



External Assessment Report 2015

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

A reduced number of candidates were presented for this year's Higher Care question paper, probably on account of the fact that a number of centres, including some new centres, had entered candidates for the new Higher Care project based course. If this year's candidate numbers for both old and new Higher are combined, there is a strong indication that this subject is continuing to attract an increasing number of learners both in colleges and increasingly from schools.

Candidate performance this year was generally in line with previous years. As in last year's exam, almost all candidates attempted all sections of the paper, although there were a very small minority of candidates who did not attempt some questions. The standard of candidate responses once again suggested that most centres were continuing to prepare their candidates appropriately for the final exam in terms of familiarity with Course content as well as coping with the time constraints of examination conditions.

There was a slight decrease in the percentage of candidates attaining A–C grade, and a small increase in the percentage of candidates gaining Grade D or No Award. There was, however, an increase in the percentage of candidates achieving an A Grade.

A continued trend this year was that the average mark for Paper 2 (Values and Principles in Care and the Integration question) was higher than Paper 1 (Psychology for Care and Sociology for Care). It is likely that this is mainly attributable to the fact that centres have become more confident in effectively preparing their candidates for the integrated extended responses required in Section 4 of the paper.

Areas in which candidates performed well

Question 1 (a) Most candidates were able to describe key features of the specified approach (Cognitive Behavioural), although several provided very detailed responses relating to a specific theorist (eg Ellis). However, some candidates provided an answer based on a different approach (eg psychodynamic).

Question 1 (b) Most candidates knew how to demonstrate appropriate knowledge and understanding of Rogers's person-centred theory, and were also able to apply this knowledge generally well to the case study material, with some candidates scoring very high Knowledge and Understanding (KU) and Application (APP) marks. The ability to apply knowledge has often been difficult for many Higher Care candidates, but in relation to Rogers's theory it was pleasing that so many candidates had clearly understood and been able to demonstrate the relevance of the theory.

Question 2 (a) Most candidates were able to competently describe differences between common sense explanations and sociological knowledge.

Question 2 (c) Most candidates scored well in this question, possibly because of the limited number of marks as well as the fairly 'open' nature of potential responses to the question of why an understanding of sociology is necessary in care work, with some candidates gaining full marks and many scoring at least 2/3.

Question 2 (d) The majority of candidates appeared confident in their knowledge of at least one feature of Symbolic Interactionist theory, with most generally scoring high KU marks. Some candidates were also able to go on to competently apply this knowledge, but generally APP marks were lower than KU marks for this question.

Question 3 (a) This was the best answered question throughout both sections of the exam paper, with almost all candidates being able to describe differences between informal and professional carers, and appropriately relating this understanding to the case study material.

Question 4 All candidates made an attempt to provide a response to this 25-mark integrated question, with the majority scoring more than half marks. Markers noted that there were also a number of candidates who scored full marks for this section of the paper.

Areas which candidates found demanding

Question 1 (c) A significant number of candidates appeared to encounter difficulty in applying their knowledge of Erikson's lifespan theory to the case study, despite having demonstrated reasonably sound knowledge of the theory in their KU discussion.

Question 1 (d) Most candidates did not manage to achieve all the marks available in this fairly straightforward question relating to defence mechanisms. Some candidates struggled to accurately describe what defence mechanisms actually are using appropriate language from the psychodynamic approach. Although most candidates were able to identify an appropriate defence mechanism from the case study, some candidates appeared confused in their descriptions of the defence mechanisms they had identified.

Question 2 (e) For many candidates this was their weakest response in the Sociology for Care section of the paper. Most candidates knew how to provide at least a basic description of the sociological concepts of socialisation, culture or life chances, but struggled to apply these concepts to the case study in sufficient depth to gain the APP marks available.

Question 3 (c) Many candidates correctly noted that the strategy being used in the case study was 'advocacy', but a considerable number of candidates did not go on to evaluate this strategy and instead proceeded to evaluate the process of holding a meeting. Consequently many candidates were unable to maximise their marks in this question.

Advice to centres for preparation of future candidates

General

The Higher Care Course will no longer be assessed by a question paper. It is therefore imperative that if centres wish to present candidates for the new Higher Care course in future years, that they familiarise themselves with all appropriate SQA guidance

documentation to enable them to support their candidates effectively. There will also be further guidance provided in the 2015 Course Report for the new Higher Care course.

Statistical information: update on Courses

Number of resulted entries in 2014	907
Number of resulted entries in 2015	701

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	23.4%	23.4%	164	69
B	25.7%	49.1%	180	59
C	22.0%	71.0%	154	50
D	7.7%	78.7%	54	45
No award	21.3%	-	149	-

The Course Assessment has not been at notional boundaries in previous years and has been steadily progressing towards these in recent years. In accordance with the level of demand, boundaries were raised by 2 marks from last year.

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.