



GCSE

Health & Social Care

General Certificate of Secondary Education **J406**

General Certificate of Secondary Education (Double Award)
J412

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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A911 Health Social Care and Early Years provision

General Comments:

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. It was noticed this year that some centres had not used OCR's controlled assessment, as candidates did not complete all the criteria required, or included parts of previous controlled assessments that had been set and hence were not able to gain marks.

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 an increase of clerical errors to process this year. 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 etc. The latter is particularly important when candidates work is not in any logical order. 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.

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 assessment. 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.

There was a marked improvement of paper assessments being presented with a treasury tag in the top left-hand corner this session, there were few submissions of written work in any other format (e.g. ring binders, plastic wallets etc.) which helped 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.

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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.

Comments on Individual Tasks:**Task One**

Candidates who clearly stated the service that they would be focusing on, 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 primary/secondary or "use internet"/"text book", such comments are too vague and warrant mark band 1 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 or the client group. 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- this was often missing.

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 very 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.

*OCR Report to Centres – June 2017***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.

There was an improvement with candidates making it clearer the types of informal carers for the client group being studied and what their roles could be. However, the evaluation on the impact the role has on the informal carer(s) and/or service user's lives was often missing. When candidates did attempt the two perspectives, it was usually done in a comprehensive manner.

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 social needs.

Task 4

This continues to be the weakest sub-task throughout the controlled assessment, as "care values are not applied". 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 these values are applied 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. Candidates often did not select or name their care worker e.g. health care assistant but used the generic term of "care worker", nor did they show understanding of the daily work of the care worker. 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.

There was an improvement in relation to candidates showing how communication skills are used by their chosen care worker. 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 ways of communication showing how these are 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 an academic and a vocational pathway for their chosen care worker considering the pros and cons of each pathway.

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Task 5

Many candidates considered qualities or skills, but they are required to analyse both and show how this enables 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 the work of caring in the setting: e.g. Jennifer needs to be very patient and kind, so that she shows understanding to a relative who is awaiting medical news about their loved one, or, Leon's numeracy skills are weak, so he is not given the role of administering 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 did not include their chosen service as a resource or the interviews which had taken place making limited reference 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 within the paper. The use of key words is evident when candidates are answering questions on development. However, we are still seeing a significant percentage of candidates who are using the generic terms of physical development, intellectual development etc. Centres should direct their candidates to omit such phrases from their answers. In order to gain the higher marks within level response questions, candidates need to demonstrate that they can show dependency / consequences of the effects; centres need to place greater emphasis on this technique.

Verbs used within this paper

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

Questions 2a, 2b, 3d and 4a are levelled responses and QWC (quality of written communication) 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

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 additional pages.

Comments on Individual Questions:

Question 1a

The focus for this question was for candidates to **identify** two professional carers and the support that they could give to two specified situations.

The most common professional carers given were GP, Doctor, Nurse, Physiotherapist and Counsellor. The most common types of support were listening, advice, providing exercises and prescribing medication. A common error seen was candidates just citing 'talk'; this type of answer is seen as being too vague. Another error seen was candidates detailing the outcome of the support.

Question 1b

This question required candidates to **describe** the support friends could give to an individual who had been made redundant.

A lot of varied answers were seen to this question; many cited providing advice, help in finding another job and lending money. The most common error seen was candidates specifying to give

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them money without qualification for what. Generally though, candidates' answered this question well.

Question 1c

Candidates were expected to **identify** three factors from the given scenario and to **explain** the effect on development.

Most candidates were able to correctly identify three factors. The question asked for different explanations on development; a significant number of candidates repeated some answers therefore losing marks. Centres should ensure that within their teaching they direct their candidates to double check for repetition.

Question 2a

This question required candidates to **analyse** how a person's self-concept could be affected by both culture and friendships

A range of responses were seen for this particular question. Some very thoughtful and insightful comments were given with respect to culture. Many points were made linked to self-esteem, confidence, stereotypes, worthless and ashamed. Once again, we saw a lot of repetition and this is something that centres need to look at within their delivery. The most common error was candidates describing emotions rather than self-concept.

Question 2b

For this question candidates were asked to **evaluate** how family relationships could affect a child's development.

Most candidates were able to show both positives and negatives, with very few only addressing one side. Many were able to give several effects on development for all aspects. However, very few candidates were placed in level 3; due to not developing their answers to look at dependency and consequences.

Questions 3a and 3b

These two questions required candidates to **identify** the normal height range for a specified age. Many did not understand the term range and only provided one figure. The answer needed to state the top and bottom end, i.e. the range, in order to be awarded full marks.

Question 3c

The focus of this question was for candidates to **describe** the terms growth and development. This question was answered well with many candidates scoring full marks. Candidates were fully prepared with respect to both terms.

Question 3d

Candidates were asked to **analyse** how specified experiences could affect a person's emotional and social development.

The majority of candidates included all three factors and were able to address both emotional and social development. A lot of repetition was seen across the three factors. Only a minority were placed in level three due to only stating effects rather than developing their answers to look at dependency and / or consequences.

Question 3e

Candidates were asked to **identify** the first life stage.

Some candidates gave later adulthood rather than the required infancy.

Question 3f

The focus of this question was for candidates to **explain** how social development could be affected through stating primary school and starting university.

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Many candidates did not take into account that the question asked for a different way for the second part of the question. A lot of repetition was seen thus losing marks for many candidates.

Question 4a

Candidates were expected to **evaluate** how income could cause differences in a person's development.

Most candidates were able to give both positives and negatives; a common error was in reversing the effect, e.g. loss of confidence / more confidence. Many failed to address the aspect of the question which asked for differences; this meant that they could only be awarded top end of level 2. Those that were able to address the differences gave considered answers that showed significant synthesis.

Question 4b

This question required candidates to **explain** how disease could affect a child's development.

We saw a wide range of responses to this question with many giving 4 effects rather than 'cause and effect' (Both ways of answering explain questions are acceptable). The most common responses were tired, breathlessness, depressed, lack of attainment at school, poor concentration, embarrassed, hair loss and isolated.

Question 4c

The final question required candidates to **describe** how diet could affect a child's physical development.

Many responses referred to weight loss / gain. Poor expression often meant that some candidates were not able to access the full marks.

A913 Promoting Health and Wellbeing

General Comments:

Although this series saw a smaller entry, the performance overall by candidates was good 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.

All work for moderation must be accompanied with a completely filled out current URS sheet which is found on the OCR website. Without attention to detail, moderators were often not able to see how assessors awarded the 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 electronically sent to OCR. Moderators had many clerical errors to process, however, when centres used the interactive URS there were no clerical errors.

All entries for controlled assessment (A913) were paper based (component 02).

Time guidelines are given for candidates when completing their controlled assessment. Again 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 and reference material had been included in the candidates work. It would be helpful if all paper assessments were 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 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.

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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. A lot of work was often copied straight from text books or reproduced from lesson notes and did not show understanding.

Research into an 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 the 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 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 smoking would result in expense on the NHS budget to treat cancer, expense on the local council street cleaning

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cigarette 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 or did it generically and found it difficult to relate it to their individual.

Task 5:

Many candidates considered the importance of SMART targets but often the importance of the need for physical assessment was missed out, however, the PHP was generally done well.

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, but used for example two leaflets or two websites. 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.

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, 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.

Many candidates had been well prepared for the examination and were able to apply their knowledge to produce appropriate, well-structured, responses correctly using terminology found in the specification.

A common weakness seen was where some candidates had not taken the time to plan their responses, resulting in, for example, giving an incorrect order for first aid procedures in question 3, or not providing an analysis for the effects of a lack of safeguarding in 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.

Comments on Individual Questions:

Question No.

1

Well answered by many candidates, with the majority gaining three or four marks for precise identification of signs or symptoms. Vague answers such as 'redness' or 'unable to move the body' did not gain marks.

2

Many fully correct responses, but common errors included selecting 'a packet of pain killers' and 'wrapped triangular bandages'.

3

The correct order of priority was an issue for many candidates. A range of appropriate first aid actions were suggested, but not in the correct order. Putting someone in the recovery position when you have not checked whether or not they are breathing is not helpful. This type of response restricted candidates' marks to Level 1.

Lack of explanation for the actions taken also restricted marks, 'explain' is the command verb and so reasons for the actions need to be given. Some candidates gave abbreviations without development such as ABC or DRABC which again restricts the marks that can be awarded. There were, however, many thorough explanations, in the correct order of priority, that gained good marks.

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4

Well answered by those familiar with the legislation. Some candidates named the legislation inaccurately and so did not gain the marks, for example stating 'Child Act', 'Children's Act' or 'Disability Act'.

5

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

In weaker responses, candidates tended to list effects without considering the causes, or provided vague responses such as 'this affects them emotionally/socially' without any development.

6

Well answered by many candidates who gave a clear and precise situation where safeguarding would be required such as if they were being bullied or physically neglected. Vague responses such as 'at school' or 'outside' did not gain any marks.

7

Well answered by many candidates whose responses involved mentioning protecting people from food poisoning, notifying people of when food will be out of date, notifying staff in shops when to take items off shelves and answers relating to customers knowing items are still fresh. Some candidates utilised the key terms 'best before', 'use by', and 'sell by' dates, however, these responses were less frequent, but did enable some students to gain full marks on this question.

Many students' responses were restricted to Level 1 as they were very vague and did not demonstrate any knowledge of date stamping.

8

The key wording in the question referred to 'when cooking food'. A significant number of candidates did not produce answers relating to 'cooking' food but to food preparation i.e. using different coloured chopping boards, cleaning equipment etc., and so did not gain many marks.

Common correct responses included: washing hands before and after handling food, thorough cooking to kill bacteria, using a meat thermometer also and personal hygiene responses such as removing jewellery and tying hair back.

Many vague responses involved: washing hands, but with no application to cooking food, wearing gloves, but with no specific type mentioned, some candidates repeated similar points by providing further situations where hands need washing, or other ways that the personal hygiene could be managed during cooking.

9

A range of responses were seen. Accurate answers provided appropriate methods of cleaning the nursery environment, with reasons about how this reduces the spread of infection as required by the question as the command verb is 'explain'. Application to the nursery situation was apparent in many candidates' responses, with relevant examples relating to cleaning toys, as children have a tendency to put everything in their mouths.

Weaker responses gave a list of ways to clean with no explanation, others gave incorrect ways such as hand washing or sending the children home which have nothing to do with ways of cleaning the nursery environment. Many candidates gave answers that vaguely related to cleaning the nursery, but did not refer to how the spread of infection could be reduced by the use of appropriate cleaning materials such as disinfectant, anti-bacterial liquids for example.

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10 (i)

'Standard precautions' is a gap in many candidates knowledge. Very few seemed to know the meaning of the term and so provided vague statements relating to rules or checks or just health and safety, or provided vague examples instead of a definition.

Some candidates did gain one mark by referring to procedures, steps or guidelines; these were the most common responses that gained one mark. Very few could link their definition to preventing infection to gain the second mark.

10 (ii)

This was well answered compared to the previous question. Common correct responses related to washing hands between treating patients/ before/ after treating patients and wearing disposable gloves.

Some candidates provided undeveloped points such as 'wear gloves' (without stating a specific type), or 'washing hands' alone without development.

11

Well answered by many candidates, with the majority gaining at least two marks and many three to four marks. Common correct responses involved the need for ramps for ease of access, avoiding obstructing the exit, clear signs to show where exits are, and short distance to get to them.

Marks were limited with vague answers relating to the width of the doorway and some candidates misinterpreted the question and focused on fire procedures without application to fire exits. Some candidates incorrectly discussed having safety features on fire doors to stop unauthorised access or children accessing the doors. Some referred to locking of the fire exits.

12

Well answered by the majority with correct responses relating to trip hazards, such as wires, furniture, rugs, worn carpets etc. Other common responses related to fire hazards from leaving hair appliances on and smoking in the bedroom.

A common incorrect response related to people falling out of bed. For this to be a valid answer that gains marks there needs to be reference to the care home not providing bed rails for a resident who needs them. Other errors involved providing answers that did not relate to the bedroom aspect of the question, such as describing bathroom related hazards.

13 (i)

This was accurately identified by many candidates. The purpose was not quite as well answered with some candidates suggesting it was to inform people not to touch. Preventing access to the lab or stopping unauthorised access were common, correct purposes given by candidates.

13 (ii)

Many candidates thought this biohazard sign was the sign for dangerous chemicals, recycling, toxic waste, radiation or nuclear waste.

A minority of candidates identified the sign correctly and gave a clear purpose linking to warning or informing people of the risk of contamination.

14

A wide range of responses were provided by candidates with many utilising the additional space to develop their responses. The question was well answered by many who gained level 2 and level 3 by providing responses that were well organised and clearly addressed the demands of the question.

A common weakness in many responses related to stating that there are not enough of each precaution such as a first aid box, a fire blanket and a fire extinguisher, with candidates stating that one of each is needed in each room. This demonstrates only basic understanding of the

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required precautions. Their position and accessibility should have been the focus, not having them everywhere.

Some candidates stated that there is only one fire exit, apparently not noticing the main entrance which could also be used for evacuation purposes in the case of a fire, whereas the need for a ramp by the exits was not identified.

Some candidates gave vague answers such as stating that the hot drinks machine would scald people, when it would be a spilt drink, not the machine itself. A common misidentified hazard involved discussing the toilet and the storage cupboard as being interlinked which is inaccurate.

OCR (Oxford Cambridge and RSA Examinations)
1 Hills Road
Cambridge
CB1 2EU

OCR Customer Contact Centre

Education and Learning

Telephone: 01223 553998

Facsimile: 01223 552627

Email: general.qualifications@ocr.org.uk

www.ocr.org.uk

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OCR (Oxford Cambridge and RSA Examinations)
Head office
Telephone: 01223 552552
Facsimile: 01223 552553

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