

## **Health and Social Care**

Advanced GCE AS H503/H703

Advanced Subsidiary GCE AS H103/H303

### **Report on the Units**

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**January 2007**

**H103/H303/MS/R/07J**

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### Advanced Subsidiary GCE Health and Social Care (H103)

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## F910 Promoting Quality Care

### General Comments:

Many candidates had been well prepared for the examination and gave well thought out and appropriate answers.

There was still evidence of candidates producing answers learnt from previous mark schemes – often with little relevance to the question being answered.

Candidates still need to focus on the command words as marks were lost on questions 3c and 6b due to lack of analysis or evaluation.

Candidates must ensure on the longer response questions that they discuss/analyse a the points well and do not just 'list' lots of unexplained points.

Candidates attempted all questions and there was no indication that time was a problem.

### Comments on Individual Questions:

Question No.

- 1(a)i Well answered but some candidates were confused with regard to direct discrimination. A number said it was indirect as 'not said to Liz's face'.
- 1(a) ii Well answered.
- 1(b) Well answered.
- 1(c) Weaker candidates focussed on obstacles they imagined within the setting or gave weaknesses of the act. They needed to focus on the term 'implementation'.
- 2(a) Well answered.
- 2(b) Many candidates gave the correct care values but the application was weak. Candidates need to practise application in a variety of settings.
- 2(c) Most candidates identified a number of ways, for example 'training'. They lost marks by not explaining how this would help promote quality care.
- 3(a) Mixed answers – most candidates could identify the barriers but had problems relating them to Richard. Candidates need to be realistic with their suggestions and not be 'discriminatory' in their responses. Candidates need to look at the barriers in the syllabus and be confident in applying them to different client groups.
- 3(b) Well answered.

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- 3(c) Well answered. It is important that candidates discuss benefits to both the service users **and** service providers to access the higher bands. Encourage candidates to develop a couple of points for each rather than list lots of unexplained benefits.
- 4(a) Well answered.
- 4(b) Most candidates were able to discuss the process of primary socialisation but had difficulties in relating it to gender roles.
- 4(c) Generally answered well with candidates relating ideas to both resources and the environment. Answers could be improved by candidates offering further explanations as to why their suggestions would promote gender equality.
- 5(a) Generally well answered in terms of identifying the barriers that ethnic minorities could face. Candidates still need to be very careful about relating these barriers to ethnic minority groups and not to make judgemental or discriminatory comments.
- 5(b) Well answered.
- 6(a) Generally well answered if candidates had understood the command word in the question. It was encouraging to see how many candidates had a good knowledge of the key features of the act. They were only required to discuss a couple of features but many candidates 'listed' 5 or 6 points and lost marks because of this.
- 6(b) Candidates lost marks by not 'evaluating' the act or describing the features which were required for 6(a).

Candidates should be encouraged to discuss more than one strength and more than one of weakness to ensure they reach the higher band. Too many candidates simply listed lots of points learnt from previous mark schemes.

## F913 Health & safety in Care Settings

### General Comments:

The majority of candidates entered this session seemed better prepared and conversant with the detail of most sections of the specification. There was a good spread of marks, representing all levels of attainment.

Less evidence was apparent of centres where candidates lacked basic factual knowledge. There were still a few instances where candidates were hampered by poor literacy skills that prevented them accessing higher-level answers. In a tiny minority of cases low literacy skills led to complete misunderstanding of straightforward questions.

### Comments on Individual Questions:

Question No.

- 1(a) Generally well answered.
- 1(b) Generally well answered.
- 1(c) RIDDOR was usually known. There was an observable contrast between centres where the precise nature of reportable incidences was learnt thoroughly and those where candidates gave vague and inaccurate statements e.g. 'any dangerous occurrence' or 'any illness picked up at work'.
- 2 (a) COSHH was generally known. The chemicals chosen to illustrate part (ii) were often imprecise or substances not relevant to care settings. Some candidates offered generalisations such as 'medication' which did not gain marks.
- 2(b) Generally well answered.
- 2 ( c) Many candidates were confused about the name of appropriate legislation. Section (ii) gained some marks for most candidates, although some gave answers which indicated they were confused between a number of different pieces of equipment.
- 3 (a) This was answered poorly on the whole, with candidates making the same point several times in different words.
- 3 (b) This question proved a good differentiator. Many candidates gave low-level responses demonstrating little depth of understanding of the risk assessment process. Equality of opportunity and access problems were frequently mentioned in relation to ramps and stairs, with candidates not following accepted risk assessment strategies. The majority of responses were at level 1.
- 4 (a) Very mixed approach. Some candidates gave answers related to controlling fire (part ii) and failed to grasp the difference in wording.
- 4 (b) Well answered on the whole.
- 4( c) The majority of candidates did not address significant differences in evacuation procedures that would be necessitated by their chosen care setting. Many simply stressed some of the inherent difficulties without linking them to standard evacuation procedures, and without

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suggesting any possible amendments. Many candidates scored only in the lowest band.

- 5 (a) Answered correctly almost universally.
- 5 (a) (ii) Most candidates achieved marks in the low or middle band. Few attained the highest band since they wasted time by writing about protective clothing and specialised precautions rather than standard ones.
- 5(b) Generally answered very well.
- 6 (a) Candidates answered this question very well on the whole.
- 6 (b) This question elicited inadequate responses from all but a few candidates. The majority repeated what they had written in part (a) of this question, sometimes including additional detail. Few suggested any benefits other than improved safety of both service users and care workers.

## F918 Caring for Older People

### General Comments:

The entries this session clearly demonstrated achievement across the full ability range with candidates' achieving A – E grades. Very few candidates appeared to be unable to answer the questions and achieved low scores.

The majority of candidates had a sound level of understanding of the requirements of the specifications. Many candidates applied their knowledge accurately and with confidence. Candidates used the terminology of the unit appropriately; however, some appeared to have difficulty spelling technical vocabulary correctly. This is an area centres could focus on for future sessions.

Time was utilised fully and the majority of candidates completed the whole paper, attempting to answer all the questions. Some candidates gave irrelevant answers and did not seem to read the question fully before responding. Candidates continue to repeat the same information and therefore do not access the full marks as they are unable to be credited with the same mark repeatedly. The key verb in the question must be responded to fully; centres need to ensure that candidates understand the requirements of these to ensure their answers meet the level of detail necessary to achieve explain, analyse, discuss and assess.

It was encouraging to see that many centres have followed the advice and guidance given during training and prepared their candidates thoroughly for the examination paper. There was certainly evidence of thorough revision, sound understanding of key concepts and clear application of knowledge.

### Comments on Individual Questions:

Question  
No.

- 1(a) The majority of candidates were able to label the organs on the diagram. A few candidates confused the liver with the stomach or pancreas. Functions were less well understood with some vague answers.
- 1(b) Candidates answered well. The majority knew a disorder of the circulatory system.
- 1(c) Coping strategies were not understood by some candidates. Others were very thorough in their explanations. Some missed the explanation part of the question and consequently lost marks.
- 2 (a) Well answered by most candidates. A minority did not give answers which applied to social life. Candidates seem to focus on negative effects; perhaps retirement could be considered in apposite light as well.
- 2 (b) A high number of candidates did not seem to understand the economic impact of retirement. Some gave social or physical answers.
- 2 (c) Candidates scored well when they applied the information given. Social and emotional answers were the most popular. Some marks were lost because candidates did not explain their answers.
- 3 (a) Sound understanding of the effects of a visual impairment was demonstrated. Some inappropriate answers, eg, she would not be able to do anything. Answers needed to be explicit to gain marks because vague answers were not credited.

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- 3 (b) Candidates are still confusing community care services with care practitioners. Some repeated health care services and therefore lost marks as the questions specifically asked for 'different types' of services. Candidates who lost marks here often did not explain how the service would help Grace to live independently.
- 3 (c) The majority of the candidates scored level 1 or 2 marks. Most could outline the NHS and Community Care Act but then did not assess how it could ensure Grace receives the support she needs.
- 4 (a) A well answered question. The majority of candidates clearly understood one disorder of the respiratory system. A few confused their systems and gave coronary heart disease.
- 4 (b) Some candidates did not understand the effects of their chosen disorder. Many gave vague or repetitive answers. Candidates who scored high marks were very specific with their answers and clearly linked the effects to the answer they gave for 4 (a).
- 4 (c) Excellent responses from some candidates who clearly applied their knowledge and understanding. As care values apply to several units this would be expected. Some did not achieve level 2 or 3 answers because they did not clearly explain their answers and gave list-like responses.
- 5 (a) Candidates were expected to refer specifically to the tasks an occupational therapist would carry out in relation to Fred's specific needs. Generally the question was answered well; however, some candidates are confusing the role of the occupational therapist with that of a physiotherapist. These are distinctly different roles and need to be understood by candidates.
- 5 (b) A high proportion of candidates did not understand the terminology 'intermediate care centre' and consequently lost marks. Focus on Fred's health and well-being was missed by some candidates who gave vague answers only.
- 5 (c) Understanding of the Health Act was often limited. Candidates need to understand the application of the Health Act. Some confused this with the NHS and Community Care Act.
- 6 (a) The majority of candidates considered negative impact only and therefore lost marks. It is important that centres prepare candidates to consider both positive and negative effects in this type of question. Often discussion was limited and candidates were unable to achieve higher level marks.
- 6 (b) Generally well answered demonstrating sound understanding of the job roles of relevant professional care workers. A few candidates referred to volunteers or informal carers which were not appropriate. A minority of candidates did not name any care workers and were unable to access higher level marks because their analysis lacked depth and reference to specific skills and qualities linked to Sarah's situation.

## **Principal Moderator's Report**

### **General Comments:**

The standard of work has improved from the previous session and correlation between the unit specifications and assessment objectives and portfolio work seen was more evident.

Many candidates work followed a logical assessment objective order and was well-annotated which made the moderator's role more straightforward.

Candidates were still not always aware that assessment objective one (AO 1) is meant to be tackled generically and not applied to a specific setting/service user.

There was a tendency to cover all of the 'what you need to learn' section of the specification and candidates need to be made aware that this is not always the case. Where there is a directive to cover 'factors' or 'theories', this should be interpreted as two or more. A candidate can then achieve mark band three by covering two in depth.

There was evidence that centres had benefited from the last round of inset training and through using the coursework consultancy service. Most candidates appeared to have been directed to the amplification section of the specification which greatly assisted them in producing their evidence.

There was much use made of the A3 Assessment Evidence Recording Sheets. These are not compulsory but when used by both candidates and assessors give clear guidance and assist understanding of unit requirements. The Unit Recording Sheet (URS) should be used to record assessment; however these can be supported by the assessment evidence recording sheets.

Page referencing and teacher comments assist the moderator greatly and should be entered on either the URS sheet or the assessment evidence recording sheet.

The majority of Centres followed OCR guidelines regarding moderation administration and this in turn aided the moderation process. The main concern was the inaccurate or incomplete filling in of the MS1, which meant a letter had to be generated by the moderator. For future reference, please ensure that the mark given on the MS1 is filled in numerically and entered using the lozenges, marking out of 50 marks.

## Comments on Individual Units:

### **F911 Communication in Care Settings**

Candidates were able to describe the four different types of communication used in care settings, namely oral, written, computerised and special methods. AO1 should be tackled generically and the four types of communication applied to any care setting. When considering factors which can support and inhibit communication, there should be a description of the care values.

Candidates' attention should be drawn to page 13 of the specification when selecting the four communication skills used by care workers in the care setting. In AO2 candidates are required to show an understanding of how service users in their setting are valued and supported by the application of the care values.

Candidates should be encouraged to reference any research they have undertaken within the body of the text. Candidates were able to describe theories in isolation but were unable to show a level of understanding of theorist's views of the effects of communication on service users/care workers.

In AO4 the application of the care values during the interaction was generally poorly documented and insufficient evidence presented.

### **F912 Promoting Good Health**

Many centres approached AO1 correctly, identifying what health means from two different perspectives, namely that of the service user and the service provider. With regard to the medical and social models of health, candidates need to be able to draw accurate conclusions on the differences between the two.

For AO2, candidates needed to identify two key workers who are actively involved in promoting health. For each key worker they should then have analysed two preventative measures they apply and given the reasons for using these preventative measures.

In AO3 candidates tended to cover too much material. They need to identify, explain and compare how two or more factors can affect the health and well being of an individual. In addition, candidates need to explain two ways in which an individual's quality of life is affected by ill-health.

When providing evidence for the Health Promotion Campaign for AO4, candidates must use the amplification, which clearly identifies all the evidence required in order to address each mark band.

### **F914 Caring for People with Additional Needs**

There were fewer candidates entered for this unit. The different causes of additional need are listed on page 44 of the specification and a candidate should identify a disability from three of the seven causes listed.

For AO2, candidates must ensure that they show a thorough understanding of each stage of the care management process and when describing the purpose of the care management process include the purpose of the multi-disciplinary approach.

Careful consideration needs to be given to the types of research required for different mark bands for AO3. In order to access mark bands two and three primary research must be carried out as well as secondary research.

### **F915 Working in Early Years Care and Education**

This unit proved very popular and was tackled well by the majority of centres. Candidates sometimes fell down in AO1 by not giving detailed information about the purpose of each type of early years' provision. Submitting a quote from an Ofsted report, without further explanation or clarification, does not meet the requirements of the specification.

For AO2 candidates should be studying and applying the early years' care values and not those listed in F911.

When considering factors which can affect learning and development, candidates should use page 60 of the specification to ensure they incorporate two factors from each of the three main groups. In addition, they must show an understanding of how two strategies can be used to aid learning in two different ways, namely direct and indirect.

Candidates need to be guided carefully as to their choice of activity for AO4. Some candidates were producing complex and intricate learning aids which must have taken some time to plan and make. AO4 is worth ten marks and this should be reflected in the evidence produced. Those candidates going on to study A2 Health and Social Care can use the same learning aid for Unit 13: Child Development.

### **F916 Health as a Lifestyle Choice**

Many candidates focused heavily on the positive effects of exercise on an individual's **physical** health at the expense of an individual's **mental and social** health. Conclusions should be drawn as to how exercise can be integrated into everyday life and the effects on daily living.

AO2 is based on an individual; however, candidates must first demonstrate a thorough understanding of all the macro and micro nutrients listed on page 72 of the specification. In order for a candidate to be able to suggest improvements and realistic changes to an individual's diet, information would first need to be gathered. Candidates need to explain the dietary needs of the individual and bear this in mind when suggesting improvements.

Candidates must be guided by the amplification as to the specific content of the exercise plan and must include an advice sheet on safety factors to be considered. The exercise plan is to cover three weeks and to include two of the four types of exercise suggested in the specification.

AO4 requires candidates to evaluate both the likely effects of the diet recommendations and the exercise plan. In addition, candidates are required to include advice to the individual for the future.

### **F917 Complementary Theories**

This unit was interpreted well by centres and both the specification and amplification were referred to when completing the assessment objectives. For AO1 in order to avoid work overload candidates should give an overview of the categories of complementary therapies and then select two to study in depth. It is important that one of the two complementary therapies studied is actually being used by the service user and that the other is appropriate for the service user.

In AO2 candidates need to show an understanding of the service users needs and discuss the suitability of each complementary therapy. A copy of the questions used to assess the suitability of the two complementary therapies should be included in the portfolio, preferably as an Appendix.

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For AO3 there should be evidence of sound research practice and skills when collecting information to determine the views of the public and healthcare professionals.

In AO4 candidates need to evaluate the evidence they have collected to compare how well complementary therapies and orthodox medicine have met the physical and emotional needs of the service user.

## F920 Understanding Human Behaviour

### General Comments:

The paper generated a broad range of marks, with candidates performing particularly well in Questions 1-3, with many scoring very highly. In questions 4-6 it was encouraging to read answers that showed a good grasp of psychological theories. However, marks were lost by mismatching theorists to particular questions.

Most candidates could apply what they had learnt to the case studies and situations in the question stems. High marks were achieved by centres where candidates had practised using theories to explain behaviour in the named settings in the specification. Lower scoring candidates tended to write descriptions rather than explanations when specified.

Many candidates displayed good examination techniques but there was some evidence of poor time management with sentences stopping mid way as time ran out. There was some evidence of candidates highlighting key words in the question stem and this should always be encouraged to help them focus on the question. A few candidates used additional sheets, but few marks could be awarded on these. Centres should encourage their candidates to start answering the question immediately rather than wasting time re-wording the question and writing long, often irrelevant, introductions to their answers; this would enable candidates to limit their response to the space available on the examination paper.

Evaluation and analysis were required in questions 5 and 6 and few candidates were able to complete this in detail, often restricting marks to the lower level banding. These questions required higher level skills and candidates able to identify these and use them with confidence generally accessed the level 3/4 mark bands.

Centres should be reminded that only one theorist need be taught for each perspective.

### Comments on Individual Questions:

Question No.

- 1(a) (i-iv) Well answered by most candidates.
- (v) Candidates did not achieve level 3 marks if the question was not answered directly about a primary carer; many referred to a nursery setting, not understanding what a primary carer was, referring to 'the teacher'. Some wrote in detail about imitation and copying but many answered by referring directly to PIES, obtaining good marks.
- 2 (a) (i) Caused few problems but centres should note that 'playschool' is no longer a correct term for an early years setting; it is now pre-school.
- (ii) Most answers covered a range of PIES needs, and the best ones showed a sound appreciation of the range of activities available in an early years setting. Level 3 responses required an explanation rather than a description and centres should be encouraged to develop these skills with students by using the words 'so that', 'therefore' and 'because' when answering 'explain' questions.
- (b) Centres had obviously taught Maslow thoroughly as most candidates scored between 4 and 6 marks on this question. A few candidates referred to 'physical' needs rather than 'physiological' needs and lost marks unnecessarily. Very few candidates answered using Rogers.
- 3 (a) There were a large number of rather vague responses that missed the importance of communication with other children during play, interaction with adults outside the home and the range of learning activities that could be on offer in early years education.

- (b) Most candidates had a strong list of factors to choose from which reflected good teaching methods. Most candidates covered a range of PIES within their answers. A Level 3 response only required 'at least two socio-economic factors' and centres should encourage answering in depth rather than covering five or six factors briefly. The question specifies identify and explain which should indicate that depth is needed. There was some evidence of candidates not reading the question thoroughly as they wrote about the negative effects rather than how the factors encouraged development. Highlighting key words may have prevented this from happening.
- (c) Few candidates achieved Level 3 marks as there was no clear understanding of 'social disengagement'. Answers tended to be superficial and repetitive with 'making friends' and 'playing games' being popular responses. They did not develop the answer by saying how these could help maintain social skills. Many candidates wrote about intellectual and emotional development instead of social skills, thus limiting their marks.
- 4 (a) More candidates wrote about Freud than Eriksson. They were able to describe the theory but had difficulty applying it to Carl. However, the knowledge shown of the theories was encouraging. A few wrote about both and centres should discourage candidates from this when the question specifically asks for one theorist OR another.
- (b) Bandura was by far the most popular social learning theorist and knowledge shown by candidates was sound. However, they must focus their answer more on the question rather than simply quoting what they know about the theory. The best responses referred to his family, his schooldays and role models throughout his life and how they contributed to his successful life. Candidates who chose Letane or Tajfel did not perform as well as their knowledge appeared to be very basic. Again there was some evidence of more than one theorist being used to answer the question and this should be discouraged by centres.
- 5 The majority selected an appropriate theorist but were unable to relate the information to an adolescent. Accurate descriptions were common but there was little application to social and emotional development of an adolescent. There was little evidence of analysis which resulted in few Level 3 responses.
- 6 Skinner seemed more popular than Pavlov. If Skinner candidates understood the difference between positive reinforcement, negative reinforcement and punishment they were able to give some useful examples in a nursery. Centres should ensure that candidates are very clear about Skinner's views on 'negative reinforcement' and 'punishment' as there was obviously some confusion here. A few candidates chose a theorist who was not 'behavioural' and therefore scored no marks. The question differentiated well as low marks were given where candidates could basically describe the theory and higher marks were gained as the element of evaluation increase. However, overall evaluations were lacking in detail and depth.

## F921 Anatomy & Physiology

### General Comments:

For this first session of F921 most candidates responded well to the questions. Lack of understanding of the overall aim of the question did not contribute to low achievement. Only a few candidates failed to read the question stem with accuracy, with most candidates completing all of the questions. The accuracy of the candidates' knowledge was a noticeable problem in their responses. In a small number of cases the legibility of some papers, added to poor spelling and grammar; did not help the marking process. The use of English in this paper was at times noticeably poor, scientific spellings were a major problem for many candidates. This was taken into account and candidates were not penalised providing that the word was understandable and matched the description given.

Responses to questions occasionally demonstrated poor examination technique when formulating their answers. Candidates on occasion failed to express themselves fully using incomplete sentences and poor explanations of theory, principals and terminology. The general standard of answer was reasonably focused and accurate, especially in questions two, five and six. Responses were found to be less accurate in question three where many candidates misread the question and instead of describing the effects of their chosen function decided to describe the treatment. A noticeable number of candidates were under the misconception that irritable bowel syndrome was a renal condition. Having incorrectly identified it as such they did not attract any further marks in question three as the question relied on the correct identification of a renal dysfunction. The diagram related to this question was also poorly answered.

Question four was also poorly answered by many candidates. In the second part, candidates had a tendency to describe rather than explain the effects that their chosen dysfunction had, the absent component in their answer being their reasoning.

Questions were based on the six systems that were required to be studied in the unit outline and the associated underpinning knowledge. The majority of questions required candidates to 'apply' their knowledge and were not based on straight 'recall' of knowledge. Short answer questions and diagrams were used to help stimulate candidate response and increase accessibility.

The questions in the paper that were mainly set at grade E level carried 'name' or 'identify' command words.

More demanding questions carried the 'explain' command word and provided the opportunity for candidates to give some extended answers in order to demonstrate the depth and breadth of their knowledge and understanding.

In the higher level questions, candidates was asked to explain which provided the opportunity for candidates to give detailed and reasoned answers in order to demonstrate the depth and breadth of their knowledge of the subject.

Knowledge was required for the six systems that related to structure, function, dysfunction, diagnosis and treatment of the system and the chosen dysfunction. Candidates were also asked to either describe or explain the effects on the individual or the system. Candidates generally wrote in a coherent manner giving facts connected to the question but often using vague comments such as 'serious effect', 'help in their treatment' and often repeated the question stem in their answer. Centres could help to improve candidate performance by:

- practising questions that require explanations during controlled conditions throughout the teaching of the unit.
- improving the techniques used by candidates when answering the question, for example, sentence construction and accurate spelling.
- making sure candidates are familiar and know the meaning of technical terminology used within the unit and the underpinning knowledge.
- improved comprehension of the command words 'explain' and 'describe'.

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Where low marks were recorded it appeared to be the result of a lack of specific knowledge, a lack of examination technique and failure to read the question stem with accuracy. Lack of clarity of expression often contributed to a lower mark.

Successful answers and good practice were reflected in responses that were factually accurate and when knowledge was successfully applied to the given context or question

### Comments on Individual Questions:

Question  
No.

- 1(a) This question was generally well answered, responses were accurate.
- 1(b) Again reasonably well answered with many candidates scoring between six and eight marks.
- 2(a) Descriptions of the flow of blood through the heart proved to be accurate and well developed.
- 2(b)(i) Few candidates could describe the activities occurring in the heart at these points on the ECG. Answers were vague and often unrelated.
- 2(b)(ii) Many candidates were able to provide accurate responses about the information provided by an ECG. When explaining their value to a cardiologist, responses were generally poor and underdeveloped using phrases that included 'help him to decide on treatment' and 'show him what is happening'.
- 3(a) Few candidates were able to accurately label the diagram of the kidney. Where they did, many did not understand the difference between the words Ureter and Urethra and spelling was noticeably poor.
- 3(b) Many candidates were able to name a renal dysfunction but instead of describing its effects on the individual decided to describe how the dysfunction was to be treated. A number of candidates also responded by saying that irritable bowel syndrome was a renal dysfunction.
- 4(a) Generally answered well with many candidates being able to accurately respond to the three requirements of the question.
- 4(b) Candidates had a tendency to describe rather than explain the effects that their chosen dysfunction had, the absent component in their answer being their reasoning.
- 5(a) This question was well received by many candidates who labelled the diagram with accuracy.
- 5(b) The majority of candidates was able to identify one dysfunction but were then unable to develop fully their description of how it could prevent the pregnancy. Responses were often vague and included repetition of the question as part of their answer.
- 5(c) The majority of candidates was able to identify one diagnostic technique and continued on to give a full description of its functions. The treatment that would be required was in many cases poor or inaccurately described and therefore limited the marks awarded.
- 6 Candidates responded very well to this question. It was obviously a subject that many centres had covered well. Scores frequently ranged between nine and sixteen marks and occasionally higher. Candidates answers were generally well developed in that their explanations were accurate and to the point.

## F924 Social Trends

### General Comments:

The paper was accessible to most candidates but a relatively large number of candidates omitted parts of questions, and in some cases whole questions particularly question 5. This may have resulted from poor time management by the candidate rather than an inability to answer the question. There was evidence that many centres had used the pre-release material effectively and had prepared candidates well for the type of questions they were likely to face. However, some candidates are still confused by questions asking them to identify trends and offer explanations for the points they have identified. It is suggested that they clearly show the identification point with its accompanying explanation. In addition, questions requiring discussion, analysis and assessment require planning and an essay structure rather than a list of points. A worrying number of candidates were unable to communicate effectively and this causes difficulties for them in the longer response answers.

The stronger candidates show an understanding of the major changes that have taken place in society and their knowledge is based on contemporary evidence. The following points is intended to assist with improving candidates' performance in future exams:

- Read questions closely and relate everything to the specifics of the question – do not provide generic responses to questions on research methods.
- Avoid losing marks by only identifying when an explanation is also required.
- With regard to the essay type responses, candidates need to plan their answer in order to avoid repetition throughout the question.
- Plan the time in order to ensure all questions are attempted.

### Comments on Individual Questions:

Question No.

- |      |  |
|------|--|
| 1(a) | Generally answered well.   |
| 1(b) | A large number of responses did not link their response to family structures.  |
| 1(c) | Few candidates discussed what stable relationships are and often assumed that births outside marriage inevitably are unstable. There were a few excellent responses which questioned the definition of stability and whether quantitative data is valid for such a question. |
| 2(a) | Generally answered well but a number of candidates did not address their response to society.  |
| 2(b) | As above.  |
| 2(c) | Most candidates were able to identify two reasons, usually focusing upon official statistics and quantitative data.  |
| 2(d) | Most candidates identified one reason usually unforeseen events.   |
| 3(a) | Generally answered well, but some candidates described the data in the figure without criticising the structure of the data.   |

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- 3(b) Some good answers but a surprising number of candidates seemed vague with regard to such basic concepts.
- 3(c) Disappointing responses with few candidates focusing upon economic factors, instead just writing about how the new man is more socially acceptable and men are more willing to help around the home.
- 3(d)(i) Most candidates identified an appropriate method but many did not go on to outline how they could use it to specifically investigate the 'new man'.
- 3(d)(ii) Some very good answers but the majority of candidates produced a generic list of strengths and weaknesses of questionnaires.
- 4(a) Answered well.
- 4(b) Most candidates were able to use the data and identify trends with some explanation.
- 4(c) As above but some candidates did not look at trends between **different** ethnic groups.
- 4(d) Most candidates were able to discuss a number of reasons for the increase in lone parent families but a number concentrated solely upon changes in divorce.
- 5 Few good responses with most candidates only referring in any depth to one of the figures rather than both sets of data. Some candidates were unclear as to what statutory refers to and wrote generally about services from a number of sectors.

## **Principal Moderator's Report**

### **1. General Comments:**

Overall the quality of work submitted was encouraging for the first cohort of candidates submitting their portfolios for moderation. There was definite correlation between the work presented and the unit specifications and the assessment objectives. Advice given by the Board had been followed with portfolios being broken down into assessment objectives.

Assessment Objective 1 (AO1) was usually presented as a generic piece of work as intended and not applied to a specific setting or case study. Candidates had demonstrated excellent use of the case studies supplied by OCR and many had used centre devised case studies which enabled them to achieve a good level of knowledge and demonstrate sound understanding.

Annotation of coursework, when completed accurately, is very helpful to the moderators to enable them to ascertain where assessment judgements have been made. It is also helpful to students to enable them to understand where portfolio work could be improved if resubmitting work.

The inclusion of extensive research materials, printed off Internet pages and unreferenced work should be discouraged. Only one completed copy of a questionnaire should be included in the appendix of any portfolio. It is also not necessary to send large learning aids produced for unit 13.

Centres who followed the correct moderation procedures helped the process greatly as moderators are unable to complete the moderation of portfolios units until they have all the correct documentation. Please assist your moderator by ensuring that MS1s are completed accurately and any necessary amendments made on the top copy are also completed on the self-duplicating copies as well. This would help to speed up the process and enable moderators to spend their time moderating the work.

## **2. Comments on Individual Units:**

### **F919 Unit 10 Care practice and provision**

A significant number of entries was received for this unit. Centres had approached the unit with confidence.

Candidates were able to select two demographic factors which had influenced the organisation and provision of services in their local area. In a few centres, candidates had included more than two demographic factors; this is not a requirement and should be discouraged as the candidates would not benefit from doing so. Understanding of the use which is made of the demographic characteristics when planning services was generally explained clearly.

The stages in local planning tended to be covered briefly. Candidates need to show that they understand what happens at each stage. The understanding of the involvement of local stakeholders in local planning varied greatly. Candidates should be able to clearly identify the main stakeholders for the services they have chosen; it is not necessary to cover all of them. Candidates generally explained well how the plan is monitored and reviewed.

The organisation of services was often missed. National local and internal organisation should be included to enable candidates to clearly demonstrate their understanding.

A suitable case study was chosen by candidates and the needs related to PIES. A few candidates highlighted practitioners rather than services and there were examples where the sector had been given but not specific services. Candidates were able to link two practitioners who could meet the needs of their chosen service user and explained how each would meet the needs identified. The explanations of the approaches used by the two practitioners varied in detail.

Often candidates were able to give a detailed account of what a multi-disciplinary team is; however, there was limited understanding of how they actually work together. This then had an impact on the ability to analyse how working in multi-disciplinary teams benefits the service user.

Understanding of quality assurance mechanisms varied. Candidates selected appropriate primary and secondary research techniques and most gave reasons to justify the research techniques chosen. The level of analysis differed although candidates were able to explain how data collected is used to inform future practice. For future reference, where candidates can locate primary data collected by services they can use this as primary research for their own evidence (it is appreciated that this type of information can be difficult to gather by the students themselves due to the ethical issues applied by services).

A national policy or piece of legislation relevant to either service was usually selected well. Candidates evaluated the effects of the chosen legislation on care practice and provision within the chosen service. Candidates should make sure they carefully present the strengths and weaknesses in order to achieve higher marks. Some candidates did not present this information from two different perspectives i.e. the service user and service provider/practitioners. An overall conclusion/judgement should be reached wherever possible.

## F922 Unit 13 Child Development

This was certainly the most popular unit entered for moderation this session.

Centres should note that the child used for the case study for this unit should be at least eight years old.

Centre interpretation of AO1 varied considerably and was accepted by the moderators during this session. Candidates should describe three different patterns for each area of development (physical growth, physical development, intellectual – including language and cognitive, and social and emotional) covering the time period between birth and eight years of age. Charts are acceptable to define the milestones within each pattern; however, charts alone do not generally meet the requirements above mark band 1. The candidates need to demonstrate their understanding of the progression from one milestone to the next throughout the period of development. This should be a descriptive piece of work which links to the information in the chart.

Some candidates utilised the information given in AO1 to assist in the comparison of their case study's development to the norms for each area of development. Candidates usually provided detailed information about the factors that had affected the child's development and applied them clearly to their case study. Limited use was made of these to explain any variations from the norms. To achieve higher band marks, candidates need to be able to connect these and demonstrate their understanding in their explanations.

Referencing of sources for their research of theories of play for AO3 was often poor. Candidates must recognise their sources and use a recognised referencing style (eg Harvard).

The requirement is not necessarily to consider two 'theorists'. Centres should refer to the specifications for the acceptable theories of play which can be used. Analysis which includes making reasoned judgements about how two theories of play can be reflected in the child's development should include two examples of each within the child's development for birth to eight years..

The learning aid or activity produced for AO4 should be designed to have an impact on a particular area(s) of the child's development and be sufficiently challenging. It is accepted that as the child studied has to be at least eight years of age the learning aid/activity could not be trialled with the same child as they have already passed that developmental stage. Trialling with a child of a younger age is perfectly acceptable.

The design ideas seen during the moderation period varied widely with some very intricate and interesting ideas presented. The plans should include an outline of the methods to be used, resources needed and also accurate timescales for making and using the learning aid or carrying out the activity. The majority of candidates gave reasons for their actions taken.

The detail included in the evaluation also varied. The performance of the learning aid or activity should be explicit together with analysis of how the learning aid or activity could benefit the child studied. Recommendations for improvements to the learning aid or activity were generally realistic and informative.

## **F923 Unit 14 Mental Health Issues**

The centres who entered candidates for this unit demonstrated sensitivity and it was reassuring to note that confidentiality of service users was maintained throughout.

Candidates were able to explain clearly three different types and possible causes of mental-health illnesses. The complexity of identifying specific causes was recognised well. The resultant health needs for each of the three types of mental-health illnesses were often not explained clearly.

Candidates often used the case studies provided by OCR which is perfectly acceptable for the sensitive nature of the information required for this unit. The effects of mental illness were generally applied to their chosen service user and included references to PIES. Candidates must refer explicitly to long and short term effects in day-to-day situations. Candidates should be referring to effects not only on the service user but also family, friends and wider society.

When analysing the main preventative/coping strategies, candidates should refer to any which the service user could use, they do not actually have to be using them at the time. Evaluation of the strengths and weaknesses of each of the strategies also needs to be included when explaining why they are appropriate for the service user. The choice of two services could provide support for the service user must be explicitly linked to their needs. The legislation relevant to the service user could be the Mental Health Act, although alternatives are acceptable where this is not appropriate.

Some interesting evidence was seen which linked to the concepts/definitions of mental health. Excellent use had been made of appropriate sources including newspaper articles. Candidates who explained how definitions had changed over a period of time had a thorough understanding of the way concepts and definitions have evolved. A range of examples of the media's portrayal of people with mental-health needs had been used in centres, including some classic films and documentaries. Positive and negative effects of the two examples of the media's portrayal of people with mental-health needs were clearly understood. Recommendations for improvements were realistic showing a thorough understanding of the main issues associated with the way the media can influence attitudes.

## **F925 Unit 16 Research Methods in Health and Social Care**

A range of different research projects was seen during the moderation process. A few centres had linked their research into the requirements of another unit, for example theories of play (unit 13), media portrayal of mental health issues (Unit 14), quality assurance mechanisms (Unit 10), family and social trends (Unit 15), and behavioural theories (Unit 11) which was advantageous for the students and enabled them to gather evidence in an economical manner.

The purposes of research were generally understood and most centres followed the guidelines given in the specifications. Research methods were described clearly with the majority of candidates considering the strengths and weaknesses of those chosen. It is recommended that candidates include one secondary and two primary methods for this section of their portfolio.

The standard of work for the explanation of the rationale for the chosen research area was quite diverse. Candidates should clearly explain why their chosen topic warrants being researched, they must clearly justify this and may include references to other pieces of research they have looked at, media sources, and personal interest. This could link to the purposes of research completed in AO1. Candidates must clearly outline the aims and/or objectives of their chosen research. An understanding of the differences between aims and objectives should be clearly established before the candidates do this.

When explaining the range of ethical issues, candidates must clearly link this to their own research area - this is not meant to be a generic explanation. Possible sources of error and bias should be those which they recognise could occur in their own research as well. Application could include references to the participants, the researcher, the area of research or any other relevant issues.

Candidates need to use three distinctly different sources to carry out their research. Questionnaires count as one source only. A balance of primary and secondary sources was generally included; questionnaires and interviews were popular combined with Internet and media/literature searches.

Justification of choice of research methods was generally not completed well. Many candidates had the evidence on different research methods in AO1 but this lacked application to their actual research project. The evidence should include reasons why the methods are suitable for the chosen area of research and may include reasons why certain methods were not chosen.

Presentation of findings demonstrated excellent use of ICT; however, candidates should be encouraged to use graphs and charts sparingly as they do not demonstrate analysis of findings. Findings should be grouped together according to the original aims and objectives to enable the analysis to be clearly linked to these. Conclusions must be drawn from their findings.

Justification of research methods and analytical techniques in this section should reflect on their use and effectiveness. Discussion of sampling methods used for collecting primary data was often omitted - this is important for candidates aiming to achieve higher marks.

Candidates often did not use their predetermined aims and/or objectives when evaluating the success of their research project. There was also evidence of confusion of the terms of validity, reliability and representativeness. These need to be explained fully to candidates to enable them to applied properly. Recommendations for improvements and continuation of the research varied in quality.

**Applied GCE Health & Social Care (H103/H303)  
January 2007 Assessment Series**

**Coursework Unit Threshold Marks**

Unit		Maximum Mark	a	b	c	d	e	u
F911	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F912	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F914	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F915	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F916	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F917	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F919	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F922	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F923	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F925	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0

**Examined Unit Threshold Marks**

Unit		Maximum Mark	a	b	c	d	e	u
F910	Raw	100	80	70	60	50	41	0
	UMS	100	80	70	60	50	40	0
F913	Raw	100	80	70	60	50	41	0
	UMS	100	80	70	60	50	40	0
F918	Raw	100	83	74	65	56	48	0
	UMS	100	80	70	60	50	40	0
F920	Raw	100	77	66	56	46	36	0
	UMS	100	80	70	60	50	40	0
F921	Raw	100	80	70	60	50	40	0
	UMS	100	80	70	60	50	40	0
F924	Raw	100	76	66	56	46	36	0
	UMS	100	80	70	60	50	40	0

**Specification Aggregation Results**

Uniform marks correspond to overall grades as follows.

Advanced Subsidiary GCE (H103):

Overall Grade	A	B	C	D	E
<b>UMS (max 300)</b>	240	210	180	150	120

Advanced Subsidiary GCE (Double Award) (H303):

Overall Grade	AA	AB	BB	BC	CC	CD	DD	DE	EE
<b>UMS (max 600)</b>	480	450	420	390	360	330	300	270	240

**Cumulative Percentage in Grade**

Advanced Subsidiary GCE (H103):

A	B	C	D	E	U
12.4	33.3	52.17	79.04	96.12	100.00
There were 204 candidates aggregating in Jan 2007.					

Advanced Subsidiary GCE (Double Award) (H303):

AA	AB	BB	BC	CC	CD	DD	DE	EE	U
2.00	6.00	12.00	24.00	41.00	56.00	67.00	77.00	84.00	100.00
There were 109 candidates aggregating in Jan 2007.									

For a description of how UMS marks are calculated see;  
[http://www.ocr.org.uk/exam\\_system/understand\\_ums.html](http://www.ocr.org.uk/exam_system/understand_ums.html)

Statistics are correct at the time of publication.

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