

CAMBRIDGE TECHNICALS LEVEL 3 (2016)

Moderators' report

HEALTH AND SOCIAL CARE

05830–05833, 05871

Summer 2022 series

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Introduction

Our Lead Moderators' reports are produced to offer constructive feedback on centres' assessment of moderated work, based on what has been observed by the 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 Objectives. 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.

OCR completes moderation of centre-assessed work in order to quality assure the internal assessment judgements made by assessors within a centre. Where OCR cannot confirm the centre's marks, we may adjust them in order to align them to the national standard. Any adjustments to centre marks are detailed on the Moderation Adjustments report, which can be downloaded from Interchange when results are issued. Centres should also refer to their individual centre report provided after moderation has been completed. In combination, these centre-specific documents and this overall report should help to support centres' internal assessment and moderation practice for future series.

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General overview

Adaptations were made to the qualification, due to the impact of the pandemic. These included:

- Allowing work for assessment to be done from home
- Unit-level adaptations for all students due to take assessments in 2021/22
- Reducing the number of assessments for Cambridge Technicals (2016) in 2021/22

Few centres made adaptations in line with the first two bullet points however many centres reduced the number of assessments for candidates this summer.

This qualification has now been running for six years and is well established in centre prospectuses and as an entry qualification to higher education. The qualification, as it stands, is available for delivery up to and including September 2024. The final cohort will certificate in Summer 2026. From September 2025 the redeveloped Cambridge Technical qualification will be available.

The option to move up or down the size of qualification appeals to many centres, with many settling on delivering the Extended Certificate in the first year, with a view to completing a Diploma in the second year. Others looking for a single A Level equivalent product begin delivering the Certificate in the first year with a view to completing an Extended Certificate in the second year.

Some centres, in their first year of delivery, opted for just one moderated visit within the academic year. This year and last, all moderated visits were completed remotely, via Microsoft Teams. Centres and moderators overcame several issues to successfully moderate and process all claims submitted. Face to face visiting moderation will make a return in Autumn 2022. All centres are entitled to two moderation visits within the course of the academic year however visits cover both Level 2 and Level 3 qualifications. Visits are on demand and centres are advised that where possible both should be utilised, as queries and concerns can also be dealt with at the same time.

Key point

Please note it is recommended that centres use both visits as often misconceptions are picked up on the first visit and can be corrected for the second visit. Also, it was noted that many centres either re arranged or booked visits much later in the academic year, often very close to the deadline of June 30th. This should be avoided and a safety net of at least two weeks before the official deadline date be adhered to.

In Autumn 2021 OCR introduced a new system for setting dates for moderation. Centres should receive an e mail setting a provisional date and then a second e mail confirming the visit date. The majority of centres used Interchange correctly, submitting their grades approximately two weeks before the visit date. There were some incidences of centres submitting marks close to the visit day and assessors 'marking to the wire'. Again, this is to be avoided.

Model assignments are available for mandatory moderated units and some optional units. The assessment methods suggested within each assignment are optional and a flexible approach should be taken by centres, allowing other methods to be used if more applicable to their candidates. Likewise, centres who are more familiar with the individual units may find it helpful to use one of the two project delivery approaches published on the website. The project delivery approach resource consists of two guides with two corresponding project briefs. These projects have been designed to give you an overview of how you could deliver a range of units in Health and Social Care holistically.

Annotation on internally assessed units varied with many centres annotating throughout the portfolio and supporting the grade with a detailed URS.

OCR support



It is essential that when putting together a programme of units, centres check the relevant centre handbook to make sure that the units they are planning on delivering are available at the size of qualification they have chosen. Alternatively appropriate units are listed under each size of qualification on the website.

There is limited choice of 30glh units, in total there are currently three and again not all are available for all sizes of qualification. If time and resources allow, centres have the option of delivering another 60glh unit instead of a 30glh unit, however only half the points will be used to make up the full qualification. To clarify, if a candidate achieved a PASS in a 60glh unit (equivalent to 14 points), then half of the points (7 points) would count towards the full qualification.

Key point

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.

It is worth pointing out that the command verb 'suggest', lacks a quantifiable response and therefore the assessment guidance in each unit clarifies how to approach any criterion that starts with suggest.

One common cause of a grading criteria not passing was the command verb 'analyse'. The command verb definition of analyse is.

"Separate information into components and identify their characteristics.

Discuss the pros and cons of a topic or argument and make reasoned comment."

While this is correct, one way candidates could approach this is by backing up their evidence using primary/secondary sources of information. Analyse is a Level 3 command verb, and it is expected that it would be approached using continuous prose rather than statements or bullet points. To this end when assessing analyse, candidates using a presentation, would generally submit extra notes, which provide the depth that analyse demands. Pros and cons alone would suggest the command verb 'evaluate' has been met. It is the expectation that candidates 'make reasoned comment' and by doing this back up what they are saying.

Misconception



The majority of centres have delivered the teaching content as it appears in the specification. It should be noted that not all teaching content is reflected in the grading criteria 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.

Comments on individual units

Please note, not all assessment criteria for each unit will be referred to. There are 19 coursework units in total. Units 1, 10, 12, 13, 14, 17 and 24 will be covered in detail below.

Unit 1 Building positive relationships in health and social care

This unit is a 60glh unit and is mandatory for every size of qualification.

P1 asks candidates to explain different types of relationships that can be built in health, social care or childcare environments. The command verb is **explain**, which requires detail, covering the how and why. At least two types of relationship should be explained and at least two environments must be used. candidates can use two health, social care or childcare environments from the same sector.

M1 requires candidates to analyse the role that context plays in different relationships in health, social care and childcare environments. Again, candidates must make sure they address the command verb 'analyse' and use the teaching content to interpret the word 'context'. The word 'and' in the final part of the assessment criteria has caused some confusion. To clarify, at least two environments should be covered; there is no need to cover all three sectors.

For P2 candidates must explain factors that can influence the building of positive relationships in health, social care or childcare environments. While the teaching content guides what factors must be delivered in the classroom, in terms of types and examples, candidates are required to explain at least two. 'At least two' means two examples of factors (e.g., eye contact and lighting) not the whole of the content for at least two types of factor, e.g. communication and cultural. Again, as with P1 and in fact all assessment criteria except P4 and P5, at least two environments must be covered/used.

P3 requires candidates to explain strategies to make sure a person-centred approach in health, social care or childcare environments. At least two strategies must be explained.

P4 and P5 are practical tasks which require the candidate to do something. candidates must demonstrate effective communication skills in a one-to-one and group interaction to build a positive relationship in a health, social care or childcare environment. Only one environment is required, and many may choose to use interactions from work placement. Both interactions must be **effective** and therefore if a witness statement is used as the assessment method, there must be reference to this.

When candidates address M3 they must review the effectiveness of the communication skills used during both interactions rather than just the one-to-one or group.

D1 is very much a stand-alone task. candidates must justify the use of reflective practice to make sure interactions build positive relationships in health, social care or childcare environments. There is no requirement to reflect further on their own interactions but instead to justify the use of the concept of reflective practice in at least two environments.

Unit 10 Nutrition for Health

This is a 30glh unit.

P1 asks candidates to describe nutritional and diet guidelines. As a minimum candidates should describe at least two nutritional guidelines and at least two diet guidelines. The teaching content identifies several of each. While good practice for P2 would be to cover macro and micronutrients, candidates must describe the functions of at least two nutrients.

Key point P2

candidates should focus on describing the functions of nutrients rather than describe sources in the diet or deficiency diseases.

For M1 learners must analyse at least two possible effects of poor nutrition for different individuals. This criteria lends itself to using two case studies. candidates could use referencing to back up the possible effects. D1 states candidates need to evaluate the possible causes of poor nutrition for different individuals. It is accepted that it is difficult to evaluate possible positive causes of poor nutrition. Many candidates have used two case studies and explained at least two causes of poor nutrition for each. Causes could include lack of education, cost, availability, facilities available, family habits, etc.

Key point P3

P3 Explain how nutritional requirements differ for individuals. An issue that has arisen with this criterion has been that candidates explain the nutritional requirements for individual A and again for individual B but do not explain how they differ. This should be the focus of this criterion.

P4 candidates must explain at least two factors which influence nutritional health. Where candidates cover a wider range of factors, they often do not explain but instead describe, thereby failing the task.

P5 and P6 are based on the same individual. For P5 candidates must evaluate the diet and nutrition of a chosen individual. They may choose to do this by firstly recording what the individual eats and drinks, by interviewing the individual or by asking the individual to keep a food diary. From this, they must then go on to look at the positive and negative aspects of their diet. P6: requires candidates to develop a dietary plan to improve the nutritional health of an individual. The plan can be presented in a table or chart. Finally, M2 asks candidates to analyse the sustainability of a dietary plan for a chosen individual. The word sustainability sometimes gets replaced by candidates with suitability and the research and subsequent response is skewed. candidates should be focusing on how difficult or easy the plan will be to follow for the candidate.

Unit 12 Promoting positive behaviour

This unit is a 60glh unit and is a synoptic unit which draws together knowledge and understanding from other units. As such, it is advisable to cover this unit towards the end of the qualification.

P1, P2 and P4 are all practical tasks where candidates need to demonstrate skills. Each could be evidenced through the use of witness statements or video evidence.

M1 and M2 both require the candidate to 'assess' and that requires candidates to form an opinion or provide a judgement. The command verb assess is usually addressed through continuous prose.

M3 and D1 ask the candidate to evaluate and this in turn means both sides should be presented, whether that is advantages and disadvantages or strengths and weaknesses. A conclusion would be expected.

When producing evidence to address P5, describe legislation related to promoting positive behaviour, the content should relate to 4.1 of the teaching content. At least two pieces of legislation should be described.

Unit 13 Sexual health, reproduction, and early development stages

This is a 60glh unit. It has proved very popular with candidates. It has ten pass criteria, so attention must be paid to the command verbs and candidates must be careful not to over produce, where it is not required.

P1 asks candidates to describe how at least two sexually transmitted infections could affect the health and wellbeing of the individual. For P2 candidates should summarise ways in which an individual may be protected against unlawful and harmful sexual intercourse. Candidates should be guided by the teaching content but should also consider safety on nights out and keeping drinks safe. P3 requires candidates to explain how a range of methods of contraception protect against pregnancy. For this, candidates must cover at least three methods of contraception and for each must explain how they protect. Sometimes candidates list many methods and provide one or two sentences on each, missing the command verb. For M1 candidates must analyse approaches that could be taken to promote sexual health. This task is separate to P2 and focuses on the promotion of sexual health rather than protection. D1 however does follow on from P2 and requires candidates to evaluate the effectiveness of legislation in protecting the individual against unlawful and harmful intercourse. Fundamentally they are answering the question 'Does legislation work?' Yes, or no? Hopefully points made here can be researched and backed up.

P4 and M2 have a common thread. P4 asks candidates to explain the process of conception and M2 to assess at least two ways in which individuals can make sure a healthy conception takes place. P5 and P9 are both identify tasks and evidence could take the form of a mind map. P5 is to identify disabilities which occur in utero. candidates should be careful not to over produce evidence. For P6 candidates should describe at least two factors that affect the health of the foetus.

For P7 candidates must describe the stages of gestation. P8 requires candidates to explain the birth process. P9 links to M3. P9 can also be evidenced through a mind map and candidates should identify support available to post-natal mothers. M3 could follow on from this and candidates could assess the importance of post-natal care of the mother. The emphasis should be on the mother.

P10 is a lengthier piece of evidence and should cover all areas of development. candidates must explain the expected pattern of development of the baby in its first year of life. This could then link on to M4: Explain positive and negative factors influencing development in the first year of life. D2 should be separate from P9 and M3 as it focuses on the baby rather than the mother. candidates must analyse at least two ways in which health and social care services could influence the care and development of the baby in its first year of life.

Unit 14 The impact of long-term physiological conditions

This unit is a 60glh unit and is a synoptic unit which draws together knowledge and understanding from other units. As such, it is advisable to cover this unit towards the end of the qualification.

P1 requires candidates to summarise types of long-term physiological conditions. The teaching content identifies five different types, and all should be covered as a summary is asked for.

P2, P3 and M1 could be blended together in one task. The information provided in the teaching content 1.2, 1.3 and 1.4 should form the basis of the evidence. candidates could select at least two long-term physiological conditions for this and may continue to use the same conditions for P4, P6 and P7.

P5 requires candidates to describe two possible ways of monitoring a long-term physical condition. Please note, this is one condition only and the emphasis is on 'ways of monitoring', as outlined in 2.2 of the teaching content.

candidates could use a case study or a blog as the basis for M2: analyse the impact of current monitoring and treatment of long-term physiological conditions on an individual's life. The impact can extend beyond the physical impact and consider other areas of PIES (physical, intellectual, emotional and social).

When completing evidence for P8 candidates should describe services that best support the needs of two individual's, each who has a long-term physiological condition. M3 however focuses on one individual and one long-term physiological condition. candidates must analyse local service provision available for an individual with a long-term physiological condition.

Learning objective 4 requires candidates to know about end-of-life care. P11 asks candidates to describe at least two strategies and at least two frameworks available to support individuals in the terminal stages of long-term physiological conditions. This assessment criteria relates to 4.1 and 4.2 of the teaching content.

Unit 17 Supporting people with mental health conditions

This unit is a 60glh unit. It has proved very popular with candidates and assessors.

P1 asks candidates to describe concepts, types, causes and effects of mental health conditions

Key point P1

One approach to P1 that enables candidates to succeed is to consider the concepts of mental health separately to the rest of the criterion. Following on from this, candidates can then focus on two mental health conditions and describe the types, causes and effects of each. After the introduction to the concepts of mental health, many home in on two case studies, one for each mental health condition they intend to follow throughout the unit.

P2 and M1 could be linked together in one task however P2 requires a description and M1 a comparison. For each mental health condition used in P1 candidates can describe treatments that can best support the individuals. Following on from this in M1 candidates must compare the use of treatments for different mental health conditions. A comparison would include similarities and differences.

Similarly, P3 and M2 could be linked together. For P3 candidates are asked to describe services within the health and social care sector that can best support the needs of individuals with mental health conditions. Following on from this M2 then asks candidates to compare how different support services benefit individuals with mental health conditions

P3 and M2 focus on services whereas D1 concentrates on professionals. It would follow that the professionals in D1 come from the services in P3 and M2. D1 states 'analyse the potential impact of the care and support received from professionals in different services'.

Finally, P4 requires candidates to summarise how legislation can be used to support individuals with mental health conditions. Relevant legislation is identified in the teaching content.

Unit 24 Public health

This is a 30glh unit.

P1 has been approached in many different ways, from the use of a timeline to the use of key historical legislation and public health events. candidates must summarise the origins of public health policy and legislation

Misconception



There has been some confusion about the differences between P2, P3 and M1,

P2 requires candidates to explain the role of at least two organisations and of at least two practitioners from the organisations (one from each), in promoting health.

P3 requires candidates to explain at least two strategies used to promote public health (from the teaching content).

M1 brings P2 and P3 together and requires candidates to explain how organisations and practitioners work together on strategies to promote public health. This might be best approached through the use of two public health promotions, e.g., Covid-19 restrictions or the smoking ban, candidates could identify and explain the strategy used and then who is involved in promoting it.

D1 asks candidates to analyse the effectiveness of different public health strategies. Detailed work has been presented for this task, backed up with charts and statistics. candidates have used the vaccination strategy to look at the reduction in the uptake of diseases such as smallpox.

This unit has many resources currently available, due to the recent public health pandemic.

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