



External Assessment Report 2014

Subject(s)	Care
Level(s)	Higher

The statistics used in this report are prior to the outcome of any Post Results Services requests

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 third year in succession there was an increase in the number of candidates undertaking the Higher Care exam, resulting in the highest number of entries since the subject was introduced. Feedback on the overall level of demand in the paper was that it was very balanced, with both Papers 1 and 2 offering opportunities for candidates to demonstrate a range of knowledge, understanding, analysis and application. There were opportunities for weaker candidates to gain marks through demonstrating basic knowledge and understanding. More able candidates had 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. For the second year in succession, there was an increase in the percentage of candidates attaining A–C grade and a lower percentage of candidates gaining Grade D or No Award. The standard of candidate responses suggests that most centres continue to prepare their candidates appropriately for the final exam both in terms of familiarity with course content and coping with the time constraints of examination conditions.

Similarly to last year's exam, almost all candidates attempted all sections of the paper, although there were a minority of candidates who did not attempt some questions. A slight change in trend this year was that the average mark for Paper 2 (Values and Principles in Care and the Integration question) was marginally higher than Paper 1 (Psychology for Care and Sociology for Care). A marked improvement in candidates' integration responses was likely to have accounted for this. Statistical analysis highlighted that the average candidate marks for Paper 1 and Paper 2 were very similar.

Centre estimates were much closer to actual candidate attainment than in any previous year, which suggests that the majority of centres are now being more realistic and accurate in predicting their candidates' performance in the final exam.

Although there was a decrease in the number of Grade D and No Awards this year, there still appears to be a significant number of candidates who would have benefited from studying at Intermediate 2 level before progressing to Higher.

Areas in which candidates performed well

Question 1(a): Most candidates were able to describe at least one feature of the Humanistic approach well, with many making a reasonable attempt to describe a second feature.

Question 1(b): Many candidates were able to identify both a strength and weakness of the Psychodynamic approach, although some then struggled to explain these in relation to the context of care.

Question 1(c): Almost all candidates appeared confident in their knowledge of at least one model of grief, loss or transition, and generally scored high KU marks. Some candidates

were also able to go on to explain in some detail how a care worker could use their selected model to support someone experiencing grief or a significant change in their life. Many candidates did not, however, provide sufficient detail to be awarded the full AE marks available.

Question 2(a): Almost all candidates were able to demonstrate sound knowledge and understanding of functionalist theory through their description of two key features.

Question 2(d): Many candidates were able to accurately explain key features of their selected theory and apply them to the case study material. However, as with Question 1(c), many candidates did not develop their analysis and application sufficiently to be awarded the 6APP marks available.

Questions 3(a): Candidates were generally able to access most of the marks available in this question and provided a range of fairly varied responses that attracted both KU and AE marks.

Question 3(b): Most candidates were able to demonstrate fairly sound knowledge and understanding of Egan's Skilled Helper model with many also being able to explain how the care worker in the case study could use this model to effectively support the service user.

Question 3(c): This was a very similar question format to Question 3(b), and although the majority of candidates also passed this question, they did not score so highly overall in Question 3(c) as they did in Question 3(b). This would suggest that candidates' understanding of Roger's core conditions is not as sound as it could be. In some respects this is surprising as it is covered in two of the Course Units (*Values and Principles in Care* and *Psychology for Care*). Many candidates appeared to confuse the core conditions with each other (eg providing a definition of unconditional positive regard that was more of an explanation of empathy.) As with Question 3(b), some candidates could also have provided better examples of application to the case study material.

Areas which candidates found demanding

Question 1(d): A significant number of candidates appeared to encounter difficulty in applying their knowledge of Ellis (REBT) despite having reasonably sound knowledge of the model.

Question 2(b): A minority of candidates answered this question well, but a high proportion were unable to demonstrate the knowledge and understanding required to access all the marks available. Many candidates seemed unfamiliar with the terms 'structural and action approaches', despite this being listed as mandatory content in the appendix to the *Statement of standards* in the National Unit Specification document for the *Sociology for Care* (F17Y 12) Unit.

Question 2(c): Most candidates did not manage to achieve all the marks available in this fairly demanding question, which required them to demonstrate not only an understanding of social justice as a guiding value, but also an ability to explain how a knowledge of sociology could help care workers understand the importance of social justice. However, many

candidates were able to achieve some marks for explaining why social justice is an important guiding value in care work.

Question 3(d): This question elicited the weakest responses from most candidates in the Values and Principles in Care section of the paper. To maximise marks, the question required candidates to have knowledge of legislation that could be applied to the case study material in relation to the issue of discrimination. However, very few candidates demonstrated any depth of knowledge of specific legislation relevant to the case study material. Furthermore, those candidates who did have relevant knowledge of specific legislation, or even a broader understanding of ways in which legislation can act as a positive framework to protect against discrimination, did not write sufficiently detailed answers to merit the number of marks available. Some candidates are still referring to out-of-date legislation (eg Disability Discrimination Act 1995 rather than the Equality Act 2010.)

Advice to centres for preparation of future candidates

Overall, centres appear to have prepared their candidates fairly well for the 2014 exam, which appears to be a continuing trend for this subject. However, a number of key points noted below should be reinforced.

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 may have been more appropriately presented at Intermediate 2 level.

As highlighted in previous reports, centres should endeavour to 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. Candidates should be encouraged 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. Many able candidates are providing correct responses, but their answers are unfortunately not sufficiently detailed to gain maximum marks.

There is still evidence of candidates using disempowering language and ideas, such as 'allowing' or 'letting' service users do something or 'treating everyone the same'. Centres should try to discourage candidates from expressing themselves in this way, providing them instead with more appropriate ways of expressing the same ideas ie 'supporting or encouraging people to...', 'treating people equally' etc.

The issue of legislation has been referred to in the previous three 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' which is 'currently in use' in relation to the health and social care sector. It is apparent that some centres are not keeping up to date with legislation changes. However, it is also important to reiterate that a specific question on a new piece of legislation would never be asked in an exam, but rather that candidates would be expected

to demonstrate good knowledge and understanding of the role and purpose of current legislation relevant to the health and social care sector. Centres should encourage candidates to look at recent past paper marking instructions for information on more up-to-date legislation.

Another ongoing issue appears to be that although many candidates demonstrate relatively sound knowledge and understanding of theories, approaches and models, a significant number seem to struggle to apply this knowledge to case study material. As noted in previous reports, candidates would benefit from repeated practice in applying their knowledge to case study material or to general care contexts to improve their confidence and competence in this area. Many candidates may be able to benefit from life or placement experience, which may make their classroom-based learning more meaningful. For those candidates who do not have this opportunity centres could, wherever possible, endeavour to access resources that bring care contexts to life. Sample answers in the marking instructions in past papers are also designed to provide candidates with clear guidance on what is expected in application-type responses for case study material.

For a second year, it has been very encouraging that many candidates appear to have embraced the opportunities afforded to them to demonstrate the integrated knowledge, understanding, analysis and application that is expected in Section 4 of the exam paper. Hopefully, centres will be able to continue to support their candidates to develop these skills to ensure that the markedly improved standard of work in this section of the paper is maintained next year.

Statistical information: update on Courses

Number of resulted entries in 2013	792
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Number of resulted entries in 2014	907
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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	21.1%	21.1%	191	67
B	25.6%	46.6%	232	57
C	24.0%	70.7%	218	48
D	9.2%	79.8%	83	43
No award	20.2%	-	183	-

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.