Course Report 2015

Subject	Care
Level	Higher (New)

The statistics used in this report have been compiled before the completion of any Post Results Services.

This report provides information on the performance of candidates which it is hoped will be useful to teachers, lecturers and assessors 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 assessment and marking instructions for the examination.

Section 1: Comments on the Assessment

The Course assessment for Higher Care consists of one component, a Project. Candidates had a choice of three briefs to consider:

Brief 1 – Is it always better for people requiring care to be cared for at home?

Brief 2 – Choose a current initiative, strategy or campaign relating to care. Why is this initiative, strategy or campaign required?

Brief 3 – Why is it important for people to have choices about the care they receive?

The majority of the candidates chose Brief 1. A smaller number of candidates chose Brief 3, and very few completed Brief 2.

It was encouraging that a number of candidates did complete their project well and gave relevant information to support their chosen brief. Some candidates wrote their own case study, including celebrity figures, and many of these were in too great a detail, which had the negative effect of the candidates concentrating on their own case study and not presenting enough relevant information to cover the brief.

Candidates who chose Brief 2 had a tendency to present information about a local service rather than a strategy/initiative. A reasonable number of candidates presented information that was clearly not relevant to a health or social care environment — for example, on anorexia and smoking.

Most candidates followed the structure of the brief. Some seemed confused between aspects of human development and psychological theories (Section B and C), which led to a tendency to repeat a lot of the same information across these two sections. Marks can only be awarded once for the same information.

For candidates to evaluate, it is not a requirement for them to give both strengths and weaknesses of the subject to be evaluated. This is especially relevant in Section F – Positive Care, where a lot of candidates gave weaknesses or negative reasons of not wanting to use care provisions. Many of these were unfounded statements.

Section 2: Comments on candidate performance

Candidates who related all of their information to the brief achieved high marks. A high percentage did not relate their information to the brief or made very little effective use of the brief and these candidates did not perform as well.

This is the first year of the new Higher Care Course and many candidates did not appear to be supported effectively, which was evidenced by some candidates who noted they worked on their project without support. Lack of support may have added to a number of candidate projects referred for plagiarism, for projects far in excess of the word count (inclusive of 10%) and for inappropriate language used which is contrary to the Scottish Social Services

Council (SSSC) Codes of Practice. For example, sufferer, bed/wheelchair bound, epileptic. This language is not new to just this year.

It was encouraging to note the diversity of ideas and information presented. Many candidates have obviously taken their projects and researched their information well and it was pleasing to see the variety presented. This is a positive outcome for Curriculum for Excellence and the candidates' presenting work in a meaningful way.

Section 3: Areas in which candidates performed well

Section A – Explain 3 needs of one or more people requiring care in relation to the brief

On the whole, this section was completed well by most candidates. However, a number of candidates provided information across the social, physical, emotional, cognitive, cultural (SPECC) range. This was not necessary or requested and therefore did not gain additional marks.

Section D – Analyse 3 social influences in relation to the brief

Candidates had a clear understanding of some social influences and explained these well. Not all candidates related this information to their chosen brief and therefore were not awarded high marks. A high number of candidates made use of Family, Media and Government which are examples offered in the unit Social Influences. These areas were not always easy for the candidates to relate to their brief. Candidates could have made use of other social influences that may have been more relevant to their chosen brief such as Poverty, Culture, Religion, etc.

Section G – Provide a conclusion about the question posed in the brief

Most candidates were able to give a reasonable conclusion. However, marks were lost when candidates referred to concluding information and it had not been presented within the project as it developed.

Section H – Present at least 5 appropriate pieces of referenced information from a variety of sources

This section was very well done by the majority of candidates.

Section 4: Areas which candidates found demanding

Section B – Analyse 2 aspects of human development in relation to the brief

Candidates found this section challenging with many repeating information in relation to SPECC range presented in Section A. Candidates could have made more use of issues

such as nature/nurture debate, issues of disability, dementia or life span developments relevant to their brief.

Section C – Evaluate the relevance of 3 psychological theories in relation to your brief

A large number of candidates described three psychological theories in detail (for example, explaining each section of Maslow's Hierarchy), which was not a requirement for this section. A reasonable number of candidates gave positive and negative aspects of the theory, which was a requirement of the previous Higher Care Exam but is not relevant here. For this section, candidates were required to choose a theory relevant to their chosen brief and use aspects of the theory as it related to the brief. For example, a number of candidates discussed the trauma of an older adult potentially leaving their home to enter residential care. Grief and loss would have been a relevant theory to use for this. The majority of candidates used Maslow, Rogers and Erikson across each brief chosen.

Section E – Use 3 sociological theories to explain points in relation to your brief

Most candidates did the same with their sociological theories as with Psychological theories. Candidates gave descriptions of the theory and/or gave positive and negative aspects of the theory, which is not relevant in this project. However, few related the relevant aspect of their theory to their chosen brief. The majority of candidates used the general theories of Functionalism, Feminism, Conflict Theory and Symbolic Interactionism (many referred to this as Social Internationalism — this may have been a failure to spell check appropriately). Most candidates struggled to relate these theories to their chosen brief. It may be beneficial to encourage candidates to identify specific theorists, such as Becker's Labelling Theory, as part of Symbolic Interactionism.

Section F – Evaluate features of Positive Care Practice within 3 care services in relation to your brief

This area is at the heart of a care project in terms of the legislative duty placed on carers. Where candidates highlighted aspects of a Positive Care environment — ie requirements and legal duties under Regulation of Care Act 2001, SSSC Codes of Practice, National Care Standards, Training of Staff, Standards of Registration and Inspection, etc — these were done extremely well. However, a significant majority of candidates spoke about positive care as good things to do, such as be kind to people, talk to them nicely, etc. It appeared many candidates did not understand the requirements of this section. A significant number of candidates only described the services in practical detail — for example, times when the service opened and closed, activities the centre offered, etc.

Section 5: Advice to centres for preparation of future candidates

♦ The *Care Project General Assessment Information* document is available on SQA's website and should be read in conjunction with the Care Project Assessment Task and the Care Project Assessment Task Brief, both of which are available on the secure website.

♦ Assessors have a clear remit to support, guide and direct candidates during their project. The *Care Project General Assessment Information* offers suggestions.

♦ Use current and valid information from appropriate websites and books. From candidates' Bibliographies it was clear a number of centres made significant use of Scottish Further Education Unit (SFEU) packs from 2007. Much of the information in these packs is no longer current and could have been responsible for candidates using out of date legislation and services as well as care practice examples. For example, many candidates not using Equality Act 2010 and/or referring to Care Commission, which is now the Care Inspectorate.

♦ Candidates are expected to use positive care language. Disempowering or disrespectful language are likely to conflict with Positive Care Practice Principles.

♦ Centres should ensure assessors who are supporting candidates with their Project have vocational experience of working in a health or social care environment and/or are fully conversant with these sectors.

♦ Candidates must use appropriate health and social care services and not services that are used by the general public.

♦ Assessors should assist candidates to apply only the relevant aspects of a particular theory as it relates to their chosen brief.

♦ If candidates are writing their own case study this should be a very brief description. Centres should advise candidates that the use of celebrity figures may not be appropriate for this project.

♦ Appendices will be counted towards the word limit if they contain information that is crucial to the requirements of the chosen brief. For example, some candidates attached an extensive case study as an appendix. Some candidates who went over the word count included answers to some of the sections as appendices. Centres should encourage candidates to stay within the word limit for the project.

♦ Centres are encouraged to use an effective system to identify plagiarism in projects. Any suspicion of plagiarism identified at the Marking Event will be referred to SQA for investigation.

Statistical information: update on Courses

Number of resulted entries in 2014	

Number of resulted entries in 2015	315

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	7.3%	7.3%	23	70
B	25%	32.3%	79	59
C	29.2%	61.5%	92	48
D	11.4%	72.9%	36	42
No award	27%	100%	85	-

While the assessment was valid, and set at the appropriate level of demand, the Course Assessment Task document was not sufficiently clear in stipulating the requirements. This was partly addressed by the application of marks in Sections C and E (full details in Course Report), but a further adjustment of 2 marks was required at the grade boundary for C.

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.