



Cambridge Technicals

Health and Social Care

Level 3 Cambridge Technicals Certificates in Health and Social Care
05830, 05831

Level 3 Cambridge Technicals Diplomas in Health and Social Care
05832, 05833, 05871

OCR Report to Centres January 2018

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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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Unit 2 Equality, diversity and rights in health and social care

General Comments:

The majority of the candidates attempted all of the questions with a range of marks being achieved. Most candidates completed all of the questions on the examination paper itself and did not use the extra pages at the back of the script, showing effective use of time. Candidates who did use the extra pages often repeated parts of answers already given or wrote information that was not required or relevant.

Many candidates had been well prepared for the examination and were able to apply their knowledge from the specification to produce appropriate, well-structured, responses correctly using technical vocabulary. The candidates achieving higher marks demonstrated an understanding, and familiarity with the command verbs. A lack of knowledge was evident regarding the role of NICE, many candidates confused this with CQC.

Labelling of work continued on extra pages was correct in many cases, but there were some that had to be worked out by the Examiner as the numbering was incorrect. It would be beneficial if candidates could be encouraged to give the correct question number and the correct part of the question for example 3(b). Some candidates were giving the page number rather than the question number.

A number of scripts proved very challenging to mark due to the poor handwriting. This can be very difficult for Examiners to decipher and centres should encourage candidates to write as clearly as possible so that they can gain full credit for their responses.

Comments on Individual Questions:

Question No.

1(a)

Most candidates were able to recognise two examples of poor practice and gained full marks.

1(b)

Very few gained full marks. Generally responses lacked description of how standards of care could be improved. Many candidates stated that Ofsted would provide training, Ofsted would only identify training needs; or that they would provide money for improvements which are incorrect.

Candidates whose answers included reference to guidelines and advice so practitioners can provide a high standard of care or a focus on inspection reports which enables staff to realise what is assessed as good practice and what needs improving, were able to achieve higher marks.

1(c)

An evaluation requires consideration of both strengths and weaknesses. Four strengths were stated in Sandra's Ofsted report but many candidates concentrated entirely on the weaknesses in her standard of care. This resulted in some good candidate responses being unable to reach level 3 because their evaluation was not balanced – they had only covered weaknesses of the care provided, or only given one strength.

Weaker answers just repeated the examples of poor care given to them in the question, rather than evaluating it.

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2(a)

Some candidates missed marks here because their answers were too vague, such as, 'offering cultural food', rather than giving an example of what they mean by this, or 'celebrating cultural holidays' without giving an example of a specific festival.

2(b)

Most candidates gained two marks. Giving them a vote or having two TV rooms were the most common incorrect answers.

2(c)

Candidates who just repeated the actions from part 2(b) did not gain any marks. The command verb is 'justify' and so reasons why the action is taken need to be given.

Candidates who had chosen voting or a second TV room struggled to justify their choices as they had forgotten about the impact on other residents who might lose the vote every week, or the fact that there may not be a spare room for an additional TV or that even with two TV rooms some residents still would not be able to watch their choice of programme. Not having thought through the impact on the other residents limited the marks achieved.

Good responses clearly identified that there might be some underlying issue such as bullying or racism that is causing Paul and Hardeep to argue, or just a lack of sensitivity towards the other residents, and that the staff need to find out so that the situation can be resolved.

2(d)

Good knowledge and understanding, mostly answered correctly. A small number did not produce the correct full statement of rights and in consequence did not gain a mark, for example, 'right to protection'; or 'right to equality'.

3(a)

Candidates lacked knowledge or understanding of the role of NICE. Many confused it with the CQC. Another misconception was to suggest it was an organisation linked to inspections.

3(b)

Mixed responses with many candidates focusing incorrectly on examples of maintaining confidentiality rather than how a confidentiality policy promotes good practice. There was extremely limited evidence of referring to providing guidance, ensuring consistent of care and meeting legal requirements.

3(c) (i) and (ii)

Many good responses were seen, mainly around involving patients in their own decisions, given choices and empowerment. A small number of candidates re-wrote the question with a total lack of understanding or incorrectly gave information relating to the Mental Capacity Act.

4(a)

There were mixed responses with many candidates writing a substantial amount and going on to additional pages. However, the actual content was very limited and repetitive. Sentences contained a number of points but with no explanation to support them adequately. Most candidates gained level 1 or 2. Responses focused around mental health: worthlessness, depression, self-harm and scared. Physical health: becoming ill, withdrawal symptoms and lack of eating – malnourishment. A number of candidates just repeated sections from the case study which did not gain any marks.

4(b)

There were excellent responses with the majority of candidates gaining both marks by providing specific appropriate actions. Challenge at the time by explaining how they are discriminating, reference to whistleblowing and consulting a manager were the most common correct answers.

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4(c)

Many sound responses. Reference to surveys, asking service users and staff were common correct responses. Candidates who provided little in the way of a description to support the way identified gained only one mark.

A small number of candidates did not understand the question and wrote about inspections.

5

A full range of marks awarded from 10 to zero. A few candidates left some boxes blank and so lost the mark as did candidates who gave more than one response in a box.

Unit 3 Health, safety and security in health and social care

General Comments:

The candidates appeared to have sufficient time to answer all the questions on the paper in full. There were very few non-responses with most candidates attempting all questions. This indicates that candidates were well prepared for the exam. Candidates should be encouraged to write clearly, without being repetitious or too vague to score the highest marks.

The majority of candidates used the available space on the question paper. When candidates' answers were continued on the additional sheets they did not always clearly indicate this on the question paper and should be encouraged to do so.

Comments on Individual Questions:

Q 1(a)

The question required candidates to identify two aspects of the Data Protection Act. Most candidates could identify at least one aspect correctly. The most frequent responses were that data should be shared on a 'need to know' basis and be kept up-to-date.

Some candidates incorrectly stated that information must be kept confidential. It is important for them to understand that data is not always kept confidential but that individuals must give their permission in order for it to be shared.

A few candidates responded that data should be kept safe and secure. This was not credited as the question identified this aspect and asked for two additional aspects. Candidates should be encouraged to read questions carefully in order to avoid repeating the question in their answer.

Q 1 (b)

The question required candidates to explain why leaving a filing cabinet open and unattended in a GP's surgery is bad practice. Most candidates scored well on this question. The possibility of the files being accessed by an unauthorised person was a frequent response with candidates understanding that this put patients at risk of harm.

Q 1 (c)

This was a levels of response question. To achieve the highest marks candidates were required to provide a detailed description of the consequences to the receptionist of leaving a filing cabinet open. Their answer needed to be clearly relevant to the context.

Most candidates understood the consequences for an employee of breaching health and safety policies. Candidates lost marks by not applying their understanding to the context. Some candidates gave prosecution and imprisonment as a potential consequence which was excessive in relation to the scenario. The receptionist being taken off professional registers was also not credited as receptionists do not have professional registration.

Candidates should be encouraged to read the question carefully. Some candidates lost marks for giving consequences for the surgery in general rather than the receptionist.

Q 1 (d)

This was a levels of response question. Candidates were required to explain the manager's responsibilities for responding to a breach in health and safety. To achieve the highest marks

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candidates needed to give a full and detailed explanation, which was written coherently and included appropriate terminology.

The candidates who scored highly focused their responses on the process of carrying out a follow up review after a breach in health and safety. Candidates lost marks if their response only identified single actions and did not focus on reviewing and/or updating procedures.

Q 2 (a)

Candidates were required to describe how psychological hazards and working condition hazards could affect staff. Most candidates demonstrated a good understanding of these types of hazards. Some candidates did not demonstrate a sound understanding of how these could affect staff.

Q 2 (b)

This was a levels of response question. To achieve the highest marks candidates were required to provide a detailed explanation of the consequences of intentional financial abuse for both the care worker and the resident.

Most candidates recognised that the care worker was intentionally abusing the resident. There was a good understanding demonstrated by many candidates of the consequences for both people.

Some candidates lost marks for only giving consequences for either the care worker or the resident. Centres should explain the importance of giving a balanced answer in questions which ask for the consequences for two people.

Q 2 (c)

This was a levels of response question. To achieve the highest marks candidates were required to give a detailed analysis of how the Manual Handling Operations Regulations (MHOR) promotes health, safety and security in health and social care settings. They were expected to make explicit reference to the regulations and the ways they promote health and safety as well as factors which could limit how effectively they promote health and safety.

This question differentiated well between candidates. Very few candidates scored full marks as their responses did not analyse. Many candidates had some understanding of the MHOR and could explain how they promoted health and safety. Frequent responses related to training staff and risk assessing manual handling tasks to reduce risks of injury. Some candidates were also aware that unnecessary manual handling should be avoided. Candidates were able to score some marks for describing manual handling procedures even if they appeared to have limited knowledge of the MHOR.

Q 3 (a)

Candidates were required to identify actions which should be taken by a care worker when an individual receiving care has an accident. Most candidates demonstrated a good understanding of how a care worker would respond immediately and actions they would take afterwards.

Frequent responses included checking whether the individual was hurt and calling an ambulance for the immediate actions taken. For actions taken afterwards most candidates identified writing a report of the incident and carrying out a risk assessment to reduce the risk of future harm.

Q 3 (b)

Most candidates demonstrated a good understanding of food safety practices and scored highly on this question. This suggests that most Centres have covered this aspect of the unit in depth. They were required to provide a detailed description of three practices. Where candidates lost marks was through the repetition of personal hygiene measures in their answers.

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Q 3 (c)

This was a levels of response question. Candidates were required to provide a detailed description of an employer's responsibilities for promoting and enforcing health and safety with both aspects explicitly described to achieve the highest marks.

Candidates demonstrated a very good sound understanding of an employer's responsibilities for promoting health and safety with most candidates describing carrying out risk assessments, taking action to remove hazards and providing training for staff. This suggests that Centres have covered this aspect of the unit in depth. There was less understanding of how employers enforce health and safety through inspections, safety walks and imposing consequences for not following policies.

Unit 4 Anatomy and physiology for health and social care

General Comments:

2018 is the second year that this examined unit has been offered. This year's paper, shows that more candidates are attaining reasonable scores. However, many candidates still struggle and there continues to be evidence of poor examination technique. Questions are misread, space and time wasted with unnecessary introductions and descriptions of conditions where they are not required.

Candidates are confusing conditions such as osteoporosis and arthritis and when looking at the effects of common conditions such as osteoporosis and diabetes display a poor knowledge of the conditions by describing them as though potential serious complications are the norm. They need to be aware that most people deal with such conditions routinely with little dramatic impact on lifestyle, employment or mental health.

Many candidates are using extra sheets either on the script itself or are using supplementary booklets. Most do indicate that they have done so, but many do not and risk examiners not awarding the appropriate number of marks. It is also important for the candidates to clearly annotate any additional answers with the appropriate question prefix.

Whilst higher marks in levelled responses require evidence of appropriate terminology, candidates are not penalised for how the scientific/anatomical terms are spelt unless there is obvious ambiguity.

Comments on Individual Questions:

Q1a

Based around a diagram of the ear, candidates had to correctly identify the labelled parts using a chart of provided structures. This was answered well by most candidates with 6-8 marks out of the eight available being the norm.

Q1b

Also using supplied named structures, candidates had to complete a passage describing the mechanism of hearing. This too was done well by most candidates with 3-4 marks being common.

Q1c

This short question was poorly done with most candidates thinking that the semi-circular canals were used to transmit sound waves rather than being involved in balance/orientation/detecting movement.

Question No. 2

Questions 2a to 2d concerned osteoporosis but it was clear that a significant number of candidates thought it was about arthritis.

Q2a

Most candidates scored well, but some read the question as asking for symptoms rather than factors that increases the likelihood of developing the condition. Some answers such as age and diet were considered too vague.

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Q2bi

Most candidates did recognise the diagram as being a transverse section through a piece of bone tissue.

Q2bii

Most candidates struggled to describe how affected bone may look with answers either too vague or describing features seen in arthritis. A variety of descriptive terms were allowed, the most popular being a honey combed appearance. The supplied answer had to convey the eroded nature of the affected bone.

Q2c

The answers given by many candidates to possible treatments or monitoring for osteoporosis were too vague, for example, scans, exercise, medication, changes in diet. Specific examples such as light load bearing exercise, increased calcium and vitamin D were required. Many candidates referred to X-rays and MRI scans as a method of monitoring. These are used to monitor existing fractures not the condition itself. Reference to DEXA or bone density scans were required. It was pleasing to see reference made to the use of bisphosphonates in several responses.

Q2d

Many candidates answered this poorly and only achieved bottom end of Level 1. They either described effects of arthritis rather than osteoporosis or failed to link or explain the effect on Audrey's daily life. There was much reference to pain but little application, for example poor sleep and thus poor concentration; similarly, limited mobility but no reason why. Some candidates made good attempts at linking the possibility of straining weak bones with walking, lifting, exercise and risking fractures. There were good links to worry and concern over trip hazards. A significant number of candidates decided that anyone with osteoporosis could not work, care for themselves and would end up in isolation with severe mental health issues. This is not the case.

Q2e

This question related to the causes and effects of a stroke. Most candidates responded well with some attaining top Level 2 and even Level 3 marks. The examiners allowed 'causes' to be interpreted either as meaning the biological events resulting in a stroke or the lifestyle choices that can increase the likelihood of having one. The candidates scoring lower marks either made no attempt to explain the causes and effects or went too far down the PIES route and started describing the care and/or treatment for strokes. A significant number of candidates thought that strokes were caused by blockages to the coronary arteries and thus that a stroke affected primarily the heart and then subsequently the brain. Some responses centred on the FAST response to a stroke. This was allowed but limited them to Level 1. Whilst in no way undermining the importance of raising stroke awareness through the FAST campaign, candidates should be aware that many strokes occur but do not display these particular characteristics.

Question No. 3

This question centred around the renal system. This is traditionally the system that candidates struggle with. It remained the lowest scoring question with a disappointing number of zero scores.

Q3ai, aii and aiii all related to the production of urea by the liver in the process of deamination. Some candidates answered this perfectly, but others simply guessed and had obviously never heard of this process.

Q3b

Candidates had to match a given region of the kidney nephron with four identified functions. Only a minority knew this with certainty. Most answers were either partially correct or again merely guessed. Some of the stronger candidates identified the calyx as the region that transfers

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urine to the renal pelvis. Unfortunately, the kidney is an organ that suffers from a multitude of confusing terminology/nomenclature. The calyx is in fact a region of the renal pelvis and so the correct answer is the collecting duct as this is directly involved in the transfer of urine.

Q3c

This question required an explanation of possible treatments for nephrotic syndrome. Whilst nephrotic syndrome is rare and not that well known, it is in the specification, as of all the kidney malfunctions, it is probably the easiest to relate to kidney nephron function and has straightforward symptoms, diagnosis and treatment.

Most candidates clearly understand the condition and wasted time and space by describing what it is, rather than answering the question as required. Some correctly identified it as a predominantly childhood condition and then said a treatment was to stop smoking and drinking excessive alcohol.

With this condition lifestyle changes are not part of the treatment. Instead there should be mention of steroids/immunosuppressant/diuretics. Some candidates did identify these but only listed them and did not say why they are used. Reference to kidney transplants was accepted, although this is only relevant to extreme cases that do not respond to medication. To gain high marks some detail/explanation of transplants was needed. Many candidates referred to dialysis, but this is not a treatment. It is a procedure used to keep affected individuals alive if their kidneys have failed. This therefore was not accredited marks.

Question No. 4

Q4a

This question required a description of digestion in the small intestine. This was poorly answered. Many candidates either described digestion in the mouth and stomach or described the absorption of digested food by the villi.

There were some strong answers with detailed descriptions of the process with the enzymes amylase, sucrase, maltase, protease and lipase and products correctly described. Some candidates even referred to nucleases which was very creditable. References were also made to the role of bile and pancreatic juice in neutralising the acidity of the chyme as it leaves the stomach. Unfortunately, such answers were in the minority.

A large number of responses made were incorrect with reference to the protein digesting enzyme pepsin which is found in the stomach and not in the small intestine.

Q4b

This question required some evaluation and thus required some positives and negatives relating to possible treatments for gallstones. Unfortunately, some candidates saw the word bladder and decided the question was about kidney stones.

There were some full and detailed responses with clear evaluative points, but most were muddled descriptions or identification of various methods of treatment. There was a lot of confusion over lithotripsy although most candidates had latched onto the principle. Their descriptions of this process ranged from the use of lasers, electronic beams to the correct high frequency sound waves. Allowance was given to any reasonable interpretation but most failed to make any attempt at evaluation and restricted themselves to Level 1.

Q4c

This required candidates to analyse the effect diabetes can have on the daily activities of an individual. Much was written on this, but most answers displayed a surprising ignorance of this very common malfunction. Again, many candidates wasted time and space by describing or explaining the different types and what causes them.

The lower scoring candidates just made statements regarding what diabetics should do but not why or any comment on the importance or significance. Many responses were too vague referring to changes in diet without stating exactly what these might be or how they might impact

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on Albert's daily life. Many mentioned retinopathy and amputations but did not follow this through with the consequences of visual impairment or loss of limbs.

A large number of candidates did analyse the need for precise dietary changes, blood glucose monitoring, injection and social stigma that could develop.

A surprisingly large number of candidates really do not understand that well monitored and treated diabetes does not adversely affect life. Few appear to register that you can be a top athlete or even a prime minister and still have diabetes.

Question No. 5

Q5ai

Candidates had to explain two ways that the structure of a red blood cell allows it to perform its function of transporting oxygen. This was answered reasonably well with many inventive descriptions of the cell's biconcave disc shape. Some candidates unfortunately got confused when applying the structure to function and listed them the wrong way around. Some responses were too vague when referring to the cell's thin shape facilitating movement through capillaries referring vaguely to the blood, plasma or arteries and veins. However, most candidates had appreciated that the cell's shape increased surface area but did not necessarily understand that this affected the rate of uptake.

Q5aii

Candidates had to pick three blood components and place in the appropriate row of a table showing functions. Many candidates got full marks putting platelets first, then plasma and finally lymphocytes. Others just guessed.

Q5b

Candidates had to outline how blood plays a role in temperature regulation. There were two possible ways of answering this and both were credited.

One way was to describe the role of the blood system with reference to vaso-dilation and vaso-constriction. Many candidates chose this option but there is a mistaken view that blood vessels move within the skin rather than varying their diameter and blood flow. References to shivering and hair erection were ignored.

Most candidates chose the other route and described how metabolism produced heat and that the blood distributed this around the body helping to maintain optimum temperature. References were made to homeostasis, the hypothalamus, core temperature and enzymes. Mere reference to homeostasis and or enzymes without referring to the role of the blood did not score marks.

Q5c

Candidates either scored well or poorly on this question. The question required candidates to relate structural differences between arteries and veins to their function. Candidates mostly chose wall differences or the use of valves in veins, although some referred to lumen size. Unfortunately, many candidates merely described differences in function or routes between the two vessels or talked vaguely about one being thicker or thinner than the other.

Q5d

The question required candidates to describe how oxygen is added to the blood. In other words, they were expected to refer to the events of gaseous exchange as it applies to oxygen. As the question clearly stated oxygen, any references to carbon dioxide were ignored and not awarded marks.

Marks were given to accurate descriptions of inspiration but as this was not the focus of the question even the most detailed description would limit the candidate to Level 1. What was required was information on how a diffusion gradient was set up, the nature and role of the alveoli, their walls, and the part played by red blood cells and haemoglobin.

Some candidates gave rambling accounts of the cardiac cycle and the role of the pulmonary veins and arteries.

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Q5ei

Candidates had to identify one respiratory malfunction. Whilst the overall majority did this, some candidates clearly do not understand the difference between systems and named malfunctions of the cardiovascular system, for example.

Q5eii

For this last part candidates had to describe how their named malfunction could be treated. The main fault here was that the treatments were merely identified and not elaborated, for example, many chose asthma and listed inhalers, sometimes identifying both types, but not stating what they actually do. For those candidates referring to asthma, credit was given to comments made on avoiding potential triggers, although strictly speaking this is management not treatment. Many referred to the use of peak flow meters and spirometry which are used for monitoring purposes and not treatment. Credit was given to dietary treatments for those describing cystic fibrosis even though the emphasis of the question is clearly on the respiratory aspect.

Unit 6 Personalisation and a person-centred approach to care

General Comments:

Most candidates attempted all questions on the paper demonstrating that most Centres had covered the content required for this unit. Candidates appeared to have enough time to respond to the questions and did so in the space provided on the question paper. When candidates used additional sheets this did not often lead to many additional marks being awarded as longer answers were frequently repetitive. While many candidates demonstrated a good understanding of personalisation and a person-centred approach some candidates used terminology with little apparent understanding of its meaning. Generally candidates did not take notice of the verb used in the question. This meant they could not access the highest marks when the question asked them to justify, analyse or evaluate because they did not offer positive and negative points.

Comments on Individual Questions:

Q 1 (a)

Candidates were required to describe two ways that building an effective relationship can enhance voice, choice and control. Many candidates did not appear to understand what an effective relationship meant and found it difficult to provide two ways. There was a significant amount of repetition in candidates' responses.

Those who scored well on this question recognised that building confidence can empower individuals to make decisions; and that building trust makes it more likely that individuals will talk about their challenges so they can be supported to overcome them.

Q 1 (b)

This was a levelled response. To achieve the highest marks candidates were required to provide a detailed analysis of the role of the local authority in supporting personalisation. Candidates were expected to provide a balance of positive and negatives.

Most candidates had a sound understanding of the role of the local authority. Answers frequently referred to producing care plans, providing budgets and housing and housing adaptations. Some candidates were able to score the highest marks in this question by referring to how local authorities may not meet individuals' needs such as there being a limited range of services in some areas and to budgets being insufficient to meet individuals' care needs.

Q 1 (c)

Most candidates knew one aspect of the Health and Social Care Act 2012 and could provide additional detail about how the aspect they had identified promotes personalisation.

Q 2 (a)

Candidates were required to identify two things that would be covered in a review meeting. Most candidates answered this question well. There were a range of responses given indicating that Centres have provided candidates with in-depth knowledge about the features of review meetings.

A few candidates repeated an aspect of the question in their answer, such as making sure Peter doesn't get lost. Candidates should be made aware that repeating the question in the answer will not be credited.

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Q 2 (b)

Candidates were required to explain what the term co-production means. Answers which achieved full marks recognised that co-production involves the individual receiving care and the professionals working in partnership so that different perspectives are included.

A significant number of candidates did not understand what co-production meant. This suggests that candidates may know the terminology associated with personalisation but do not always understand clearly what it means.

Q 2 (c)

Candidates were required to explain what a decision-making chart was and how it could be used to support an individual. Candidates who scored well on this question understood that a decision-making tool clarified which decisions the individual will make and which decisions an individual will need support to make. They also understood that this chart clarifies who will be involved in supporting an individual to make decisions.

Candidates did not in general have a good knowledge of what a decision-making chart was. Many candidates therefore struggled to provide enough detail to achieve full marks.

Q 2 (d)

This was a levelled response. Candidates were required to justify why a person-centred review was important to the individual. To achieve the highest marks candidates needed to provide a balance of positives and negatives i.e. reasons why having a person-centred review is important and how not having a person-centred review would disadvantage the individual.

Most candidates were able to a detailed explanation of the benefits of a person-centred review and what this meant. The level of understanding demonstrated by the majority of candidates suggests that Centres have covered person-centred reviews in depth. Very few candidates explained how not having a person-centred review would disadvantage the individual so were not able to achieve the highest marks.

Q 3 (a)

This was a levelled response. Candidates were required to explain the impact of the disability rights movement on the development of a person-centred approach.

It was clear that some Centres had covered this aspect of the unit in depth while other Centres had not. Candidates who scored well made explicit reference to the disability rights movement and demonstrated some knowledge of the issues which they campaigned for such as the right to work, to participate in community life, to live independently and to replace an institutional model of care with a social model.

Candidates who did not appear to know about the disability rights movement were awarded marks for explaining practical features of personalisation such as personal budgets, increased care choices and co-production.

Q 3 (b)

This was a levelled response. Candidates were required to evaluate the impact of personalisation on an individual receiving a direct payment. To achieve the highest marks candidates needed to provide positive impacts and factors which may limit the impact.

Most candidates demonstrated a sound understanding of the kinds of support available for an individual receiving a direct payment. Many candidates also knew factors which limited the impact of personalisation for an individual receiving a direct payment. This suggests that Centres have covered this content in-depth.

Some candidates gave answers which were not directly related to the question. For instance they gave detailed explanations of the different kinds of budgets that individuals can receive. Candidates should be encouraged to read the question carefully and ensure their answers directly relate to the question being asked.

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Q 4 (a)

Candidates were required to explain how the following person-centred tools could support an individual in the context of the scenario given: communication chart and routines

It was clear that some Centres have covered this aspect of the unit whilst others have not. Most candidates understood that a communication chart helped an individual to be understood and that routines involves recording an individual's regular daily or weekly activities.

The candidates who scored well on this question understood that a communication chart provides information about how an individual communicates, for instance what particular behaviours indicate. They were aware that this could help those working with the individual to understand and meet their needs. Candidates understood that recording an individual's routines can be used to identify what is and is not working well and can be updated in a review meeting to ensure that the routine meets the individual's needs.

Q 4 (b)

Candidates were required to identify three reasons why staff might be concerned about an individual going on an activity holiday. Most candidates answered this well and were able to provide answers that related to the context.

Candidates lost marks for directly quoting the scenario given as their answer, for instance 'he finds it difficult to communicate his needs'. Centres should ensure that candidates are aware that they will not be credited for repeating the question in their answer.

Q 4 (c)

Candidates were required to describe how staff concerns might be overcome. Most candidates described an adaptation which could be made so that the individual's needs would be met, for instance ensuring a routine was established so that the individual would know what they would be doing in advance.

Unit 7 Safeguarding

General Comments:

A full range of responses were seen. Many candidates were evidently well taught and were knowledgeable about the topic areas, in particular the types and signs of abuse. Understanding of the main features of legislation does appear to be an area for centres to develop candidates' understanding.

When answering a few of the questions, a notable number of candidates just repeated the information in the question/ stem when this was not necessary, this meant some candidates lost the thread of the question and so restricted the marks they could be awarded. Candidates used many of the technical terms on the specification and showed awareness of appropriate responses service providers should carry out when they suspect abuse.

Comments on Individual Questions:

Q1.

Correctly answered by the majority of candidates, only on a few scripts candidates did not give an example and/or gave an example not related to the stem, e.g. giving a pre-learned example not related to the scenario given in the question.

Q2a

Few candidates showed understanding of the Act and instead talked about other areas linked to crime, e.g. prison sentences and punishment of individuals or suggested that the Act itself gave offenders jobs. Candidates who knew the Act sometimes missed the focus of 'key features' in the question and wrote about the impact on individuals.

Q2b

Many candidates were awarded 3/4 marks. No pattern emerged in terms any aspect being more frequently identified correctly than another.

Q3a

Well answered by many candidates including some detailed analysis and well-structured responses. A few limited their marks by only giving two factors. Weaker candidates drifted on to detailed effects of abuse on Susan rather than focussing on the increased risks of abuse occurring. A few candidates also added to the scenario, e.g. suggesting Susan may become homeless. Candidates need to focus on the information provided rather than attempt to create their own question.

Q3b

Many candidates did not seem to know the meaning of 'lacking mental capacity' and gave irrelevant answers. However it was well attempted by many with the majority of candidates getting half marks or more.

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Q3c

Many candidates did not refer to specific sensory impairments (either implicitly or explicitly). The descriptions tended to be generic and suggested pre-prepared answers with no relevance to the question asked.

Q3d

Very well answered with the vast majority of candidates being awarded full marks.

Q4a

Centres appear to have helped candidates understand the key terms required for this question with many explaining how the multiagency approach can help safeguard users from abuse. Some repetition by candidates limited marks awarded and overall complaints procedures were not as well explained as the multi-agency approach.

Q4b

Full range of responses seen in candidates answers. Many good answers with candidates clearly knowing the actions to take. Marks sometimes withheld as a result of repetition of 'report' or describing what not to do (rather than what actions the service provider should take). A few candidates wrote about what the service user should do instead of the service provider.

Q5a

The focus of the question was explain why the principles should be followed, many candidates instead described what the principle meant and/or did not apply to the scenario/social worker. Protect self, as one of the principles, appeared to be misunderstood by many candidates e.g. instead writing about protecting Yana.

Q5b

Quite a few weaker answers referred to 'personal hygiene' not safety, and candidates appeared to lose focus on the question and repeated the wording of the question multiple times. Some candidates did though give apposite example and provided a clear analysis of both promoting active participation and teaching personal safety.

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