

## Principal Assessor Report 2003

**Assessment Panel:**

Care

**Qualification area:**

**Subject(s) and Level(s)  
Included in this report**

Care Practice: Higher

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## Statistical information: update

<b>Number of entries in 2002</b>	262
<b>Pre appeal</b>	262

<b>Number of entries in 2003</b>	350
<b>Pre appeal</b>	350

### General comments re entry numbers

The 2003 submission showed an increase of 88 student submissions from 2002.

This represents a smaller increase of approximately 25% from the previous year.

There was a 50% increase in submissions between 2001 and 2002.

The Care Practice Higher would appear to have continuous appeal for Centres and the Care Practice Higher has shown a year on year increase with four Centres presenting submissions for the first time.

### **Grade boundaries at C, B and A for each subject area included in the report**

The Grade boundary for C was set at 105 marks

The Grade boundary for B was set at 125 marks

The Grade boundary for A was set at 145 marks

### **Comments on grade boundaries for each subject area**

The Grade boundary was set at 105 marks for a C pass, this maintains the pass mark at the 2002 level.

The reasons for setting the pass mark at this level was that the project had not materially altered and the demands on the student were equal to the previous year.

The other Grade boundaries were adjusted in line with this pass mark.

## Comments on candidate performance

### General comments

Seventeen Centres presented projects for Care Practice Higher with a total of 350 submissions. Four of the Centres were presenting submissions for the first time.

The Marking Team found that Centres had guided their candidates satisfactorily to provide evidence for all three sections of the Project. In previous years, many Centres had not submitted all of the evidence, either omitting the development section, which carries 120 marks or by only providing photocopies from the Log Book. In other cases the Evaluation included the Development.

This led to candidates being penalised by being unable to be credited for vital marks in these sections. As a result of more complete evidence being presented by students and Centres, the pass rate for the Care Practice Higher has increased from last year.

In some centres it is obvious that a degree of expertise is being built up and extended from year to year. Two thirds of the centres presented the evidence well and followed the project guidelines. The activity in these projects was well supervised and met good care practice standards. The high pass rate reflects the hard work and support of the presenting Centres and placement supervisors, as well as individual effort from candidates.

However, comments from the team of markers show that many of the problems, which were evident in previous years, are still occurring either because new Centres were presenting for the first time or new staff were presenting candidates for the first time.

The tendency to over-submit evidence showed that there was a lack of understanding of the guidelines and the brief. Centres in some instances had included the contents of a candidate's folder and submitted it with many irrelevant pieces of evidence and needless duplication. Candidates who over submit on the word limits in the Plan and Evaluation have marks deducted.

There was an increase in the number of Centres not marking projects, five Centres either partially marked the projects or did not mark them. It is vital that all projects are marked as the Central Marking process cannot achieve concordance with your estimates for your centre unless they have a marked project. The centre, before submission, should mark all Care Practice Higher projects.

The Care Practice Higher is complex to administer and the brief requirements do need to be closely monitored by the college tutor and placement supervisor. Constant monitoring is required. Unfortunately it was clear that many supervisors were either absent during the activity or had sanctioned the activity and left. There was a reduction in marks where this was the case. A suitably qualified member of staff must have supervised the activity chosen by the candidate for the Development part of the project.

There was significant evidence from across the Marking Team of candidates being placed in unsuitable placements, specifically Education placements where an Early Years Higher might be a more appropriate award. The educational supervisor has an educational perspective and educational theories do not allow the candidate to show how their care skills and qualities were developed.

There was also evidence from several markers of “focus on the candidate needs and not the service user needs”. Many candidates wrote of identifying clients “able for the activity”, not that they were required to carry out an activity to meet service users needs. Placements also seemed to be more inclined this year to “select student activity for candidates to avoid disruption to routine” or to re-schedule the activity because it was convenient today and “we had time”.

There is still some difficulty on the part of candidates and tutors in categorising activities. Two examples are, firstly, a trip to the swimming pool being used as an ADL and conducted on three occasions. There was no attempt to identify that this was for mobility or even for Work and Play as an ADL, and the project was clearly a description of a social event. The second was a bus trip to the Science Museum as a therapeutic activity. These projects were marked as correct by the tutor. Inevitably, the candidates lost marks as the brief had been interpreted wrongly and this impacts on the Development and Evaluation sections of the project.

There continues to be good practice in most areas in the supervision of the Plan and Evaluation, with some centres using invigilation and the invigilator signing and dating the Plan and Evaluation. However, there is evidence to suggest that some centres are not supervising the Plan or are allowing it to be typed. The plan should be handwritten and supervised by college staff who should verify that this is the student’s own work.

Two centres had obviously prepared their candidates well for research and some very good work had been achieved but the student was not able to gain from this because the Centre seemed to be operating a pre-plan phase and only allowing the student to write the plan immediately before the activity took place. Again, unfortunately, these candidates failed to gain marks for work which had obviously taken place.

Another centre had prepared the candidates by planning for what they would do when they arrived in placement with no real knowledge or understanding of the client group or organisation. This led to a loss of marks in terms of their ability to work from a plan and led them to plan for any and all eventualities. This led to loss of marks in the Development and Evaluation, particularly where they are asked to identify improvements in their practice.

It is not appropriate for candidates to include, as evidence in their project, Care plans or materials from the placement as this breaches confidentiality and is poor practice. When using photographic evidence it is good practice to have evidence of permission being sought from the service user or their relatives.

## **Areas of external assessment in which candidates performed well**

The candidates produced more complete evidence in their projects this year. Twelve of the presenting centres had guided their candidates to complete a Plan, Development and Evaluation. The candidates had met the guidelines and in many instances completed a workable plan, reasonable development and adequate evaluation.

Candidate showed more awareness of practice issues and there was evidence of more targeted and specific research toward the activity.

The Plan was handwritten and obviously the candidates own work in 15 of the 17 presenting centres.

The Development was much better evidenced this year with candidates providing a written authenticated account of their activity/activities. Some students achieved a better understanding of the need to provide evidence of caring qualities and skills. The Logbook was generally a very good indicator of the level of the students work and was well completed this year. An example of good practice was that some candidates, who carried out an ADL on three occasions with three different supervisors, had obtained a supervisor checklist for each activity, signed by the different supervisors.

The additional evidence provided by including the Outcome 3, 4 and 5 from Working as a Team was also very helpful to markers and generally gave a good indication of students on-going work.

The Evaluation was handwritten and invigilated in all centres and seemed to be slightly better understood by candidates. However, the improvements to work section was poorly tackled by most students and, although students reviewed the activity, they did not reflect on their skills or qualities or they concentrated only on the task not on the overall project and their input to it.

## **Areas of external assessment in which candidates had difficulty**

In the submissions for 2003, most candidates presented their evidence in line with the guidelines but, as this a complex task requiring motivation, organisation, negotiation, analysis and reflection, many candidates had weak areas.

### **Planning**

Some candidates used SMART objectives and this seemed to reduce their tasks to very simplistic levels. Overall there seemed to be less ability this year to identify Aims and Objectives; many candidates had aims and objectives but they were ill-defined. Planning effectively requires the student to have a working knowledge of the client group and organisation.

### **Development**

While this section of the project was more complete than previous year's submissions some students had still only included photocopies of pages from the Log Book for the evidence of the activity. The Log Book provides the marker with substantial additional evidence and it is necessary for **the entire** Logbook to be submitted. However, it is the assessment evidence for the Unit D10W 12 Practical Skills for Carers Outcome 3 and 4 not for the Development stage of the project.

Many students had focused on the task on their needs being met, ie for their Care Practice Higher but only the students achieving higher marks were focusing on the client needs.

Students have difficulty in negotiating their activity particularly if they are placed in a busy care facility, but negotiation is one of the skills that they require to be practicing and developing. Many just accept the supervisor's directions instead of adhering to their original plan.

Students are still undertaking the activity without a supervisor being present and there were instances of the supervisor being in the building but not being present. In some instances, this is appropriate; for example during a bathing activity the supervisor can "supervise" the preparation, the moving and handling into the bath but may not remain for the bathing part in order to maintain the service users' privacy. They may then return and supervise the getting out of the bath, drying, dressing and clearing up phase.

There would also appear to be difficulty in that some supervisors observe rather than supervise and allow poor practice to go unchecked.

### **Evaluation**

This was, as in previous years, the least well-produced part of the project. Candidates were able to review their work but in many instances related this only to the activity not the project, many students were not able identify how they had increased their caring skills and qualities and most were unable to identify the improvements they could try to achieve.

There were few students who analysed their activity and applied theory appropriately to the service user and their needs

## Recommendations

### Feedback to centres

1. Centres need to ensure that staff are familiar with the requirements of the Care Practice Higher. The evidence requirements can be found on pages 6-9 of the Practical Assignment Booklet.
2. The plan should be written as a **plan** from which the candidate works and researches. The plan should be at an interval before the activity takes place to allow research, permission, etc to be carried out. The Plan should be supervised while it is written and should be hand written.
3. Selection of the brief should be carefully monitored by the tutor and corrected if necessary.
4. The Activity must be supervised by a suitable member of staff and the written authenticated account signed and dated by that person.
5. Placements should be provided which allow students to develop care skills and qualities.
6. The evaluation needs to review the candidate performance over the whole project and suggest how the student could have improved their performance. Any theory, which is used, should be linked to the project and service user and activity.
7. Over submission of evidence in the Plan and Evaluation will be penalised.