A number of scripts proved challenging to mark due to poor handwriting. This can be difficult for examiners to decipher and candidates should be encouraged to write as clearly as possible, so that they can gain full credit for their responses. If candidates need to continue their answer to a response, having filled the answer space provided, there are extra lined pages included at the end of the examination paper for this purpose. It was very helpful for examiners this session that the majority of the small number of candidates who continued their response to a question had clearly labelled it with the question and part question number.

Comments on Individual Questions:

Question No.

1(a)

Good responses clearly described examples of providing choice, protection from harm and abuse and ways of maintaining confidentiality. The question required one example for each right of how it could be maintained by a care worker at the drop-in centre. Marks were missed when candidates just 'identified' rather than giving details of how the care worker would maintain the right. Developed answers which, for example, stated providing a choice of food to meet individual needs such as vegetarian or gluten free, gained the two marks. Whereas just stating 'provide a choice of food' only gained one mark. For confidentiality, the most common incorrect answers were about not sharing information with anyone and keeping information secret. Good responses linked storing information securely and sharing information on a need to know basis if service users are at risk.

The weakest area was protection from harm and abuse, with many candidates giving examples of security measures.

1(b)

There were very mixed responses to this question. Candidates who read the question carefully gained good marks by giving examples of the three values of care not being applied and explaining specific physical and intellectual effects of this for the homeless adults. Many candidates incorrectly wrote about emotional effects, others listed effects with little or no explanation which limited their marks. If intellectual effects were mentioned, it was often in the form of a memorised list from the specification and not related to the context of the question at all. Some candidates focussed incorrectly on the effects of homelessness on individuals.

2(a)

Many candidates covered supporting rights very well, giving a range of good examples of adapting communication and not being patronising.

Weaker responses explained what it means to be patronising and what the care worker should not do when communicating with dementia patients. Others continued writing about effects from (1b) which was not relevant to this question at all. Quite a number of candidates referred to 'death' residents meaning those who are 'deaf'.

2(b)

Well answered, with many candidates gaining full marks. Candidates gave a wide range of appropriate ways. Marks were lost by answers that included repetition, or that related to general cleaning rather than to personal hygiene.

2(c)

Well answered by candidates who read the question carefully and gave security measures not safety procedures. A small number of candidates did not gain marks because their responses about how the security measure protects were not appropriate for the context, for example CCTV can watch the residents 24/7.

3(a)

Most candidates achieved some marks on this question. Common correct answers were descriptions covering: 'take Rob to one side and tell him it is wrong and to stop', 'provide Rob with anger management training' and 'report to the boss so disciplinary procedures can be followed' with many responses gaining full marks. There were, however, a number of answers which simply described what Rob had done wrong, repeating the information in the scenario and others that described how Rob should have behaved. These are examples of how some candidates did not read the question carefully enough and so produced a response that did not gain any marks.

OCR Report to Centres – January 2016

3(b)

Generally well answered by most candidates with suggestions of where and how to make a complaint and writing down what happened. Some candidates gave incorrect answers, as they did not appear to have noticed the requirement to write about 'complaints procedures' and just stated what Rob had done wrong or stated how he should have behaved.

4(a)

Generally well done with many gaining 3 – 4 marks. The most common error was choosing the Children Act instead of the Equality Act. This could be due to candidates confusing the 9 protected characteristics with the ECM outcomes.

4(b)

Many candidates provided accurate definitions which gained marks.

The most common answers that did not gain any marks were when candidates gave incorrect examples of who vulnerable adults might be, such as pregnant women, or people with disabilities, rather than defining the term; others listed protected characteristics from the Equality Act.

4(c)

Correctly answered by the majority of candidates. Responses that gave more than one letter in a box gained no marks.

5(a)

Well answered by candidates who had read the question carefully and who wrote about ways of ensuring equality of opportunity. Candidates who wrote about promoting diversity or working in partnership with parents did not gain any marks.

Common errors were when candidates confused 'providing choices' with providing equal opportunities or stated to 'treat them all the same'.

5(b)

Well answered by many candidates who had read the question carefully and provided an explanation of social effects, many demonstrated good knowledge of social effects. A number of candidates wrote about emotional effects, these responses did not gain any marks.

5(c)

Not well answered by many candidates. Answers confused safety with security, or gave safety measures, e.g. wet floor signs, rather than procedures such as fire drills and risk assessments.

5(d)

Many correct responses from the majority of candidates. The incorrect responses suggested that some candidates are unaware of what is meant by the term 'setting', examples include 'babysitting' and 'play activity'. Others incorrectly gave health settings, or vague suggestions such as 'day care'.

R022 – R31

General Comments:

Generally portfolio evidence indicates that candidates are showing a greater knowledge and understanding of the specification requirements. There is still an issue that all centres are still not including the Model assignments. 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. Several centres are omitting to include any changes they have made and in some cases these are not appropriate to assessment criteria.

Submissions from centres that had previously entered candidates showed a better understanding of assessment requirements and this was reflected in candidates' evidence. It was considered that there were some resubmissions from centres, however these were difficult to identify, as work had not been clearly signposted and in some cases only the URS marks had been changed.

From the candidates that have improved, there is now a pattern emerging of the more popular units (R027, R028 and R031 in particular) Delivery is considered to be better from some centres, but the candidates work for this series was not as clearly presented as the previous series, often muddled in places due, in the main, to the MA not being followed and with assessment evidence being over assessed against the assessment criteria.

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.

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.

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. in the specification. This limited the mark bands the candidates could access.

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.

OCR Report to Centres – January 2016

Types of behaviour that fail to value people continues to be omitted by many candidates and is often implicit when included.

Across all evidence, links between units and synoptic assessment was minimal. When 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.

R023

LO1: Candidates provided information on all three systems' functions, with appropriate diagrams. However, most diagrams were not independently annotated or source referenced. Links between structure and function showed limited knowledge and understanding by most candidates. In the main, correct terminology was used.

LO2: Candidates provided symptoms for a disorder across all three systems. However, most candidates did not make links between disorders and structure and functionality of each system.

LO3: Body measurements were taken appropriately, but candidates rarely compared the data to the norms and the functioning of the body systems.

SPAG was not acknowledged in the evidence.

Across all evidence, links between units and synoptic assessment was minimal.

R025

LO1: Although candidates addressed P.I.L.E.S. showing, in the main, the correct sequence of the normal development stages, links to effects on transition was weak. Life events were limited and factors were often discussed as barriers (barriers not asked for).

LO2: Most candidates described the ageing process appropriately; however, limited examples of the effects on development were given. Evidence was weak on how the person's role in life changes and lacked understanding of the assessment criteria.

SPAG not addressed.

LO3: Few candidates showed understanding in their evidence of conditions, which affect transition through the life stages. The evidence describing how the chosen condition might affect the health and social well-being of the individual and their family was omitted by most candidates.

LO4: Plans submitted were mostly appropriate and communicated in suitable format.

Across all evidence, links between units and synoptic assessment was minimal.

R027

LO1: Most candidates provided evidence on different types of creative activities to meet the needs of different groups. However, a few candidates focused on one group i.e. young children. This restricted them accessing the grading assessment.

SPAG not addressed.

LO2: Some candidates' evidence of the benefits of participating in creative activities was limited and was often repetitive.

Types of creative activities and P.I.L.E.S. benefits were not always given.

LO3: Plans did not always meet the i.e.s of the specification, this limited access to the higher mark bands by some candidates. Health and safety issues were covered well in the planning. Most candidates had witness statements, but these often did not reflect the assessment criteria. Reviews were carried out by the candidates showing a limited knowledge and understanding of the command words in the assessment criteria.

Across all evidence, links between units and synoptic assessment was minimal.

R028

LO1: The majority of candidates' evidence was appropriate and addressed the milestones appropriately. Comparisons were made to a child. Most candidates used their own child study, however, often they did not cover the age range from 0-5, this limited the evidence produced for assessment.

LO2: The majority of candidates' evidence was appropriate and addressed the milestones appropriately. Comparisons were made to a child. Most candidates used their own child study, however, often they did not cover the age range from 0-5 and this limited the evidence produced for assessment.

SPAG not addressed.

Across all evidence, links between units and synoptic assessment was minimal.

LO3: Risks and hazards considered appropriately and showed a clear understanding. Risk assessments were carried out appropriately. It was not always clear that the candidate had undertaken the risk assessment, this endorses the importance of a witness statement. However, candidates' witness statements did not always meet command words across the mark bands showing how the risk assessment was carried out. Candidates produced appropriate plans, but there were limited explanations of the purposes of the examples given.

R029

LO1: Evidence showed knowledge and understanding of the nutritional requirements of the different life stages. The functions of the nutrients were limited. Government guidelines and dietary requirements showed limited understanding. Government guidelines were often omitted.

LO2: Factors that influence diet were often omitted. Most candidates created appropriate dietary plans to meet individual needs. The majority of the candidates' evidence showed how the plan reflected the needs of the individual and the importance of the nutrients to the individuals'

OCR Report to Centres – January 2016

condition/symptoms. Lifestyle choices (e.g. vegetarians) are not dietary conditions and should not be used for plans/meals.

Across all evidence, links between units and synoptic assessment was minimal.

LO3: Most candidates linked chosen individual from LO2 to LO3 and carried out an analysis of the meal. A few candidates, who used software to analyse their meal did not always give an explanation of their findings. Candidates produced appropriate meals following hygiene and safe food preparation. Candidates' witness statements did not always meet the command words of the assessment criteria indicating how well the candidates had performed.

R030

The emphasis by candidates is still on the project content, as opposed to the research methodology.

LO1: There was limited evidence of a plan for the project.

LO2: Research was often implicit and evidence not always sourced.

LO3: Few candidates gave objectives or produced a project record.

Across all evidence, links between units and synoptic assessment was minimal.

LO4: Reviews were weak and did not always refer to the research methodology, but the project content. There was limited understanding of the learning achieved as a result of completing the project.

R031

Most candidates who entered this unit had attended an external first aid course delivered by an appropriate organisation, or had used the St John's Young First aider course to meet the evidence requirements.

LO1: A few candidates failed to demonstrate 'assessing the scene of the accident', hence this limited the assessment criteria available to the candidates. This evidence was not always supported by a witness statement. A witness statement needs to be supported by written evidence from the candidate.

LO2 and LO3 were often linked together, as part of a first aid course that had been undertaken. Sequences of procedures were usually accurate. Witness statements did not always meet the command words of the assessment criteria. The phase 2 and 3 model assignments witness statements are designed specifically to meet assessment criteria.

LO3: the review of the practical activities by most candidates was weak and lacked relevance to the candidates' performance. The review was often just a reiteration of what the candidate had done.

Across all evidence, links between units and synoptic assessment was minimal.

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