

CAMBRIDGE TECHNICALS LEVEL 2 (2016)

Moderators' report

HEALTH AND SOCIAL CARE



05890, 05880, 05881

2019 series

Version 1

Contents

n	troductiontroduction	3
	eneral overview	
	Most common causes of centres not passing	
	Common misconceptions	
	Avoiding potential malpractice	
	Helpful resources	
	Additional comments	
	Unit 3 - Working in a person-centred way	
	Unit 4 - Safeguarding	



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Introduction

Our Moderators' reports are produced to offer constructive feedback on centres' assessment of moderated work, based on what has been observed by our moderation team. These reports include a general commentary of accuracy of internal assessment judgements; identify good practice in relation to evidence collation and presentation and comments on the quality of centre assessment decisions against individual Learning Outcomes. This report also highlights areas where requirements have been misinterpreted and provides guidance to centre assessors on requirements for accessing higher mark bands. Where appropriate, the report will also signpost to other sources of information that centre assessors will find helpful.

Note to Centres:

Two key changes have occurred in relation to the Level 3 Technicals qualifications, both in relation to the examined units; firstly, an additional re-sit has been allowed, so candidates can have 2 further attempts at an examined unit if they wish to improve their result from the first attempt made. And secondly, a 'near pass' R grade has been introduced, which enables candidates who do not pass but achieve sufficient marks to gain some points for their examined unit outcome, which may mean that it is not necessary to re-sit the exam.

General overview

This qualification is for learners 16 years and over, who want to apply their skills and knowledge in health, social care and childcare.

Level 2 Cambridge Technical in Health and Social Care qualifications allow candidates to achieve their potential and progress to the next stage of their lives, whether it be further study via a Level 3 Tech Level, an apprenticeship or straight into employment.

The qualification was launched in September 2017.

There are three sizes of qualification available in the Level 2 Cambridge Technical in Health and Social Care suite:

OCR Level 2 Cambridge Technical Award in in Supporting Health, Social Care and Childcare Services

OCR Level 2 Cambridge Technical Certificate in Health and Social Care

OCR Level 2 Cambridge Technical Diploma in Health and Social Care

The Award takes 90 guided learning hours to complete; this means it can be taken in one year. This gives candidates the flexibility to take a range of other qualifications, either vocational or academic, or both, in preparation for further study or employment in the sector.

The Certificate is a Technical Certificate and takes 180 guided learning hours to complete; it can be taken in one year. This still gives candidates the flexibility to take other qualifications, vocational or academic, in order to prepare them for further study or employment in the sector.

The Diploma is a Technical Certificate and takes 360 guided learning hours to complete. This means it can be taken in one year and will form the majority of a candidate's study programme. However, this still gives candidates the flexibility to take other qualifications, whether vocational or academic, in preparation for further study or employment in the sector.

The Certificate is broadly equivalent to 1.5 GCSE's and the Diploma qualification to 3 GCSE's.

The most popular size qualification has been the Certificate, which consists of four units, two of which are externally assessed and two which are internally assessed and moderated.

Some centres needed prompting on their first visit to complete the meaningful employer involvement centre plan however produced evidence of links with settings/employers on their second visit. The centre plan document is available from https://www.ocr.org.uk/lmages/482591-meaningful-employer-involvement-centre-plan.docx

Centres receive two free moderation visits from their assigned moderator to check standards have been applied accurately. Moderators also answer questions and queries and these visits have been received well over the year and are positively acknowledged by centres.

Whether completing the Certificate or the Diploma, candidates will take four mandatory units:

- Principles of working in health and social care
- Health and safety in practice
- Working in a person-centred way
- Safeguarding

The first two units are externally assessed units.

Most common causes of centres not passing

When completing evidence for coursework units there are three guiding principles:

- The command verb must be adhered to. The level and depth of command verb dictates the style/type of evidence which should be produced.
- The plural rule. Wherever a plural is used it should be interpreted as meaning 'at least two'.
- The application rule. Wherever the term 'environments' is used, application should be to 'at least two' environments.

The most common cause for a unit of work not being passed is that the application rule has not been addressed. Many candidates complete some form of work experience and often use this one setting as the basis of all the examples they give. Candidates must apply criteria to at least two different setting if they are to achieve criteria where the term 'environments', settings' or 'organisations' (or equivalent) are used.

Command verbs on the whole have been covered well by the majority of candidates/ centres. Sometimes candidates produce too much evidence for the command verbs 'identify' and 'describe'.

It was encouraging to see that action points and feedback from last year's visits had been addressed. As a consequence, evidence was more succinct and focused.

Common misconceptions

It should be noted that not all teaching content is reflected in the assessment grid. There is a significant difference between the amount of information that should be delivered to meet the teaching content and the evidence that needs producing to meet the assessment grid.

The teaching content guides what must be delivered by the teacher. If content follows an i.e. it must be covered/included however any content that follows an, e.g. is optional and can be adapted.

The grading criteria guides what a candidate must produce in order to achieve a pass, merit or distinction task. Often centres new to the qualification did not meet the standard on the first visit due to misconceptions and a lack of understanding of the requirements of the grading criteria.

Avoiding potential malpractice

Centres must take note of the JCQ guidelines re the quantity and content of centre feedback.

Assessor must not over direct candidates to produce specific evidence. Furthermore candidates should reference where evidence has been taken direct from the source, this includes diagrams.

Helpful resources

There are many helpful resources in the planning and teaching section of the website found at: https://www.ocr.org.uk/qualifications/cambridge-technicals/health-and-social-care-2016-suite/planning-and-teaching/

The delivery guides are extremely helpful at breaking down the teaching content in one hour/ two hour slots and identifying relevant and interesting resources.

Advisory support call forms are available in the forms section of the subject specific website. Advisory calls can be requested and these have proved useful and informative to many centres.

Training events including webinars can be found in the CPD area of the website.

Additional comments

The following guidance is offered for the two mandatory coursework units, Unit 3 and Unit 4. Please note that the following guidance mirrors guidance given in last year's report. The same mistakes/misconceptions are relevant to the evidence seen in the last academic year. The following guidance covers all grading criteria.

Unit 3 - Working in a person-centred way

P1 requires candidates to explain what is meant by person-centred care. The command verb explain covers the how and why. Candidates are expected to make reference to the content in 1.1 of the teaching content. For M1 candidates must describe at least two benefits and at least two barriers of person-centred care. The majority of evidence seen was written for these two tasks.

P2 requires candidates to summarise the 6 C's of care, many candidates chose to do this in a table/ chart. P3 asks candidates to evaluate the impact of person-centred care and this relates to 1.3 in the teaching content. Examples given in the teaching content are all positive however in order to evaluate the impact, candidates may include negative impact.

P4 is a 'doing' task and candidates must demonstrate person-centred values when working with individuals. A witness statement, completed by the teacher or an equivalent will suffice as evidence for P4 and witness statements are provided on the OCR web page. P4 can lead on to M2 which was often presented as written evidence.

When producing evidence for P6 candidates must make sure they include what personal budgets cannot be used for as this was sometimes an oversight in the evidence seen.

D1 requires candidates to reflect and evaluate their own approach to person-centred care and make recommendations for improvement. At least two recommendations must be included.

Unit 4 - Safeguarding

P1 and P2 were often combined by candidates and reference made to 1.1 and 1.2 of the teaching content. Candidates do not have to cover all ten types of abuse and neglect identified in the teaching content.

M1 may benefit from the use of case studies. Many candidates produced written evidence of how signs of abuse and neglect may be misinterpreted. Many candidates included how a sign of abuse can be contributed to more than one type of abuse and that occasionally signs of abuse, may have some other explanation.

Many candidates based the evidence for P3 and P4 on the exemplar produced and created flow charts. The command verb 'describe' requires candidates to cover the main characteristics/points associated with the topic. P3, P4 and P5 all linked to **a** health, social care or childcare setting and this should be made clear within the evidence submitted.

D1 could make reference to real life cases that demonstrate the impact if a disclosure of abuse or neglect is not responded to or reported appropriately.

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