



GCSE

Health & Social Care

General Certificate of Secondary Education **J406**

General Certificate of Secondary Education (Double Award)
J412

OCR Report to Centres June 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

General Certificate of Secondary Education

Health and Social Care (J406)

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OCR REPORT TO CENTRES

Content	Page
A911 Health Social Care and Early Years provision	4
A912 Understanding Personal Development and Relationships	8
A913 Promoting Health and Wellbeing	12
A914 Safeguarding and Protecting Individuals	15

A911 Health Social Care and Early Years provision

General Comments:

Moderation took place against the assessment criteria for the 2015/2016 controlled assessment. Many Centres used the interactive URS which meant that there were no clerical errors, if this is not used it is important that the marks for each task are added up correctly and there is a checking system in place at centres to ensure that the correct mark is inserted on the MS1 form. Moderators had many clerical errors to process. URS sheets were often not filled out correctly. Attention to detail by centres aids the moderation process, e.g. candidate numbers inserted; evidence page referenced. Comments made by assessors supported the moderation process. It is recommended that the assessor highlights or ticks each section of the band that applies to the work that the candidate has produced. This helps when a best fit mark applies.

Generally Centres had prepared their candidates well; they showed understanding of the provision of health or social care or early year's provision in a service. A range of different ways of approaching this unit was seen with a focus on being able to plan and carry out tasks, in which they analyse issues and problems, where the weighting of marks is greatest. When candidates showed good practice with the planning in Task 1, they were able to relate to the criteria for Task 5 and gained better marks.

Many candidates did not achieve marks in the controlled assessment because they did not apply their knowledge by giving examples to show understanding of health and social care issues.

Time guidelines are given for candidates when completing their Controlled Assessments. The thickness of some portfolios suggested that these guidelines had not been closely adhered to. The moderation process was also hindered when class notes had been included in the candidates' controlled assessments.

All paper assessments must be presented with a treasury tag in the top left-hand corner. Written work submitted in any other format (e.g. ring binders, plastic wallets etc.) hindered the moderation process.

Many assessors annotated in the body of a candidate's controlled assessment work; this was good practice as the Moderator could see how marks had been awarded. Whilst specific marks were not awarded for Quality of Written Communication (QWC), assessors should be mindful that once the five tasks have been assessed and an overall mark decided, it is important that the mark is complementary to the description of the quality of work for a candidate at a particular level. The teaching of specific skills needs to be incorporated into schemes of work so that candidates have the knowledge to undertake the requirements of planning and evaluating required, therefore fulfilling the controlled assignment assessment criteria.

Where there is more than one assessor marking within a centre, internal moderation is essential so that there is parity in assessment decisions. Clear referencing within candidate's work is essential, and marks cannot be awarded for work that is not the candidate's own. There was a noticeable increase of unreferenced material found in candidates' work, e.g. using Ofsted and CQC reports. For future sessions candidates need to be shown how to use such reference information.

Most entries for the Controlled Assessment (A911) were paper based (component 02); some centres entered their candidates for the OCR Repository (component 01) and then sent paper

based work to the Moderator. It is important that centres use the correct entry code, 02 for paper based entries and 01 for Repository.

2 Comments on Individual Tasks:

Task One

Candidates who clearly stated the service that they would be focusing on and the purpose of their investigation and aims and objectives were able to access more marks when reviewing their work in Task 5. Within the plan, candidates need to show where they would access the primary and secondary information and show relevance to the context of the investigation that they were undertaking. Often candidates stated “use internet”, “text book”, such comments are too vague and warrant Mark Band 1 marks.

When candidates showed, through an introduction, the service they were going to investigate, then completed a chart which was logical, highlighting completion dates, the type of research they were going to use and set clear aims and objectives, they were well prepared and produced excellent plans and check lists and were able to achieve the higher mark band marks.

A pre-set format of a chart made by a centre can be useful, however when centres itemised each task or were too prescriptive, this contravened controlled assessment regulations. It should be remembered that this task is a working document and should be used throughout the controlled assessment, it does not need to be written or completed in one sitting. Candidates who just copied the controlled assessment as their plan without stating how they were going to complete the tasks were not awarded marks.

Task Two

Most candidates continued to choose an early years’ service and were well aware of referral procedures but many unfortunately could not access marks at the higher level because the examples given were not relevant to the service being studied. A lot of generic information was included with unreferenced information from text books.

Many candidates identified a relevant piece of legislation. Only one piece of legislation is required but it does need to be relevant to the service chosen. Some candidates wrote about several different pieces of legislation – some completely unconnected with the setting. There was also a lot of cut and paste in this section and descriptions about the reasons behind the legislation which did not earn marks. To gain MB2 and MB3 marks candidates are required to apply their knowledge and show understanding about the impact the piece of legislation has on the quality of service provided.

Explanations of how the service has implemented procedures to overcome possible barriers were varied. Candidates were aware of the many barriers that prevent “pwus” (people who use services) from accessing the help that they need and often wrote about each barrier at length; however they did not earn marks unless they applied this knowledge to the service they were investigating. There was often a lot of generic information (copied without any referencing) on how barriers could be removed. Candidates found it difficult to evaluate how services have procedures in place to address barriers but occasionally opinions and judgements were evident.

Candidates approach to analyzing ways that the service ensures equality of care was disappointing, work lacked application; understanding or reasoning and was often only briefly mentioned. Whilst some candidates looked at equality within care values for Task 4 this did not constitute an analysis. High mark band marks were awarded to candidates who gave a comprehensive analysis using examples to show how it is executed in a setting.

Task 3

This task continued to cause many problems with candidates as they did not describe how the service had been designed to meet the health, developmental and social needs of a client group that use the service. Many only focused on developmental needs (physical; intellectual; emotional, and social) and made little reference to show how health and social care needs were met.

Candidates did not always show the type of informal carer for the client group being studied or what their roles could be. When it had been done well candidates evaluated the impact the role has on the informal carer(s) and/or service user's lives.

A general description of other services that could provide care for the chosen client group was often given. It was disappointing that little explicit reference was shown if services were a statutory provision or privately funded. Services provided by the third sector were generally not understood. When it was done well, candidates showed, for example, that residents in a care home which was privately funded would need access to the statutory health services of a doctor, district nurse, and NHS Dentist; pay for private chiropody and third sector organisations like Age Concern could support residents with financial advice as well as a local faith group visiting the home to organise entertainment on a regular basis to meet their social needs.

Task 4

Parts of this task were generally disappointing as candidates had not interpreted the requirements of the controlled assessment. Higher level attaining candidates had researched, using secondary resources, the care values applicable to their chosen service and interviewed one care worker to gain primary information as to how they applied the care values in their daily work. Many candidates wasted time showing how the health, developmental and social care needs of clients were being met, this was not required. To gain MB3 marks candidates needed to ensure that they gave a thorough description, this could not be done by just producing a chart.

Many candidates attempted to write an analysis to show the possible effects on clients if care values were not applied, however, there was very little reference to guidelines or codes of practice that the practitioner would follow. e.g. a midwife would use the “clinical practice and guidance from The Royal College of Midwives” in their work and would follow the Code of Conduct for Employees in Respect of Confidentiality at the hospital they work in.

Candidates were required to show how communication skills are used by a care practitioner. Where it was done well; a wide range of examples had been given, however some candidates only focused briefly on communication skills as part of other skills and qualities required to carry out the role as part of Task 5. High achieving candidates gave a detailed description of verbal, non-verbal, written and electronic methods of communication showing how these were used effectively by the care practitioner they had focused the task on.

Most candidates showed that they were aware of different pathways, but work often lacked a detailed evaluation. It is suggested that candidates could provide a comprehensive evaluation of at least two pathways for their chosen care worker by showing an academic pathway and vocational pathway. When evaluating they should consider the pros and cons of each pathway.

Task 5

Candidates needed to analyse the skills and qualities needed by the practitioner to deliver effective care. Good responses were seen when candidates used the information that they had gained from their interview and then applied it to work of caring in the setting: e.g. Hardeep needs to be very patient and kind so that he shows understanding to a relative who is awaiting medical news about their loved one or, Judith's numeracy skills are weak so she is not given the

OCR Report to Centres – June 2016

role of administrating medicine as this could be harmful to a patient if the incorrect dosage was given.

Many candidates did not evaluate their evidence against their aims and objectives (if they had written any) and made limited recommendations for future investigations. Some candidates did not complete the entire task, follow the criteria or write an evaluation.

Marks were gained by those candidates who were focused in Task 1 and used, as a measuring tool, their aims, plans and checklist to review their work. Some candidates had reflected on their plans as the controlled assessment had progressed, making notes in a separate column on their planning sheet, this was good practice and candidates were then able to access relevant material to form part of their evaluation and make recommendations for future investigations. By making regular notes they gave detail and were able to show understanding about their own performance and in turn gained higher level marks.

The recommendations of what they could do to improve their own performance, were noted, but varied in quality.

The use of references was variable in the work seen. Some bibliographies tended to be list like, mostly websites were not referenced throughout the controlled assessment. Often candidates “forgot” to include their chosen service, the interviews which had taken place and made limited references to the primary sources that they had used. To gain MB3 candidates need to comment on how they used the source and how useful it was, there were some examples of this being done well.

A912 Understanding Personal Development and Relationships

General Comments:

Candidates are continuing to show understanding of the active verbs. It is evident that Centres are using past paper questions and mark schemes when preparing their candidates for this external examination. Candidates still need to show greater dependency and consequences of effects when answering the level response questions; this is what examiners are looking for when assessing such questions. Candidates are very comfortable in using simple sentences, greater emphasis needs to be given to developing more complex sentences incorporating this use of connectives.

Verbs used within this paper

Verb	Questions where the verb is in use
Identify	1a 1b 3b 3c
Explain	3c 4a 4b* 4c
Evaluate	1c* 4d*
Analyse	2c*

*Questions 1c, 2c, 3d and 4b are levelled responses and QWC is taken into account.

High level – answers will be fluent and coherent, using correct terminology. There will be few, if any, errors of grammar, punctuation and spelling

Mid-level – answers will be factually correct but still need developing. Some correct terminology will be used. There will be some errors of grammar, punctuation and spelling.

Low level – answers are likely to be muddled and lack specific detail. List like answers will be placed in this band. Errors of grammar, punctuation and spelling will be noticeable and intrusive

Questions 2a and 3a required candidates to have a knowledge of key terms and in the case of 2b, to demonstrate their knowledge of physical development in two specified life stages.

We saw many extended answers and the candidates had labelled the additional pages accurately.

Centres' must direct their candidates to only write in the designated areas, we saw many more candidates who had written outside their allocated space; they need to use this additional pages.

Comments on Individual Questions:

Question 1a

The focus for this question was for candidates to **identify** an effect on self-concept based on the examples given. Candidates also needed to identify the factor based on the examples given.

This question required candidates to provide different effects on self-concept; many candidates lost marks by repeating answers. Many used the example given on confidence; this would be seen as a repeat.

Many candidates were unable to identify the factor and many cited PIES, i.e. physical, emotional, intellectual and social.

Some gave answers which were not linked to self-concept, for example, isolated and lonely.

Question 1b

This question required candidates to **identify** the type of relationship based on the examples provided.

Generally this question was well answered with candidates being able to correctly identify the two types of relationships.

Some candidates did not understand the term civil partnership and many gave friendship for this example. Some candidates gave features as their answer; they had misread the question.

Question 1c

This question required candidates to **evaluate** how working relationships affected a person's development.

This was not particularly well answered. A key error was giving vague comments and 'going off on a tangent' by talking about intimate / sexual and friendship relationships. Lack of balance within answers meant that very few were awarded level 3. Lots of repetition was also seen with many converting positives to negative, e.g. enhanced confidence and lowered confidence; such answers can only be credited once.

Centres need to note that no credit will be given for vague answers such as 'this will affect their intellectual development'; specific key effects are required.

Those that were awarded higher marks for this question used a range of key effects and put them in the context of working relationships. Key effects alone will not gain candidates the higher marks; this could be a focus for centres when addressing examination techniques

Question 2a

Candidates were required to **show their understanding of the term growth**.

Candidates were able to demonstrate their knowledge within this question, with many scoring maximum marks. The main error was talking about development instead of growth.

Question 2b

For this question candidates were asked to **identify** two life stages and the expected physical development.

A well answered question. Many candidates were able to correctly identify the life stages. A few cited adolescence and some gave middle adulthood, but incorrect answers were few and far between. The main errors seen, with respect to expected physical development, were the growth of teeth and talking.

Question 2c

The focus of this question was for candidates to **analyse** the impact of starting school on a 4 year old's development

A range of responses were seen for this question. Many were able to give several effects linked to all four aspects of development. Again, those that gained higher marks put their answers in the context of starting school. Those candidates who put in lots of effects but without the context could not gain high level 2 or level 3. Once more a valid teaching point for centres. Some candidates described activities that children could take part in, but they failed to link to development, e.g. children can play outside on the climbing frame and run around; they needed to add that running aids stamina and playing on the climbing frame will aid co-ordination and confidence.

Question 3a

This question required candidates to **show their understanding of three key terms; ethnicity, menopause and redundancy**

Ethnicity: many candidates had a great understanding of this key word. The main error was in linking it to religion.

Menopause: comprehensive understanding shown with respect to this key word.

Redundancy: The main error for this key word was just citing 'loss of job' without any further qualification.

Question 3b

Candidates needed to **identify** two other sources of support.

The most common responses were family, friends, informal carers and voluntary organisations. The most common errors were; charities (needed to provide a name), stating other professionals and using the term 'formal support'

Question 3c

Candidates needed to **identify** a professional carer for a woman going through the menopause and then **explain** how the professional could provide support.

The most common responses for the professional were GP, Counsellor and Nurse, with several stating gynaecologist.

The support given was comprehensive with many giving depth to their answers.

Question 3d

This question required candidates to **evaluate** the effects of retirement on development.

Many candidates failed to access the top mark band as they did not offer well balanced responses; grammar, punctuation and spelling and being repetitive also led to marks being denied. Many candidates went off on a tangent again and started evaluating being in later adulthood. Centres should direct their candidates to keep referring back to the question and to adopt the PEEL technique:

- **Point**
- **Explain**
- **Expand** – look at developing the answer; consequences of effects
- **Link back to the question**

Question 4a

This question asked candidates to **explain** both the physical and emotional effects of neglect.

Generally this question was well answered with many high scores. A lot of candidates linked not being provided with sufficient food to being malnourished. Some candidates stated that it would cause anorexia; this was marked as incorrect. Once again, candidates need to link their answers to the context of the question.

Question 4b

The focus for this question was to **explain** how specified factors could interrelate to affect a person's physical and mental health.

Many candidates were able to make links between the factor and they were able to show the impact on both physical and mental health. Once again many vague answers were seen; this will make her feel ill and this will make her unhealthy. These types of responses should be avoided.

Question 4c

This final question required candidates to **explain** how obesity could affect a person's development.

Many candidates scored highly on this question. If candidates failed to gain full marks it was most often because their answer was too vague; feeling low, feel down, not being healthy.

A913 Promoting Health and Wellbeing

General Comments:

This series saw a good performance overall by candidates and they appeared well prepared, with a focus on being able to plan and carry out tasks in which they analyse issues and problems where the weighting of marks is greatest. Candidates who produced a clear structure had clarity and this enhanced their performance. Many candidates did not achieve marks because they did not apply their knowledge through the use of examples to show understanding of promoting health and well-being.

The controlled assessment is split into distinct areas and if followed, enables the candidates to make plans for smaller sections. Whilst specific marks are not awarded for the Quality of Written Communication (QWC), assessors should be mindful that once the tasks have been assessed and an overall mark decided, it is important that the mark is complementary to the description of the quality of work for a candidate at a particular level.

Moderation took place against the assessment criteria for the 2015/2016 controlled assessment. All work must be accompanied with a current URS sheet, found on the OCR website, completely filled out. Without attention to detail, Moderators were often not able to see how assessors awarded marks, or able to check the sample sent because candidate numbers were not recorded. At the centre it is important that the marks for each task are added up correctly on the URS and there are checking systems in place to ensure that the correct mark is inserted on the MS1 form. Moderators had many clerical errors to process; Many centres used the interactive URS which meant that there were no clerical errors.

Most entries for controlled assessment (A913) were paper based (component 02); some centres entered their candidates for the OCR Repository (component 01) and then sent paper based work to the Moderator. It is important that centres use the correct entry code, 02 for paper based entries and 01 for Repository.

Time guidelines are given for candidates when completing their controlled assessment. The thickness of some portfolios seen, suggested that these guidelines had not been closely adhered to. The moderation process was also hindered where class notes had been included in the candidates work. All paper assessments must be presented with a treasury tag in the top left-hand corner. Written work submitted in any other format (e.g. ring binders, plastic wallets, etc.) hindered the moderation process.

Many assessors annotated work in the body of the controlled assessment; this was good practice as the Moderator could see how marks had been awarded. The teaching of specific skills needs to be incorporated into schemes of work so that candidates have the knowledge to undertake the requirements of planning and evaluating required, thus fulfilling the controlled assignment assessment criteria.

Where there is more than one assessor marking at a centre, internal moderation is essential so that there is parity in assessment decisions. Clear referencing within candidate's work is essential, and marks cannot be awarded for work that is not the candidate's own.

Comments on Individual Questions:

Task 1:

Most work moderated showed a clear plan for the investigation which identified aims and objectives; many did not however show the purpose of their investigation. Higher marks were

OCR Report to Centres – June 2016

gained when candidates planned to use primary and secondary data and related the references to the specific investigation chosen. Those candidates that had been well prepared produced excellent plans and checklists. A pre-set format chart can be produced by the centre for candidates to use but if the tasks are itemised, candidates cannot be awarded marks. Candidates would be advised to clearly identify who their controlled assessment is focussed on and the aims and objectives of their investigation, this will enable them to access more marks in Task 6 when they are reviewing their work.

Task 2

There were varied responses by candidates demonstrating their understanding of how health and well-being changes over time, some had interviewed different generations and sought their views, some had done it from an historical perspective and others looked pre and post NHS. Likewise when showing variants between different cultures, many made a comparison between two different countries, whilst others compared two cultures in their own country. It should be remembered that this work should evolve from candidates being taught about different health perspectives and their responses need to show understanding.

Research into individual's current state of physical intellectual, emotional and social health was generally done well. Most candidates produced questionnaires which were detailed and included open and closed questions, giving the opportunity for candidates to later interpret and analyse information required in Task 3. Many included records of food intake and exercise undertaken; however it was disappointing to see that many candidates did not show the opinion of how the individual views their health.

If the collection of information or compiling of the questionnaire has been done as a group activity, the assessor must clearly indicate what contribution the individual has made to the controlled assessment and reference must be made to the work of other members of the team.

Task 3:

Two measures of health were usually accurately carried out by most candidates. The most common physical measures of health were BMI / height-weight and peak flow. Many had correctly interpreted the data collected, applying the information to the individual and making in-depth comparisons to the norms. Some candidates wasted time by describing generically all the physical measurements of health, no marks were awarded for this. Others in their interpretation of results did not make reference to the individual e.g. age, illness, occupation and lifestyle; which could have had an impact on the physical measurements.

The analysis of the information gathered in Tasks 2 and 3 provided good differentiation. Where this was done well candidates had considered the individual's own understanding of health, looked at the person's health in terms of physical, intellectual, emotional and social needs and also made reference to norms e.g. units of alcohol consumed, calorie intake etc. There was also some reference to the physical measurements of health obtained to give an overview of the individual's health.

Task 4:

Candidates were required to describe a minimum of two factors that had positively affected the health and well-being of the individual, when they made reference to show how the factors made a positive contribution to the development of the individual they accessed higher marks. This section produced mixed responses, and provided good differentiation.

Numerous risks that may damage health were shown, some with application to the individual, but others generically. Candidates wishing to access higher level marks needed to explain at least two possible risks that were relevant and then analyse the damage that these risks may

OCR Report to Centres – June 2016

cause in the short and long term to the individual. Few candidates showed the impact that these risks had on the wider society, for example an individual person smoking would result in expense on the NHS budget to treat cancer, expense on the local council street cleaning butt ends and pollution of the atmosphere affecting the health of others. List like answers should be avoided.

Where candidates explained crime and economic factors that could affect the individual it was done well however many omitted this section.

Task 5:

Most candidates explained why it is important to set targets when producing a personal health plan (PHP) setting and why physical assessments are made to monitor progress. They then used SMART targets when producing their own plan.

Candidates who had been taught and given ideas on how to set out a health plan followed a logical format. They stated how the plan would either improve the client's health over a period of time or maintain health; these candidates accessed the higher level of marks. Very imaginative health plans were seen, but it was questionable whether they had been given too much time to complete them since some were rather extensive. Some candidates lost marks as they did not produce a plan which could be used, nor did it show how someone could maintain or improve their health.

Common areas used for the plan, were to improve diet and increase exercise. Where this was done well, candidates developed two specific health targets that were addressed, and explained how the physical measurements of health would improve if the targets of the plan were achieved.

Some candidates did not explain how two different types of health promotion material could be used to support targets. Where it was done well, candidates had considered for example: a diet sheet from the internet and attending a weekly weigh in session; this gave candidates the opportunity to give a comprehensive evaluation and gain MB3 marks. Candidates should not include copies of booklets etc. in their assessment as they are bulky and costly to post nor should they waste controlled assessment time making their own promotional material.

Task 6:

Most candidates drew conclusions about the physical, intellectual, emotional and social effects the plan may have on the individual. Those gaining higher level marks were realistic in their suggestions and explained why the health plan was relevant for the individual. The description of difficulties that may be encountered in achieving the PHP was either done well or was marginalised.

Candidates lost marks in this task because they had obviously run out of time, or they had not followed the criteria, or they had had no training on how to write an evaluation. Centres would be advised to practise writing an evaluation prior to commencing a controlled assessment. It should be remembered that this task consists of two different sections, the conclusions for the PHP and evaluating their controlled assessment investigation. Where candidates had set out clear aims and objectives in Task 1 they were able to refer to these as part of their evaluation. Some candidates reflected on their plans as the controlled assessment progressed, making notes in a separate column on their planning sheet, this was good practice. By making regular notes during the controlled assessment they could give detail, show understanding about their own performance, make recommendations for future investigations and gain higher level marks.

The use of references was mixed, some bibliographies were list like, others showed referencing within their work and made comments on how useful the source had been. Some candidates showed they would have extended their research if they undertook a future investigation.

A914 Safeguarding and Protecting Individuals

General Comments:

For the externally assessed unit A914, the majority of candidates attempted to answer all of the questions, with a wide range of marks being achieved. All candidates appeared to have used their time effectively. Long answer questions were fully attempted suggesting that candidates had enough time to produce their responses.

When questions were well answered they had good structure and correctly used terminology found in the specification. The candidates demonstrated an understanding of the command verb, appropriate knowledge, and a high quality of written communication. It was evident that many candidates had been well prepared for the examination, however some candidates' knowledge and understanding of legislation for question 9, correct procedures for first aid question 5, disposal of hazardous waste question 1, and use of technical vocabulary from the specification was poor, which resulted in limited marks.

A common weakness seen is where some candidates had not taken the time to plan their responses resulting in, for example, giving an incorrect order for a fire evacuation procedure in question 11 or first aid procedure for question 5. This resulted in lower marks.

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. However, some candidates were unnecessarily provided with additional answer booklets to continue their answers, when the included extra pages had not been used at all. This unnecessary use of additional answer booklets should be discouraged by centres. Centres should also advise candidates that the length of their responses should be guided by the number of lines provided on the question paper, this results in a more considered and focussed response. Candidates whose answers extended on to extra pages often included irrelevant information and repetition that did not gain any marks.

Comments on Individual Questions:

Question No.

1

Not well answered, with only a few candidates gaining full marks. Where marks were lost, this was usually by guessing a variety of coloured bags for everything. It appeared that many candidates were unfamiliar with this part of the specification.

2

Many candidates were able to gain at least 2 marks. The most common, incorrect answers were osteoporosis and anorexia nervosa.

3

Some excellent responses were seen, many candidates have good knowledge of this topic. Weaker responses gave general food hygiene practices, but did not relate them to context provided, a care home, and so did not gain level three marks.

4

Well answered by those familiar with the legislation. Incorrect responses gave first aid or fire procedures.

OCR Report to Centres – June 2016

5

A range of responses were seen. Accurate answers provided appropriate actions in the correct order of priority. Reasons for the actions taken were provided as the command verb is 'explain'. Weaker responses gave a list of actions with no explanation, others gave incorrect instructions, for example moving Elaine into a more comfortable position. Some confused responses contained contradictions, for example saying raise her legs, but also do not move her under any circumstances.

6

Terminology and correct procedures often missing from these answers. many candidates used simple words giving only part answers, such as 'cover', 'clean' and 'gloves'. Some responses were not about first aid at all but suggested food hygiene or fire procedures.

7

Where candidates related this to DRABC – often writing this on the side of the paper, they got full marks. Many candidates got danger and response correct but lost marks by getting airway, breathing and circulation in the wrong order.

8a

Well answered by many candidates. Most gained at least one mark demonstrating understanding of Jamie's situation. Some candidates repeated 'neglect' and so only achieved one mark.

8b

Candidates responded well to this question and a range of good descriptions were seen which gained full marks. Weaker answers were imprecise and did not relate their descriptions to Jamie who is 6 years old or were incorrect stating that he would develop anorexia.

9

Mixed responses, some candidates having good knowledge of the Act and referring to child protection orders, children having a voice, paramountcy principle and aspects of ECM that relate to safeguarding. Other responses explained ECM in detail but did not relate it to safeguarding as required by the question and some candidates did not seem to have any knowledge of the Act at all.

10

Many candidates were unfamiliar with the CQC, which is listed at the end of section 2.4.4 in the specification. They lacked any real knowledge of its role, producing answers that seemed to be guesses. It was evident where candidates had been taught about the Commission they were able to gain 2 or 3 marks for answers relating to regulating and inspecting standards of care and safety.

11

There were some excellent answers describing the fire evacuation procedure in detail and in the correct order of priority. However some candidates were limited to level one due to listing actions in no particular order. Some candidates gave worryingly incorrect procedures such as leaving an individual with mobility issues 'by an open window wrapped in a fire blanket', 'open all doors and windows to let the smoke out' and not calling 999 until everyone is evacuated or taking a register before you leave the building.

12

Well answered by many candidates who gained level 2 and a significant number level 3 by providing responses that were well organised and clearly addressed the demands of the question.

In weaker responses common errors included poor knowledge of the requirements for first aid boxes, suggesting that this was a hazard, giving hazards that are not on the plan such as poor food hygiene practices in the kitchen and suggesting that all the doors were open. Few candidates recognised that having a separate family room was a precaution.

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