



## External Assessment Report 2010

Subject	<b>Mental Health Care</b>
Level	<b>Higher</b>

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

The Mental Health Care Higher continues to be a popular choice for many centres. There was a slight increase in entries this year, with the majority of candidates completing Case Study 1. There was an improvement in the presentation and written communication in the case studies, however the standard of Knowledge and Understanding was generally quite poor.

A number of centres presented obviously very able candidates who had not received the necessary guidance and support which resulted in a substantial number of candidates failing to cover the requirements of the project brief, while other centres presented candidates who were clearly not working at the standard required at SCQF 6.

Some centres did not include word counts and marks were lost because of this. At least two centres interpreted 'supervised conditions' as 'invigilated conditions'. As a result, candidates had to write up three reports under exam conditions with limited support notes in a prescribed timescale. The quality of their work was affected by this.

Once again there were several incidences of plagiarism with candidates copying long passages from websites and making no effort to write in their own words or acknowledge the sources.

Some centres continue to overestimate grades, marking candidates too highly.

## Areas in which candidates performed well

- ◆ In the Evaluation section of the project this year some candidates effectively evaluated the tasks undertaken.
- ◆ Plans were slightly better with fewer candidates using bullet points.

## Areas which candidates found demanding

### Plan

Candidates still have difficulty distinguishing between an aim and an objective. Many candidates simply copied the tasks from the project brief. Some centres had missed out parts of the project in the plan and more than a few candidates seemed to have very little knowledge and understanding about the project and what was expected of them. Many candidates didn't include a timescale with their plan.

### Research based report

Many candidates wrote in detail about mental health care 100–200 years prior to the development of care in the community. Out of date/English legislation was cited and discussed in detail and marked highly by some centres. Many candidates omitted to describe how care in the community developed. Where theories and models were discussed candidates failed to describe how these had an impact on the provision of care for people

experiencing mental ill-health. Many candidates failed to link any of the information to the case study.

### **Case study report**

A number of candidates failed to write in the first person in the viewpoint sections of the project. Some candidates omitted this section completely. The needs section of the report was particularly poor, with the majority of candidates unable to clearly identify the needs of the individuals. Many candidates demonstrated a very basic level of Knowledge and Understanding of dementia, stress or mental illness. Two centres appeared not to have considered the project brief and encouraged candidates to write long pieces of work on stress, stress management and supporting services.

### **Conclusions and recommendations**

Some candidates did not refer to the case study when drawing conclusions. The recommendations made were often very limited and unrealistic for the individuals involved, further illustrating a lack of understanding about the conditions covered in the project.

### **Advice to centres for preparation of future candidates**

- ◆ Centres should ensure that no candidate proceeds to the development stage until they have produced a plan which is realistic and workable.
- ◆ Word counts should be included. Failure to do so results in fewer marks being awarded.
- ◆ Staff estimating grades should be familiar with the content of the underpinning Units.
- ◆ Centres should direct candidates appropriately by being familiar with the project brief, External Assessment Report, SQA Procedural Arrangements and any available exemplars.
- ◆ The 'Your Coursework' document should be made available to all candidates. Centres should ensure that all candidates fully understand SQA's plagiarism guidelines.
- ◆ Centres should be mindful of 'the conditions of assessment' as not every section needs to be carried out in invigilated conditions.
- ◆ Centres should appropriately support and advise the candidates at the planning stage and ensure that the candidates have the necessary guidance and support to complete the project.
- ◆ Centres should ensure that all sections of the project have been marked by the centre prior to submission.
- ◆ Centres should ensure that the flyleaf for the project is completed correctly on both sides.
- ◆ Where the project is being delivered in more than one campus, centres should ensure that internal verification takes place to ensure consistency.

### **Project specific advice**

#### **Plan**

- ◆ Candidates should be directed to clearly state aims and objectives.
- ◆ The plan should cover both the research based report and the case study report.
- ◆ Centres should offer appropriate guidance and support prior to and during the planning stage to ensure that candidates are adequately briefed to undertake the project.

### **Research based report**

- ◆ Candidates should focus on the last twenty years when discussing the development of care in the community.
- ◆ Legislation should be up to date, correctly identified and dated. It should also be relevant to the case study.
- ◆ When discussing legislation, candidates should highlight how this has impacted on the provision of mental health care.
- ◆ Candidates should include discussion of models of mental health care when considering changes to service provision.
- ◆ Cultural aspects in relation to attitudinal change should be considered.

### **Case study report**

- ◆ Candidates must write in the first person as the daughter and the CPN or the mother and the CPN.
- ◆ Candidates should clearly state the needs of the individuals in the case study. No marks are given for ways of meeting needs in this section.
- ◆ Candidates should be able to demonstrate Knowledge and Understanding from the underpinning Units in this section.
- ◆ Candidates should make informed, reasonable and appropriate recommendations for the individuals in the case study.
- ◆ Conclusions drawn must relate to the case study.

## Statistical information: update on Courses

Number of resulted entries in 2009	405
Number of resulted entries in 2010	423

## Statistical information: performance of candidates

### Distribution of Course awards including grade boundaries

Distribution of Course awards	%	Cum. %	Number of candidates	Lowest mark
Maximum mark — 200				
A	2.1%	2.1%	9	140
B	8.5%	10.6%	36	120
C	25.3%	35.9%	107	100
D	15.8%	51.8%	67	90
No award	48.2%	100.0%	204	—

### 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, therefore, SQA 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 Head of Service 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.