



External Assessment Report 2013

Subject(s)	Care
Level(s)	Higher

The statistics used in this report are pre-appeal.

This report provides information on the performance of candidates which it is hoped will be useful to teachers/lecturers in their preparation of candidates for future examinations. It is intended to be constructive and informative and to promote better understanding. It would be helpful to read this report in conjunction with the published question papers and marking instructions for the examination.

Comments on candidate performance

General comments

For the second year in succession there was an increase in the number of candidates undertaking the exam, which resulted in the highest number of entries since the subject was introduced. Feedback from centres indicated that the exam seemed fairly straightforward, with opportunities for weaker candidates to gain marks through demonstrating basic knowledge and understanding while still affording more able candidates the opportunity to convey more depth of understanding as well as skills in application and analysis.

Candidate performance this year was generally in line with the previous year's exam. Pre-appeal statistics indicate that there was an increase in the percentage of candidates attaining A–C grade, and a lower percentage of candidates gaining No Award. There was, however, an increase in the percentage of candidates attaining a D grade. Overall, this would suggest that efforts to ensure that the Higher Care exam remains accessible to the majority of candidates, while still maintaining the demand required, are being successful.

This is the sixth year of this particular version of the Higher Care course, and it seems that centres are now fairly comfortable with the content and format of the external exam. The standard of candidate responses suggests that most centres prepare their candidates appropriately for the final exam both in terms of familiarity with course content as well as coping with the time constraints of examination conditions.

For a second year, the marks in Paper 1 (Section 1 - Psychology for Care and Section 2 - Sociology for Care) were better than the marks for Paper 2 (Section 3 - Values and Principles in Care and Section 4 - Integration.) There is a continuing trend of almost all candidates attempting all four sections of the paper, with the majority of candidates attempting every question within each section. However, a theme in this year's exam was that although good knowledge and understanding was demonstrated by many candidates, it was not necessarily in response to the question being asked. Centres would be advised to address issues of potential areas or topics confusion whenever the opportunity arises for example during exam revision or preparation sessions.

There were still a significant number of candidates who, although they had attempted all or most questions, did not demonstrate the depth of knowledge and understanding required at this level. It would seem therefore that there are still some candidates being presented at Higher level who would have had a better chance of successful attainment if entered for the Intermediate 2 course and using this as a foundation for progression to Higher the following year.

Centre estimates continue to be significantly out of line with actual candidate performance, with many centres submitting far higher estimates than candidates are demonstrating in the exam. Centres should be reminded that they should only submit estimated grades which can be backed up by evidence of candidate attainment at the predicted grade, generated under similar conditions wherever possible. Although estimates are submitted to SQA in April,

centres can amend their estimated grades for candidates and send these to SQA before the final exam.

The issue of legislation has been referred to in the previous two External Assessment Reports for this subject, with the emphasis being that in the Care Higher Arrangements document (page 39) reference is made to the importance of ensuring that candidates are aware of 'relevant legislation' that is 'currently in use' in relation to the health and social care sector. In this year's candidate responses, there was evidence that this is being done very effectively in some centres, with candidates making reference to the Equality Act 2010 and the Public Services Reform (Scotland) Act 2010. However, it is also important to reiterate that in the exam a question specifically on a new piece of legislation would never be asked, but rather candidates would be expected to have a good knowledge of the role and purpose of legislation in general, as well as key features of legislation that is still current and listed in the arrangements document.

Areas in which candidates performed well

Question 1a): Many candidates knew two features of the Cognitive Behavioural approach and were able to provide fairly detailed responses. However, some candidates provided correct but very basic answers which did not maximise their potential to achieve full marks for this very straightforward question. Some candidates referred to features of Ellis's REBT theory rather than the more general Cognitive Behavioural approach.

Question 1b): The majority of candidates were able to demonstrate good knowledge and understanding of both nature and nurture, with many providing good examples to illustrate why both have an important influence on how a person develops.

Question 2a): As 1a) above, many candidates were able to provide good descriptions of features of Symbolic Interactionist theory, but a significant number of candidates did not access the full marks available (despite probably having the requisite knowledge and understanding) because their descriptions were too brief.

Question 2b): Almost all candidates appeared confident in their knowledge of conflict or functionalist theory and, although many knew how to use this knowledge effectively to explain homelessness, some candidates appeared to struggle with the application of their selected theory. Although there were some very good responses relating to conflict theory, it was noted that candidates from a minority of centres still appear to be writing about traditional Marxist theory rather than the more general ideas associated with conflict theories.

Question 2d): In general this question was answered well, with many candidates demonstrating a very good knowledge of the guiding values as well as an ability to explain why these values are so important in care work.

Question 3a): Most candidates were able to describe two potential barriers to effective communication, with many candidates then providing more detail than was required to explain ways in which one of the identified barriers could be overcome.

Question 4: All candidates attempted the integration question, which was generally fairly well answered, with many candidates demonstrating a good range of knowledge and understanding of the core values, reflective practice, legislation and the humanistic approach. Some more able candidates were able to go on to produce very coherent and well written integrated responses with some insightful observations and analysis. However, there is still evidence of candidates using disempowering language such as ‘allowing service users to’, frequent reference to people ‘suffering from’ a range of conditions as well as a prevailing tendency for some candidates to adopt a purely medical or nursing perspective by continually referring to ‘patients’ rather than service users.

Areas which candidates found demanding

Question 1c): Responses to this question were variable in terms of knowledge, understanding and application. A significant number of candidates were able to convey a reasonably good understanding of Adams, Hayes and Hopson’s model but did not then explain how it could be used to understand and support an individual moving into a care setting. Many candidates also assumed the question was related to an older adult moving in to a residential care home — but this was not stated in the question. There were a significant number of candidates from one centre who did not attempt this question at all. Centres are reminded that ANY model (or general content from the course) could be sampled in an exam paper, so it is important that candidates have had the opportunity to learn about all models, approaches, theories, concepts, etc covered in the course.

Question 1d): This question was answered very well by a number of candidates who had been well prepared and had a good understanding of Roger’s Person Centred Theory. However, many candidates answered this question based on their understanding of person centred planning (which is not part of the Psychology unit, but IS a key element of the Values and Principles unit content.) Centres should advise candidates of this potential area of confusion.

Question 2c): Many candidates appeared to struggle to relate the ideas of private problems and public issues to disability and generally the responses for this question were fairly poor. Centres should advise candidates to look at the marking instructions for this question, as well as similar questions that have arisen in previous exam papers.

Question 3b): Most candidates appeared to find it difficult to gain the KU marks for this question irrespective of whether they were referring to the NMC or the SSSC codes. Many candidates who were familiar with the codes did not maximise their marks by explaining why care workers should practice according to one of the codes they had identified. Some candidates also confused the NMC or SSSC codes of practice with the principles underpinning the National Care Standards.

Question 3c): A significant number of candidates seemed to struggle with this question and appeared confused about what ‘tools of assessment’ were. Many candidates incorrectly referred to specific theorists (Rogers, Egan Maslow) as well as ideas around needs assessment and care planning (PROCCCESS model or APIE — assess, plan, implement, evaluate). The short case study was also not used as effectively as it could have been by candidates to demonstrate their ability to apply knowledge and understanding of assessment tools. Many candidates merely used the service user’s name and did not make any

appropriate reference to reasons why particular tools of assessment might be relevant to Brenda's situation on account of her future plans or the fact that she had a learning difficulty.

Question 3d): This question was answered well by a number of candidates who had a sound understanding of either the Exchange Model or Person Centred Planning. However, a significant number of candidates responded to the question by describing the care planning process in general as opposed to Person Centred Planning in particular.

Advice to centres for preparation of future candidates

Overall centres appear to have prepared their candidates fairly well for the 2013 exam. This appears to be a continuing trend and some of the points highlighted throughout this report should enable centres to improve further on the standards they are setting for unit delivery and exam preparation. This should enable centres to continue to support their candidates to achieve positive results in future years.

However, centres should ensure that all candidates are entered for the Care Course at the correct level for their ability, as there continue to be a number of candidates who would have been more appropriately presented at Intermediate 2 level. Centres should also endeavour to provide more realistic estimated grades of candidate performance based on actual evidence of their ability, not their perceived potential at the stage in the course when estimates are originally submitted. Estimates can be amended (both upwards and downwards) before the final exam.

Centres should offer as much exam preparation to candidates as is practicable. Successful attainment in NABs does not equip candidates with the retention and integration skills that are required in the final exam. It is evident that candidates who have been encouraged to work on exam technique are achieving marks at the higher end of the mark range. Centres should encourage candidates to always look carefully at the allocation and type of marks being awarded for a question, and to use this effectively to gauge how much and what type of response to provide.

Candidates would also benefit from repeated practice in applying their knowledge to case study material or to general care contexts, as it is evident that a significant number of candidates appear to lack confidence and ability in this area. Many candidates may be able to benefit from life or placement experience which makes their classroom-based learning in care more meaningful, but for those candidates who do not have this experience centres could, wherever possible, endeavour to access resources that bring care contexts 'to life'. Any opportunity to 'put theory into practice' will be hugely beneficial to candidates aiming to successfully achieve a Higher Care qualification.

It has been very encouraging that in this year's exam, candidates appear to have embraced the opportunities afforded to them to demonstrate integrated knowledge, understanding, analysis and application in Section 4 of the exam paper. Hopefully centres will be able to continue to support their candidates to sustain the markedly improved standard of work in this section of the paper in future years.

Statistical information: update on Courses

Number of resulted entries in 2012	629
Number of resulted entries in 2013	792

Statistical information: Performance of candidates

Distribution of Course awards including grade boundaries

Distribution of Course awards	%	Cum. %	Number of candidates	Lowest mark
Maximum Mark 100				
A	18.3%	18.3%	145	65
B	25.6%	43.9%	203	55
C	23.2%	67.2%	184	45
D	10.5%	77.7%	83	40
No award	22.3%	100.0%	177	-

General commentary on grade boundaries

- ◆ While SQA aims to set examinations and create marking instructions which will allow a competent candidate to score a minimum of 50% of the available marks (the notional C boundary) and a well prepared, very competent candidate to score at least 70% of the available marks (the notional A boundary), it is very challenging to get the standard on target every year, in every subject at every level.
- ◆ Each year, SQA therefore holds a grade boundary meeting for each subject at each level where it brings together all the information available (statistical and judgemental). The Principal Assessor and SQA Qualifications Manager meet with the relevant SQA Business Manager and Statistician to discuss the evidence and make decisions. The meetings are chaired by members of the management team at SQA.
- ◆ The grade boundaries can be adjusted downwards if there is evidence that the exam is more challenging than usual, allowing the pass rate to be unaffected by this circumstance.
- ◆ The grade boundaries can be adjusted upwards if there is evidence that the exam is less challenging than usual, allowing the pass rate to be unaffected by this circumstance.
- ◆ Where standards are comparable to previous years, similar grade boundaries are maintained.
- ◆ An exam paper at a particular level in a subject in one year tends to have a marginally different set of grade boundaries from exam papers in that subject at that level in other years. This is because the particular questions, and the mix of questions, are different. This is also the case for exams set in centres. If SQA has already altered a boundary in a particular year in, say, Higher Chemistry, this does not mean that centres should necessarily alter boundaries in their prelim exam in Higher Chemistry. The two are not that closely related, as they do not contain identical questions.
- ◆ SQA's main aim is to be fair to candidates across all subjects and all levels and maintain comparable standards across the years, even as arrangements evolve and change.