



## **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 June 2017**

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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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## 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, with a wide range of marks achieved. All candidates appeared to have used their time effectively. 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 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.

It was clear in some cases that candidates did have knowledge - however they did not apply this knowledge to the question correctly, resulting in an inappropriate answer. Naming 'social settings', when 'social care settings' are required (4b) will not gain any marks. For levels of response questions, focusing on an inaccurate interpretation of the question limited some candidates to achieving any marks; for example explaining security measures in question 3(c) when the focus was ways of maintaining safety to protect children in a pre-school. Simply reading the question properly would enable many candidates to achieve higher marks. Candidates need to be guided to develop their exam technique, so that appropriate knowledge is used for the question that is being attempted.

The candidates achieving higher marks demonstrated an understanding, and familiarity with, the command verbs combined with appropriate knowledge of the specification content. It was, however, evident that some candidates seem to lack key knowledge and terminology for aspects such as values of care, legislation and terms such as 'need to know basis'. This knowledge is fundamental for the unit and candidates should be familiar with, at the very least, key facts about these topics.

### Comments on Individual Questions:

Question No.

1(a)

Many candidates were able to give 'ways' of communicating effectively, but often missed the second mark by not developing their point to give an explanation of how it helps understanding in the given situation. Common inappropriate answers included use of sign language, Makaton, Braille, talking louder and writing things down. A number of candidates confused providing an advocate with providing a translator. Some candidates gave unrealistic ways, such as the doctor learning to speak Polish.

1(b)

Quite a few candidates described choice or confidentiality, or just repeated their answers for question 1(a). It was evident that understanding of the term 'consultation' seems to be a gap in knowledge for some candidates or they misread the question.

1(c)

Well answered by many candidates, with the majority gaining two or three marks. The most common incorrect response was 'staff must provide their own protective equipment'.

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2(a)

Generally very well answered, most candidates were able to give 'confidentiality' and many gave 'protection from abuse and harm' gaining full marks.

2(b)

Well answered. Many candidates were able to suggest appropriate security measures for the setting and to explain how the measures protect the residents. A few were not specific enough suggesting 'ID badges' without stating who would wear them or 'lock all doors' which would not be appropriate. Answers that confused data protection methods or safety procedures with security measures did not gain marks.

3(a)

There seems to be a general lack of knowledge about the Equality Act. Many candidates did not know any of the nine 'protected characteristics' identified by the Act and so did not gain any marks. Candidates should know basic facts about the content of the legislation in order to answer straightforward knowledge recall questions such as this.

Candidates familiar with the Equality Act gained marks, with a few missing full marks because of missing out key wording such as stating 'gender' and omitting 'reassignment' or 'pregnancy' without 'and maternity'.

3(b)

Many sound attempts with a lot of candidates gaining half marks or more. Some were prevented from gaining full marks due to giving a basic statement and not describing their example in more detail. A few candidates wrote about what the practitioners should not do rather than what the question required which were examples of what they should do.

3(c)

Well answered by candidates who read the question carefully and gave explanations of safety measures or procedures such as staff supervision, carrying out checks on toys for damage, risk assessments of activities etc. all of which are appropriate in the pre-school context and were linked to how they protect the children.

However, many candidates confused safety with security and many just repeated the security measures that they had given to answer question 2(b). These responses did not gain any marks.

Candidates familiar with the safety measures and procedures listed in the specification for LO4 were able to gain good marks by explaining fire, first aid, hygiene, risk assessment and manual handling procedures for example, combined with how these protect children attending the pre-school. Centres need to ensure that candidates are aware of the difference between safety and security. The list of safety procedures in LO4 of the specification is clearly different to the list of security measures.

4(a)

Many candidates did not know the meaning of the term. There were a few correct definitions achieving 2 marks, though some candidates did achieve 1 mark for a partial definition.

Though a wide range of possible wording was acceptable by the mark scheme it is evident that some candidates seem to lack key knowledge and terminology to define terms fundamental to this unit, such as 'values of care'.

Some candidates had not read the question carefully enough and gave examples of values of care rather than the meaning of the term.

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4(b)

LO2 of the specification gives some examples of health and social care settings and a wide range of answers were acceptable. Many candidates were able to name two different types of health care settings, hospital and GP surgery being the most popular correct answers.

Social care settings seemed to be more difficult for candidates and is an area that many need to develop more knowledge of, 'residential care home' being the most common correct answer, with many just going on to repeat this with 'care home' seemingly unable to think of something different such as a day centre.

There was an astonishing range of inappropriate answers for social care settings, which had nothing to do with social care, for example 'waterpark', 'supermarket', 'pub', or 'shop'.

Candidates need to be reminded that this is a health and social care examination and the expectation is that their responses should always relate to the contexts of health, social care or early years.

4(c)

Quite well answered by candidates who are familiar with reflective practice and what it involves with many being able to identify 'what went well', 'what might be done better next time' combined with practical examples of evaluating activities and own performance. Marks were limited when no examples were given, as this was a requirement of the question.

Many candidates appeared to be unfamiliar with reflective practice and thought that reflective practitioners were mentors or someone who supports an early year's practitioner giving advice and showing them what to do. It was evident that understanding of being a 'reflective practitioner' seems to be a gap in knowledge for some candidates.

4(d)

The phrase 'need to know basis' is used frequently by candidates, however, it appears that a significant number do not actually know what the term means. An appropriate example or a definition was acceptable, but many candidates were unable to provide either. Many gave information about circumstances when confidentiality has to be broken but did not touch on the 'who' would 'need to know' aspect which would have gained marks.

Repetition of the phrase 'need to know' was an issue. Candidates need to be aware that using the term you are defining, in the definition you are giving, is unlikely to gain marks.

5(a)

The most popular correct answers were that women can breastfeed in public and that discrimination against women is illegal.

Many candidates gained one mark but were unable to gain the second mark because they gave very vague or incorrect statements, such as 'gave women the vote', 'gives women equal pay', 'women have to be treated the same as men'.

5(b)

Generally well answered, with correct terminology used. It is evident that some candidates are familiar with the Children Act and they were able to describe key aspects that support children's rights.

Weaker responses lacked any specific knowledge and seemed to be guesswork, such as 'helps them get a good job in the future', 'choice to eat and drink what they want', and 'access to education'. A gap in knowledge for some candidates.

5(c)

Well answered by the majority of candidates who have clearly learned about this. Many gained full marks.

## R022 – R031

### General Comments:

Generally portfolio evidence indicates that centres are showing a greater understanding of the specification requirements. There is still an issue that all centres are not including the model assignments. This is particularly an issue when alterations have been made or the model assignment not used at all, as often evidence that candidates produced does not meet the assessment evidence requirements.

Where the model assignments have been included and there is direct reference to them, the work is far more focused and shows application of theory into practice.

Re-submissions in the main were well signposted and additional evidence could be easily located. There is now a pattern emerging of the more popular units (R027, R028 and R031 in particular), but some centres are still experiencing difficulty assessing the work against the grading criteria. This area is being addressed by online CPD events from the Autumn Term.

The majority of centres opted for postal moderation followed by visiting. However several centres that originally entered for visiting transferred to postal. This in the main was brought about by the early submission date for visiting units.

There were very few centres opting for the repository option.

### Comments on Individual Units

#### R022

LO1: In the main, this evidence was accurate and had addressed methods of different types of communication with most candidates giving examples relating to health, social care and early years settings. Some centres still give this evidence as a generic piece of work and do not link to appropriate settings.

Factors are not always given as positive, as the assessment evidence requires. Factors and barriers were not always clearly defined and there was lack of evidence as to the how and why factors positively influence communication.

Most candidates' evidence clearly showed knowledge and understanding of the barriers to communication and appropriate examples were given relating to health, social care and early years settings. Ways of overcoming barriers were not always appropriate. Factors and barriers were often the same limiting the candidate accessing the higher mark bands.

LO2: Connections were not always made between personal qualities and effective care. When caring for an individual, the evidence produced rarely showed relevant application and justification of personal qualities to be used and why. Qualities and effective care need to show clearly how they link together.

LO3: Planning by most candidates met the grading criteria, where it did not there was a misinterpretation of what was required in the plan and they had not related the planning to the i.e.s in the specification. This limited the mark bands the candidates could access. Some centres had misinterpreted group interaction and had not submitted individual evidence, but work from a group of candidates. Evidence submitted for all units must be carried out independently.

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Both one-to-one and group activities were mostly carried out appropriately. Most candidates had witness statements for both activities. However, the witness statements did not always reflect the competency the candidate showed when carrying out the activity and did not meet the mark band criteria. There is a witness statement attached to the model assignment and it clearly covers the assessment evidence requirements.

Types of behaviour that fail to value people continue to be omitted by many candidates and is often implicit when included. This should be submitted as a separate piece of written evidence; this is clearly stated in the model assignment.

Across all evidence, links between units and synoptic assessment is showing improvement. When 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 are still not being 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 are not asked for). When delivering underpinning knowledge, centres need to make a clear distinction between factors and barriers and the actual requirement of the assessment evidence grid.

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 wellbeing 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. At the end of



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each unit there are suggestions for synoptic links.

**R026**

LO1: Candidates that entered this unit approached it well showing a sound knowledge and understanding of the assessment criteria.

LO2: Evidence of personal skills and attributes was not always clearly explained with limited understanding of the health and safety issues linked to health, social care and young people's workforce.

LO3: Research was appropriate, however, career plans were basic. Development plans gave limited evidence to meet specification i.e./grading assessment.

Across most 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. A relevant description of the different types of creative activities with relevant explanations about how these activities meet the needs of all three different groups needs to be included.  
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 and 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.

When the centre produces their child study (a permitted change) this must be included with the original model assignment at the time of submission. Some centres using their child study often gave more information than permitted and this over direction resulted in candidates being given part of the evidence required for the assessment evidence. While some centres prevented their candidates from accessing the full assessment criteria with the centre child study used.

SPAG not addressed.

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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.

**RO29**

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 still showed limited understanding. Government guidelines were often omitted.

LO2: Factors that influence diet was also 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' condition/symptoms. Lifestyle choices (e.g. vegetarians) are not dietary conditions, this is a lifestyle choice and should not be used for plans/meals.

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

LO3: Most candidates linked their 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. The project document should be a working document throughout the research.

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.

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

Few centres enter this unit and some still do not thoroughly understand it is the research mythology which is being assessed.

**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. The Young First Aider course on its own is not sufficient to meet

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assessment evidence criteria.

LO1: A few candidates failed to demonstrate assessing the scene of the accident, hence this limited the assessment criteria available to the candidates. A witness statement did not always support this evidence. 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. All model assignments for this unit have witness statements 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 and not a review.

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

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