



External Assessment Report 2012

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

There was an increase in the number of candidates undertaking the exam this year (55), but the number of centres was unchanged. Feedback from centres indicated that the exam was fair and straightforward, with opportunities for the most able candidates to perform well, while also affording less able candidates the opportunity to gain marks for demonstrating a more basic level of knowledge and understanding.

This year candidate performance in the exam has continued to improve on previous years, leading SQA to believe that the examination is more accessible and candidates are better prepared. As this is the fifth year of the Course, it is also likely that centres are now more familiar with the Course and have become more confident in preparing their candidates appropriately for the external exam. For the first time almost every candidate attempted all questions in both papers with only a very few missing out single questions. The majority of candidates finished both papers 1 and 2, with more candidates than in previous years requiring a second answer booklet. This would suggest that candidates also appeared to be confident in providing responses within the prescribed time allocation. The marks overall in Paper 1 (Psychology for Care and Sociology for Care) were better than the marks for paper 2 (Values and Principles in Care and Integration.) There was evidence of very good exam preparation in some centres but 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.

In relation to the topic of legislation, which is very relevant to this Course, comments from the 2011 External Assessment Report are being restated this year for the benefit of candidates/centres. The health and social care sector is constantly changing and teaching should reflect this. The Care Higher Arrangements document (page 39) refers to 'relevant legislation' as 'legislation that is currently in use' and provides a list of legislation that was relevant at the time of writing the document. Centres should always teach the most up-to-date legislation — that which is 'currently in use' — but candidates will not be penalised for referring to previous legislation in the first year or two of a new Act being introduced, as it takes time for centres to introduce the new Act into teaching notes, VLEs etc. A question specifically on a new piece of legislation would never be asked in the exam for this reason. It is the responsibility of each centre to update any notes and handouts they provide to learners.

Areas in which candidates performed well

Question 1 (a): Most candidates knew two features of the psychodynamic approach and were able to describe these fairly well. Some candidates did, however, appear confused in their explanations of psychodynamic terms such as the sub-conscious, unconscious and pre-conscious as well as the id, ego and super-ego.

Question 1 (c): Many candidates answered this question well. As there was a choice in the question between two models of loss, understandably candidates appeared to have chosen the model which they could both describe and apply competently. Some candidates scored fairly well in the KU element of the response but did not fully address the issue of how the

model could be helpful to a care worker. More than a few candidates provided a type of 'hybrid' response using terminology or ideas from both models. These candidates gained some marks, but generally more in the AE rather than KU element of the mark allocation.

Question 1 (d): Most candidates were able to explain why a knowledge and understanding of psychology is important for a care worker and provided a range of relevant responses.

Question 2 (c): Many candidates scored high marks in this question demonstrating good knowledge of both functionalist and feminist theory as well as an ability to link this knowledge and understanding to information in the case study thereby attracting good AE/APP marks.

Question 3 (a): Most candidates were able to provide explanations of differences between informal and professional carers with a significant number of candidates being awarded full marks.

Question 3 (b): Almost all candidates were able to convey an understanding of the two core care values, although a minority of students confused the wording of the values. The majority of candidates were, however, able to clearly explain the relevance of these values to the case study content.

On a more general note, there was evidence of some candidates writing out mind maps or frameworks of answers before attempting the questions in the paper. Candidates who did this tended to score high marks.

Areas which candidates found demanding

Question 1 (b): A significant number of candidates focused on the psychodynamic approach rather than the Humanistic approach and therefore did not access all available marks. This may have been because key features of the psychodynamic approach had been asked for in Question 1 (a) and some candidates may still have been focusing on this. Nerves and tension at the start of the exam may have compounded this situation, nonetheless centres should encourage candidates to read and reread questions to ensure that they are answering the question being asked.

Question 2 (a): Although this was a very straightforward question, a significant number of candidates from several centres focused specifically on Marxist theory rather on the wider aspects of conflict theory in general. Many candidates in this situation still gained marks, but in general those who described key features of conflict theory gained higher marks.

Question 2 (b): Candidates generally provided fairly good explanations of why an understanding of culture is important for those employed in care (AE), but tended not to maximise marks by explaining what culture actually means for the KU marks that were available.

Question 2 (d): Although the topic of private problems/public issues has featured in previous exam papers, a significant number of candidates still appear to struggle with this concept. There were 6 marks in total available for this question (3KU 3AE/APP) and even candidates

who clearly had a reasonable understanding could have developed their responses more fully for higher marks.

Question 3 (c): A significant number of candidates wrote about the care planning process as a way of assessing the needs of the service user in the case study, even though care planning was the focus of Question 3 (d). Some candidates did, however, demonstrate sound knowledge of an appropriate model of needs assessment, but did not fully explain how the care worker in the case study could use the selected model to assess the service user's needs.

Question 3 (d): A number of candidates mixed up, 'swapped' or duplicated some of the content of Questions 3 (c) and 3 (d). As with 3(c) a significant number of candidates seemed less confident in applying their knowledge to the case study material.

Section 4: Overall, the responses from candidates in this section were disappointing with fewer candidates gaining high marks. It would appear that many candidates still appear to struggle with the integration section of the exam, especially when it is presented as a complete 25 mark essay-type question. The Higher Care Course Assessment Specification clearly states that Section 4 of the question paper may contain one extended response question (an essay) and candidates should be prepared for this.

Many candidates attempted to provide 'answers' to the bullet points provided rather than attempting to provide a more integrated response to the prompt question of why it is important for care workers to have an understanding of deviance. Candidates who tackled the question by focusing specifically on the bullet points gained marks but could have improved their overall score for this section by linking their points in a more coherent discussion.

Some specific points included the fact that more than a few candidates stated the key features of symbolic interactionist theory but did not demonstrate any depth of understanding. Some candidates demonstrated knowledge from psychology by using terminology from Rogers' theory of the self-concept rather than sociological knowledge and terminology specifically related to symbolic interactionism. Although there is some common ground linked to the idea of the self-concept, many candidates did not appear confident in discussing the micro-sociological nature of symbolic interactionist theory.

In relation to the aspect of the question relating to the principles underpinning the National Care Standards, more than a few candidates confused the principles with the guiding values.

The role of legislation as a means of promoting positive care practice could have been much more fully addressed by the majority of candidates. Although many candidates made confident and competent reference to specific pieces of legislation, the wider role of legislation in relation to promoting equality of opportunity for people viewed or labelled as deviant could have been fully developed.

Advice to centres for preparation of future candidates

In general, centres appear to have prepared their candidates fairly well for the 2012 exam. There was an overall improvement in the standard of exam scripts and an increased pass rate. This is an encouraging trend and centres should endeavour to continue to maintain the standard of Unit delivery and exam preparation that they are providing to their candidates to support them to continue to achieve these encouraging results in future years.

However, centres should ensure that all candidates are entered for the Care Course at the correct level as there continue to be a number of candidates (but significantly fewer than in previous years) who would have been more appropriately presented at Intermediate 2 level.

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. Practising exam-type questions using past papers and the detailed marking instructions available on the SQA website is an invaluable resource that centres should ensure that candidates can access. It is evident that candidates who have been encouraged to plan their responses tend to achieve 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. For example, if there are KU marks available then there are likely to be marks available for straightforward information, even if this information is not directly asked for in the question, or if a question asks the candidate to evaluate (a theory, model or strategy) then there is an expectation that there will be some discussion of strengths/weaknesses, advantages/disadvantages or some critical analysis in the candidate's response.

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 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 which bring care contexts 'to life'.

A further piece of advice to centres highlighted by this year's exam relates to improving preparation of future candidates for the Integration element of the paper (Section 4). Centres would be well advised to provide their candidates with opportunities to plan and practise integrated essay-type questions in which they can demonstrate an integrated discussion of the prescribed topic/issue in a manner that conveys knowledge and understanding as well as skills in analysis and application in a coherent fashion.

There are still a significant number of candidate scripts being submitted where handwriting is very difficult to read. Markers do their utmost not to disadvantage candidates in such cases. However, it was also noted that there were an increased number of typed scripts submitted this year, which was welcomed by the marking team. When scripts are typed it would be advisable for the candidate's name to be recorded on all typed sheets and helpful if a minimum font size of 12 and 1.5 line spacing were used.

Statistical information: update on Courses

Number of resulted entries in 2011	581
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Number of resulted entries in 2012	629
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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	16.9%	16.9%	106	66
B	26.7%	43.6%	168	56
C	21.5%	65.0%	135	47
D	9.1%	74.1%	57	42
No award	25.9%	100.0%	163	-

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.