

## **Health and Social Care**

Advanced GCE AS H503/H703

Advanced Subsidiary GCE AS H103/H303

### **Report on the Units**

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**January 2009**

**H103/H303/MS/R/09J**

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This report on the Examination provides information on the performance of candidates which it is hoped will be useful to teachers in their preparation of candidates for future examinations. It is intended to be constructive and informative and to promote better understanding of the syllabus content, of the operation of the scheme of assessment and of the application of assessment criteria.

Reports should be read in conjunction with the published question papers and mark schemes for the Examination.

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

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## Chief Examiner's Report

Overall, the senior examining/moderating team was pleased with the performance with the AS and GCE Health & Social Care units in this session. In unit F910 candidates showed improvement in their achievements at AS level. Units F921 and F924 performed well at GCE level. Unit F920 performed less well. More detailed feedback on the performance of each of the externally assessed units, along with the Principal Examiner's advice for improvement, can be found in the individual unit's report later in this Report to Centres.

There was evidence of some excellent quality work for the portfolio units this session. F911 and F919 both performed well, which was pleasing as these are mandatory and candidates have previously struggled with the requirements of F919 in particular. The most popular optional units were F915 and F922 with some excellent evidence of the candidates' understanding of the early years sector and child development. The majority of candidates had been guided carefully to ensure all assessment criteria were met across all units. Many centres sent representatives to Inset held during the past year and have applied the information and guidance provided to them. The overall quality of portfolios and the achievement of the assessment criteria was good.

More able candidates are producing succinct, comprehensive evidence which meets the Amplification criteria provided in the specification. There are a few centres which do not appear to be referring to the amplification sections of the specifications; consequently there were some portfolios which did not meet the assessment requirements. Scaling was applied where relevant; however, there was a significant reduction in the numbers of centres where this was required. Centres are advised to refer to the amplification sections of the specifications for each unit and to use the Assessment Evidence Recording sheets provided by OCR to ensure assessment decisions are accurate. More guidance from the Principal Moderators relating to each portfolio unit can be found later in this report.

Administration is very important to ensure moderators are able to accurately track the assessment decisions made. Annotation of coursework should be completed accurately to enable moderators to confirm where assessment decisions have been made. Where these are not available the moderators have to remark the work rather than just confirm the assessment decisions, therefore, the support of centres is much appreciated. Final versions of portfolios should be submitted; it is not appropriate to submit previous drafts as these cause confusion.

Where candidates have carried out primary research it is only necessary to include one copy of a questionnaire in an appendix of the portfolio. Extensive research materials, printed off internet pages and unreferenced work should not be included in portfolios as this does not contribute to the overall mark. Please refrain from sending the learning aid for Unit 6 or 13 to the moderator – these are often bulky and difficult for moderators to store. Photographs of the aid/activity is perfectly acceptable.

Centres are advised to obtain copies of past papers to aid them with revision for the tested units. Additional support material, including CD-Roms containing live exemplar portfolio work, is available from the OCR Publications department and via the OCR website ([www.ocr.org.uk](http://www.ocr.org.uk)) which contains useful revision guides for the tested units and strand exemplar for a range of portfolio units.

**Administration Guidance:**

- Centres are advised that making provisional entries is essential – it is this information which generates the sending of Unit Recording Sheets to the centre.
- A Unit Recording Sheet (URS) **must** accompany each portfolio sent for moderation.
- Please ensure that the URS is fully completed, showing where candidate evidence has been rewarded; annotating candidates' work is also advisable. *Note: if the centre chooses to use the Assessment Evidence Recording sheets and uses this for annotation, a URS is still required – the centre need only write 'refer to AERS' in the comments column of the URS.*
- Complete the teacher mark column of the mark sheet (MS1) as well as shading in the lozenges, clearly checking that the Moderator's copy is clear to read.
- Avoid plastic wallets for individual pieces of work.
- All Candidates portfolios need to be kept in order. The use of treasury tags is a simple and effective way and also assists the moderation process.
- Check that the marks for each Strand have been added up correctly and all marks are out of 50.
- Send a signed CCS160 Centre Authentication Form (revised July 2005) one for each unit moderated.
- Avoid sending ring binders of work as these are heavy to post and bulky to send.
- Ensure that Internal Moderation is evident.
- Send work promptly once the Moderator is known to the Centre – when there are 10 candidates or fewer, send work with the MS1, do not wait for the Moderator to make contact.

## F910 Promoting Quality Care

### General Comments

Candidates performed well in this session and the feedback in previous reports and training has helped prepare candidates more effectively for the paper. Most candidates attempted all questions and there did not appear to be any issues with candidates running out of time.

Some candidates are still producing list-like answers and therefore limiting themselves to the lower level of marks. It is important to stress to candidates that a plural in a question, for example, 'explain benefits of a policy' means at least two benefits. A candidate can achieve full marks for explaining two benefits in depth.

Many candidates gave quantity rather than quality in their answers and this was reflected by them being placed within the lower bands. Ensure that candidates are aware of the difference between levelled responses and straightforward 'mark a point' questions. Using the mark schemes within the lessons and preparation for the exam will help candidates to understand how they are marked.

Candidates still need to focus on the command words and not write unnecessary detail for questions which simply ask them to 'identify' or 'outline'.

Quality of written communication is still a problem for some candidates and prevents them from reaching the higher level bands. The use of technical terminology is crucial for candidates to gain the higher marks.

### Comments on Individual Questions

- 1 (a) Well answered.
- (b) Generally well answered although some candidates thought that the carer would have to get Adam's permission before reporting the bullying.
- (c) Candidates must ensure they do not write 'breaking the law' without making reference to a serious crime (as written in the specification).
- (d) Well answered but candidates would have scored higher if they had focussed on fewer benefits in more depth.
- 2 (a) Well answered.
- (b) Candidates were able to identify the agencies but were much weaker at how these could give rise to discriminatory attitudes. Answers were often vague and generic.
- (c) A surprising and concerning number of candidates could not access these marks as they simply do not know the Early Years Care Values (EYCV). It is vital that candidates know the correct values and can give examples of how these can be applied. Some candidates give the general care values that are applied to adults and therefore lost marks as the EYCVs are slightly different. The examples they gave were generally good but they lost marks for not being able to name the values.

- 3 (a)** Generally well answered but it should be noted that the mark was not given for the agency but how that agency could influence attitudes towards disability. General comments about socialisation were not awarded marks.
- (b)** Well answered.
- (c)** This was answered well by many candidates and showed improvement from previous sessions. Some candidates only listed strengths or weaknesses and therefore could not gain more than 5 marks.
- The main reason candidates were placed in lower bands were that they listed many strengths and weaknesses from previous mark schemes but did not develop any of the points they had made.
- For full marks candidates were required to write a brief conclusion.
- 4 (a)** Most candidates were able to give an example of direct racial discrimination. Some
- (i)** lost marks by not realising it had to be an example of race and just gave a general
- (ii)** example, for example, disability.
- There were a large number of candidates who could not give an example of indirect discrimination and thought that if this was done 'behind someone's back' or 'said quietly' that this was adequate.
- (b)** Well answered.
- (c)** Some candidates referred to the Equal Opportunities Commission which was not relevant to racial discrimination.
- (d)** Candidates had very good knowledge and there was an attempt to go into more detail. Candidates should be encouraged to make a point, for example, display an Equal Opportunities Logo, and then go on to explain how this helps promote equal opportunities, for example, by reaching a range of areas or people and not excluding certain postcodes or mediums.
- 5 (a)** Candidates were able to identify the barriers but found it much harder to apply them to older people. The example needed to be relevant. For example, it was not adequate to just say older people do not have much money, they need to relate this to pensions or reductions in earnings.
- (b)** Candidates lost marks again by not relating their answers to older people. Many lost focus as their answer developed and started to talk about 'translators' and 'female doctors for muslim women'. Candidates need to learn the generic ways of overcoming barriers but then must be able to apply them to different service users.
- 6 (a)** Many candidates lost marks on this question with few getting out of the lower band. A lot of candidates just listed the components of the policy and failed to look at the benefits to both service users and care workers.
- 6 (b)** Well answered, but some candidates did not reach the higher levels as they listed too many points and did not explain the points they had made.

## **F911, F912, F914, F915, F916, F917**

### **General Comments**

The assessment of the candidates' work this examination session was done well, many teachers taking the time to annotate candidates' work, which made the moderation process run smoothly. Centres generally had guided their candidates well and there was evidence to show that they clearly understood the specification and were familiar with the structuring of units.

The majority of centres are now aware of the benefits of using the Assessment Evidence Recording Sheets (AERS) to help with the assessment of portfolios. It must be stressed that this is an optional aid to assessment and should not be used in the place of the Unit Recording Sheet (URS). The URS sheet is a compulsory document, which should be attached to each portfolio assessed.

When assessing coursework, it is essential that the amplification section of the unit specification be used to mark the work. The command words used in each mark band for each assessment objective indicate the depth and breadth of understanding required for the marks to be awarded. Best practice would be to use sub-headings lifted directly from the amplification.

Most Centres were co-operative and sent their work promptly when requested. Centres with 10 or fewer candidates entered, sent all their work once the Moderator was known to them.

### **Comments on Individual Questions**

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

Candidates were able to describe the four different types of communication and give examples of how they could be used in different care settings.

Many candidates were able to give examples and discuss factors which inhibit/ enhance communication, which included the application of the care values.

As in previous sessions, candidates were able to describe theories of communication in isolation but appeared to be unable to show a level of understanding of the impact of the theory on communication between care workers and service users.

Candidates must refer to the amplification for assessment objective four in order to include sufficient detail in their write up of their interaction.

Application of the care values during the interaction was poorly documented. For candidates to reach the middle mark band and beyond they must evaluate the interaction from their own and the service users'/care workers' perspective.

#### **F912 Promoting Good Health**

The majority of centres understood what is meant by the term 'two different perspectives'. Many centres used primary research techniques and gave a detailed explanation of what is meant by health and well-being from a service user and a service provider's perspective.

Candidates were able to demonstrate their understanding of the medical and social models of health to explain the responses of individuals to health and education advice.

Assessment objective two was generally tackled well by candidates. The two key workers, their role, skills and qualities were clearly signposted'. It is important that the key workers selected have 'a **major** responsibility for promoting health'.

## *Report on the Units taken in January 2009*

Explaining the reasons behind preventative measure being applied by each key worker is still proving difficult for candidates.

Candidates provided evidence of both primary and secondary research for assessment objective three.

Candidates should ensure that as part of AO3 they explain two ways in which individuals' quality of life is affected by ill-health. The majority of centres referenced AO3 or provided a bibliography. When no bibliography is produced, it is difficult to see what sources of information have been used to research factors.

In AO4 candidates should use the pre set criteria, to evaluate the effectiveness of the health education campaign. They should also include an evaluation of their own performance.

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

Numbers of entries this session were small compared to other units. Centres which deliver and assess this unit generally do so well and there is very little movement of marks.

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

This unit again proved very popular. Centres in general have little or no problem interpreting the specification.

An area of AO1, which could be strengthened, is the consideration of the purpose of each service described. Less time could be given to describing the size and layout of the service and more to what the role/purpose of the early year provision is.

In AO3 candidates are required to give a detailed analysis of two strategies that could be used to aid learning in two different ways. Page 59 of the specification identifies both the ways and the strategies to be included.

It is important that candidates reference their sources of information within the body of the text and support this with a bibliography at the back of their portfolio evidence.

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

Some centres rely on Food Technology or PE teachers to deliver this unit and this is reflected in the evidence produced.

The same amount of emphasis needs to be given to the dietary evidence as the exercise section and vice versa.

Within AO1 candidates need to draw clear and accurate conclusions about the effects of exercise on daily living. Many centres overlooked this section or candidates' submitted evidence, which lacked depth.

As in previous sessions, an area of AO2, which proved difficult for candidates, was the explaining of the dietary needs of the individual, including considering diverse background and specific dietary variation.

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 do not need to carry out a nutritional analysis of the individual's weekly diet as some candidates may not have access to the appropriate software.

AO4 requires candidates to evaluate both the likely effects of the diet recommendations and the exercise plan. It was noted that this was a weak area in several portfolios.

### **F917 Complimentary Therapies**

Many centres gave an overview of complementary therapies using the bullet points at the top of page 84 of the specification and then went into greater detail for the two they had selected.

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.

A copy of the questions used to assess the suitability of the two complementary therapies, should be included in the portfolio.

There should be evidence of sound research practice and skills when collecting information to determine the views of the public and health care professionals. Candidates should refer to the amplification on page 91 when considering what to include in their analysis of the results between members of the public and healthcare professionals.

Candidates should give careful consideration as to how reliable, valid or biased their research is and suggest any improvements that could be made and further areas of possible research.

## **F913 Health & Safety in Care settings**

### **General Comments**

Candidates' performance was generally in line with previous sessions.

There was a noticeable improvement in performance on the risk assessment question which may be due to an increased use of feedback from previous sessions.

There were a significant minority of candidates who appeared to misread/misinterpret questions, and who consequently failed to understand the thrust of some questions.

There is still little evidence of candidates knowing all the hazard warning signs that might reasonably be found in care settings.

### **Comments on Individual Questions**

- 1** Many candidates were unable to identify high voltage or biohazard signs. Many candidates were unable to identify where the radiation sign might be found.
- 2** Most candidates could identify information to be included in an accident report, far fewer could explain the reasoning behind the rules. Preparing for moving and handling produced many answers that were a list of things to do, rather than containing any element of explanation.
- 3** There was a noticeable improvement in the standard of answers to the risk assessment. The highest scoring candidates were usually the ones who approached the question in a well-ordered manner, dealing fully with one hazard before moving on to the next. Those who attempted to list all the hazards first, and then say who might be at risk for each one etc., often missed bits of information out, thus limiting their total mark. 3b was a good differentiator, as many weaker candidates simply described risk assessment overall, and failed to answer the question.
- 4** Most candidates demonstrated a sound grasp of fire safety facts. Fewer were able to explain the underlying reasons.
- 5** Some candidates knew about RIDDOR in considerable detail, whilst others were unable to do much more than repeat the stem of the question. Application of legislation when drawing up policy proved to be a demanding question at which few succeeded. Many candidates instead described the value of having a policy in place. Although this was quite well known, it did not answer the question asked, and therefore failed to score highly.
- 6** Most knew enough about dealing with clinical waste and the use of PPE to gain reasonable marks on this question, whilst only the more able could explain the rationale behind the procedures.

## F918 Caring for Older People

### General Comments

The majority of candidates entered for the exam attempted to answer all questions - few candidates left blank answers. There was evidence of achievement across the full ability range with a significant number achieving success across all grades.

Candidates generally applied their knowledge and understanding accurately and with confidence. There was improvements seen in the use of the technical terminology of the unit; however, a minority had difficulty spelling technical vocabulary correctly. Centres should focus some of their revision time for future sessions on the literacy of the unit content using 'key terms' check lists or glossaries when revising. Time management during the exam was good with the many candidates completing the whole paper, attempting to answer all the questions and sub-questions.

Candidates must recognise the importance of reading the question thoroughly before answering in order to avoid loss of valuable marks. In some questions the candidates clearly had understanding but, did not give accurate responses in order to gain marks. Repetition of the question or the question stem without actually giving an answer of their own is another area where candidates lose unnecessary marks. Candidates are still losing marks by not answering according to the key verbs in questions, consequently not giving a response which meets the requirements. This limits their accessibility to the marks available. Key verbs can be highlighted to reinforce them to the candidate during the exam. Centres need to ensure that candidates understand the requirements of each key verb and can write answers that meet the level of detail necessary to achieve explain, analyse, evaluate, discuss, assess, describe and identify. It was encouraging to see evidence that centres have followed the advice and guidance given during training to prepare candidates thoroughly for the examination paper. The levels of responses given indicated that there had been sound revision completed with thorough understanding of key concepts and excellent application of knowledge in the higher scoring papers.

### Comments on Individual Questions

- 1 (a) Generally well answered. A few candidates gave vague answers which did not explicitly link to older people, for example, 'less physically able' or 'poor health'.
- (b) Most candidates answered this question well and were clearly able to apply their knowledge and understanding. Some candidates did not describe their answers and gave identification responses only and lost marks.
- (c) Well answered by many candidates. A minority did not understand what was meant by 'economic' and gave 'social' responses like, 'lose friends at work', which were not worthy of marks. Again, there were a few candidates who just gave one word answers so did not meet the requirements of 'describe'.
- (d) There was evidence of only a few candidates thoroughly understanding the requirements of this question. Candidates were expected to state how older people could prepare for retirement and then go on to explain this by stating how the preparation would actually help them. A significant number only gave the ways, some gave irrelevant answers, for example, get another job - the older person had not actually retired yet so they would not be able to get another job.

*Report on the Units taken in January 2009*

- 2 (a) (i) Mainly answered well. A few candidates gave answers relating to a different body system, for example 'heart attack', which was not acceptable.
- (ii) Some candidates struggled to understand what was meant by 'daily living'. Candidates who related their answers to daily living tasks of personal care, household tasks, shopping, gardening etc scored well.
- (b) Coping strategies were understood and candidates scored well.
- (c) Domiciliary care was either understood very well or not at all. Several candidates scored very well demonstrating clear understanding of their role and how this would provide support.
- 3 (a) (i) Candidates who understood the digestive system scored well - there was evidence of difficulty in spelling technical terminology accurately in this question. Marks were only awarded for 'chronic constipation' where the full name was given.
- (ii) Generally well answered - a few candidates did not understand 'physical' effects and gave social or emotional which did not score any marks.
- (b) A disappointing response to this question. The role of the GP was not explained fully and many candidates only accessed half of the marks available. A few did not seem to know what a GP does or how they can support an older person with a digestive disorder. Candidates should learn five key features of each job role to prepare them for future papers.
- (c) Candidates tended to give list-like answers in sentences. They did not demonstrate the depth of their understanding by analysing fewer ways the GP would maintain confidentiality. Two or three ways analysed well would have scored full marks, a list of ten different ways would score only 3 or 4 marks.
- 4 (a) Candidates who answered well demonstrated a thorough understanding of the changes in Linda's care needs. Some candidates did not apply their knowledge and scored very few marks. To achieve higher marks candidates should have given two or three ways her care needs could have changed as her condition progresses and explained the impact these could have on her or the increased levels of support she would require as a result of the changes.
- (b) Several candidates outlined features of the NHS and Community Care Act but did not link their answers explicitly to meeting the needs of an older person with a muscular skeletal disorder. To evaluate fully candidates needed to give strengths, weaknesses and draw a conclusion about the effectiveness of the legislation.
- 5 (a) Candidates responses indicated a clear understanding of how rights and beliefs should be promoted, however, they did not relate their answers to an occupational therapist carrying out an assessment of needs. When candidates do not relate their answers clearly to the situation given they limit the number of marks they can access. In the longer questions there is an expectation for candidates to apply their knowledge and understanding explicitly.

*Report on the Units taken in January 2009*

- (b)** This question was answered brilliantly by several candidates. They evaluated clearly how attending the day centre would benefit both Sophia and her husband giving explicit positive and negative effects for them both. A few candidates only gave positive responses and there were some who focuses only on Sophia. Candidates must read the question fully and answer all aspects to avoid losing marks. Planning their answers may have helped them to avoid missing out valuable information.
- 6 (a)** Candidates who understood sensory impairment gained high marks in this question. Many candidates did not refer to explicit sensory impairments which limited their success. Others did not refer to PIES aspects of development at all, giving a generic response only so lost marks. Remember - whenever a question refers to 'effects' or 'development' candidates should respond using PIES.
- (b)** Overall candidates gave sound responses to this question - there was a thorough understanding of the role of private and voluntary services. Again, some candidates gave generic answers only which limited their achievement. Application is important to demonstrate understanding.

## **F919, F922, F923, F925**

### **General Comments**

Portfolio work submitted this session clearly demonstrated areas of outstanding work, however there was also some work presented which did not meet the assessment criteria as expected. Centres had generally applied the advice and feedback given through their moderator's reports and the coursework consultancy service. There was evidence of assessor attendance at training sessions. It is highly recommended that a representative should be sent on the training sessions to update their knowledge and understanding of the application of the assessment criteria. The majority of centres presented portfolio work in a well organised manner which ensured the moderation process ran smoothly. More centres are devising and using their own case studies, although significant numbers continue to use those supplied by OCR, either of these options are perfectly acceptable.

Annotation of coursework continues to vary considerably from centre to centre. Accurate annotation is very helpful to the moderators as it enables them to quickly and easily find where assessment decisions have been made and immediately locate the relevant evidence. Annotation should be used to provide feedback to candidates to ensure they are fulfilling the assessment requirements as fully as possible.

Administration procedures are not always followed accurately. Common errors seen during this session included:

- Late arrival of MS1s and portfolios to the moderator which delayed the moderation process.
- Where there were 10 or fewer candidates entered, all portfolios not being sent with the MS1s. Centres sending the 10 or fewer portfolios helps the moderator considerably.
- Portfolios being marked out of 100 and not 50 as they should be.
- MS1s being completed inaccurately or altered on the top copy but not on the moderator copy.
- URS sheets sent blank or not at all.
- Page referencing not completed.
- Candidate numbers and centre numbers missed out.
- Portfolios sent loosely with nothing holding the pages together at all causing them to get muddled in transit.
- Portfolios muddled and presented in random order.
- CCS160s (Centre Authentication sheets) not being sent with the portfolio work.

It is definitely encouraging to see that the size of portfolios is reducing, however centres should remind candidates that the inclusion of extensive research materials, printed off internet pages and unreferenced work does not improve their overall grade. Only one completed copy of a questionnaire should be included in the appendix of any portfolio.

Please do not send the learning aids for Unit 13 to the moderators - they do not have the space to store these and often they are damaged or pieces lost which is disappointing for candidates when they eventually get them returned. A photograph of the learning aid/activity is perfectly acceptable.

Please assist your moderator by following these and also meeting the agreed submission dates.

## **Comments on Individual Questions**

### **F919 Care Practice and Provision**

Centres approached the unit with increasing levels of confidence.

AO1 Candidates effectively used local demographic data and linked these to the planning and organisation of local services, however remember only two different demographic factors are required – it is recommended that the demographic factors used here link to the provision of the types of services discussed within the candidate's portfolio to ensure candidates are able to show their understanding of the relevance of the data. The stages in local planning must be covered fully to gain mark band 3. Candidates need to demonstrate their understanding of how each stage is carried out within their local area. The role of local stakeholders must be explicitly linked to the planning and organisation of services. Monitoring and review were occasionally omitted completely. National local and internal organisation of services should be included wherever possible in order to meet the assessment criteria. A diagram is useful as a starting point.

AO2: A case studies were used well and the majority of candidates explained the needs of their case study relating these to PIES. Two relevant services to meet the needs of the case study were usually included; however, a few continue to refer only to the practitioners and some only covering one service because of this. Candidates were generally able to explain how the two practitioners could meet the needs of their chosen service user. The approaches used by the two practitioners varied in detail. There is no requirement for candidates to cover all of the approaches; one for each service is sufficient. Candidates demonstrated sound understanding of what a multi-disciplinary team is. They often do so generically though and then tend to miss the point of explaining how they actually work together. Benefits the service user was not covered well – more detail is required here and links should be made to meeting the identified needs of the individual.

AO3: Candidates selected appropriate primary and secondary research techniques to investigate quality assurance mechanisms used by their two chosen services. Reasons were usually included to justify the research techniques chosen. Analysis of how the data collected is actually used to improve the quality of provision should be included, not simply giving a straightforward description of what the quality assurance mechanism is or how it is carried out.

AO4: Candidates selected a relevant national policy or piece of legislation. There was improved evidence of linking this to their chosen services. Candidates gave limited evaluation of the effects of the chosen legislation on care practice and provision within the chosen service. Remember though, the analysis should relate to two different perspectives i.e. the service, service user and service provider/practitioners.

### **F922 Child Development**

This was certainly the most popular optional unit entered for moderation this session. Remember: the child used for the case study for this unit should be at least eight years old. There was evidence of babies of 6 months old being used which obviously limits the level of detail the candidates are able to include in their portfolio and consequently their overall levels of achievement.

AO1: Candidates usually described 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. Although physical growth remains a weak area as they often miss this out altogether. Charts can be used to define the milestones within each pattern; however, without extended writing these do not meet the requirements above mark band 1. The candidates must show that they understand the progression from one milestone to the next from birth to eight years to achieve higher marks.

AO2: Factors chosen must be those that are actually affecting the development of the chosen child – generic information about all of the factors is not relevant. Candidates must demonstrate their application of knowledge and understanding to their chosen child. Comparison of the child's development should cover all areas of development and from birth to eight years – incomplete comparisons will affect the marks awarded. Completion of comparison charts is acceptable, however there does need to be some form of extended writing as well to explain the variations from the norms.

AO3: Use of three different sources needs to be explicit by including a recognised referencing style (eg Harvard) and referencing their sources within the main body of the text. Centres should encourage candidates to research two 'theories of play' (this does not have to be 'theorists'). These theories can be taken from the bullets in the specification, although care should be taken to avoid repetition eg categories of play and types of play are very similar.

AO4: The learning aid or activity should be challenging for the child and designed to link directly to an aspect of their case study's development. Trialling of the learning aid can be carried out with a child other than the case study who is at the age for which the aid is intended. Plans should include an outline of the methods to be used, resources needed and also accurate time scales for making and using the learning aid or carrying out the activity. There were some superb learning aids produced – please do not send these to the moderator – a picture is perfectly acceptable. The evaluation of the effectiveness of the learning aid should include reference to the performance of the learning aid or activity together with analysis of how the learning aid or activity could benefit the child studied. Recommendations for improvements to the learning aid or activity need to be realistic and informative.

#### **Unit 14: Mental Health Issues**

AO1: Three different mental health illnesses were usually explained well. References to the actual types of mental illness were often missed with the specific condition taking precedence. A few candidates used two examples of the same type which should be avoided. A short introduction to the type is recommended before stating the example to be used and then progressing onto the possible causes, symptoms and resultant health needs.

AO2: The use of case studies is improving and there is a great deal of sensitivity being applied. Many centres are developing some excellent case studies of their own. Centres must ensure that candidates maintain confidentiality throughout the evidence presented. The effects of mental illness were generally applied well to their chosen service user and most included references to PIES. Long and short term effects in day-to-day situations must be explicitly covered. Candidates should refer to effects not only on the service user but family, friends and wider society as well.

AO3: Preventative/coping strategies should be analysed explicitly in relation to those which their chosen individual could use, they do not actually have to be using them at the time. The strengths and weaknesses of each of each of the strategies should be included when explaining why they are appropriate for the service user. The two services chosen should be relevant to providing support for the service user and must be explicitly linked to their individual need. Generic information does not fully demonstrate the candidate's capability. Legislation should be relevant to the service user could be the Mental Health Act, Mental Capacity Act, NHS and Community Care Act or possibly National Standards Frameworks. It is recognised that there have been recent changes to legislation and examples of the new legislation can be used.

AO4: The concepts/definitions of mental health could be included as the introduction to the unit to ensure candidates fully understand this aspect of the unit. This area tends to be completed exceptionally well or in a very limited manner. Where centres have approached this from an historical perspective, it is obvious that the level of understanding amongst the candidates is greatly improved.

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.

### **Unit 16 Research Methods**

There were excellent examples of research projects seen.

AO1: The purposes of research were understood; with good examples used to highlight the differences. A small number of centres misinterpreted this aspect and linked the purposes directly to the chosen research project rather than the generic evidence which is required. Research methods were clearly understood with the majority of candidates considering the strengths and weaknesses of those chosen. It is recommended to include one secondary and two primary methods for this section of their portfolio.

The rationale for the chosen research area varied, some were excellent whereas others lacked depth. The specifications and 'Guidance from an Expert' clearly outline what is expected. Clear justification of why their chosen topic warrants being researched is required. Their rationale must clearly outline the aims and/or objectives of their chosen research. An understanding of the differences between aims and objectives should be established before the candidates complete this aspect of their coursework.

AO2: Ethical issues must explicitly be linked to the candidate's 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. Application could include references to the participants, the researcher, the area of research or any other relevant issues.

AO3: Candidates must explicitly show that they have used three different sources to carry out their research. There should be a bibliography included and also referencing within the text. Questionnaires count as one source only as do websites. A balance of primary and secondary sources was generally included, questionnaires and interviews were popular combined with internet and media/literature searches. Justification of the chosen research methods should be given here, not in AO1 – this is a reflection of why the chosen research methods were chosen. These should link explicitly to their actual research project. The evidence should include reasons why the methods chosen were suitable for their particular research project and may include reasons why certain methods were rejected.

Presentation of findings clearly demonstrated excellent use of ICT; however, graphs and charts often take over the portfolio and are not referred to in the analysis of findings. Candidates should group together their analysis of findings in relation to the original aims and objectives to ensure the analysis is directly related to these. Conclusions must be drawn from their findings.

AO4: Candidates often omitted using their predetermined aims and/or objectives when evaluating the success of their research project. The success of the research is reliant on these being met rather than the actual quality of the findings. There continues to be confusion between the terms of Validity, Reliability and Representativeness. Candidates must be able to differentiate between these key terms in order for them to be applied accurately. Recommendations for improvements and continuation of the research varied in quality.

## F920 Understanding Human Behaviour

### General Comments

Candidates are clearly being well prepared for this unit with the majority having a sound knowledge of the psychological theories studied. There were few errors in identifying appropriate theorists within the specified perspectives. Candidates should be reminded however, that not all questions are based on psychological theories. Section 11.2.1 of the unit specification refers to 'Factors Influencing Human Development' stating that candidates' need to investigate how different influences can interact to affect human development. Candidates who attempted to use a psychological perspective for all questions tended to give confused answers.

### Comments on Individual Questions

- 1 (a) (i) Well answered.  
(ii) Generally well answered but some candidates found it difficult to summarise the two features concisely.  
(b) Candidates tended to focus on explaining the theory and particularly when using Piaget emphasised 'testing' rather than referring to 'play' and suggesting ways a childminder could encourage or interact in play.
- 2 (a) Good understanding of the possible causes of anxiety was shown, although some candidates did not go on to explain how anxiety could affect physical development.  
(b) Most candidates chose to describe Maslow's hierarchy of needs and demonstrated appropriate knowledge but some didn't make the link to 'minimising anxiety' experienced on moving into residential care. Some inappropriate expressions were used with a number of candidates suggesting 'locking the older person in their room so that they feel safe'. Better answers referred to reassuring/listening to/finding out the cause of a person's anxiety.
- 3 (a) Well answered.  
(b) A number of candidates related their answers to PIES rather than specifically demonstrating an understanding of the term 'self-concept'.
- 4 (a) Generally well answered with many candidates showing a clear understanding of the focus of the question.  
(b) The majority of candidates answered using the social learning perspective and demonstrated a clear understanding of the relevance of adolescence in the application of the theory. Some good examples of appropriate changes in behaviour were given.
- 5 Most candidates used Skinner to answer this question. Many experienced difficulty in describing negative reinforcement and punishment was often inappropriately attributed to the theory. Many candidates drifted onto social learning theory by emphasising that children would learn by seeing other children being rewarded. Few candidates clearly addressed the 'evaluation of the usefulness of the theory' – most gave examples of how it could be used.

*Report on the Units taken in January 2009*

Candidates who used Pavlov as their chosen theorist were usually better at identifying that the behaviourist approach could be useful in establishing routines with clearly established patterns of behaviour being effective for example at the ends of lessons/sessions, during fire practices, etc.

## F921 Anatomy & Physiology in Practice

### General Comments

During this session most candidates generally responded well to the questions. Only a few candidates did not read the question stem with accuracy, with most candidates completing all of the questions. In a small number of cases the legibility of some papers, added to poor spelling and use of grammar, was a cause for concern. Candidates should be guided to use scientific spellings with accuracy, and comprehension of those terms used in the paper appeared to cause a problem for some candidates. This was taken into account and candidates were not penalised providing that the word was understandable and matched any description given. The diagram questions in this session were in general well answered.

Questions were based on five of 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.

In the higher level questions the candidates was asked to explain, providing 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 five of 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 'social effect', 'help in their treatment' and on occasion repeated the question stem at the beginning of their answer 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 verbs, eg 'explain' and 'describe'

Candidates on occasion did not express themselves fully, using incomplete sentences and poor explanations of effects, diagnoses and treatments.

Responses were found to be less accurate in question 1(c) where many candidates were unable to relate the events that made up the menstrual cycle. In question 4(b)(i) a few candidates were under the misconception that Irritable bowel syndrome was a renal condition. Having incorrectly identified it as such they failed to attract any further marks as the question relied on the correct identification of a renal dysfunction.

Question 4(b)(ii) was poorly answered by some candidates. In this part, candidates had a tendency to describe in a limited fashion often only outlining the treatments.

### Comments on Individual Questions

- 1 (a) This question was generally well answered, responses were accurate.
- (b) Again reasonably well answered with many candidates scoring between four and six marks.
- (c) Descriptions of the menstrual cycle varied, candidates either could describe the events or had little knowledge at all. Many candidates could describe the events but not in the correct order.
- 2 (a) Many candidates were able to accurately label the diagram of the heart.
- (b) Most candidates could provide differences between veins and arteries with many scoring at least 2 or 3 marks. Common misconceptions were related to direction of flow, structure and content. A number of candidates gave vague answers such as 'thinner or wider' without qualifying the response with an adequate comparison.
- (c) The majority of candidates were able to describe the causes and effects of a cardiovascular dysfunction, providing a good range of causes and effects in their answers.
- 3 (a) Generally answered well with many candidates being able to accurately describe the major functions of the digestive system. There was however a small number of candidates who appeared to make vague and uninformed guesses as to digestive function.
- (b) This question was generally well answered with one digestive dysfunction identified. Explanations of how it would be diagnosed were often accurate but on occasion more descriptive.
- 4 (a) Most candidates were able to identify two functions of the renal system.
- (b) (i) This question demonstrated that there were a number of candidates who did not understand the meaning of the word 'physiological'. However, where they did they answered with a range of accuracy when providing causes and effects.
- (b) (ii) Many candidates could explain how their chosen renal dysfunction could be treated but with a noticeable number only providing descriptions. Candidates' responses also often contained information about how it could be diagnosed, which was not a requirement of the question.
- 5 Candidates responded 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. Where candidates did not obtain a high score it was often because of repetition and a tendency to be descriptive rather than explanatory.

## F924 Social Trends

### General Comments

There is clear evidence that increasing numbers of centres are making full use of the pre-release material to prepare candidates adequately for the paper. The pre-release texts and data are clear signposts for the type of questions candidates will be faced with. However, a minority of candidates give the impression that they have not discussed the range of issues presented by the topics raised in the pre-release material. This was particularly evident with the question on childhood which appears in the specification as 'the changing concept of childhood' which was exactly the wording in the question. Few candidates appeared to have any notion of 'change' and produced common sense subjective answers on childhood today.

Candidates are increasingly using the allocated time well and fewer are failing to attempt all five questions. A growing number of candidates are showing an awareness of contemporary issues by bringing in relevant examples of many of the issues which they have gathered from the media. I would encourage all centres to direct candidates to build up a collection of news items which may be relevant to the issues raised in the pre release material. It was surprising that very few candidates, for example, made a reference to the childhood issues raised by the 'Baby P' tragedy when answering question two.

A growing gap is emerging between centres that have prepared candidates well for a question on methodological issues and those that appear not to. Basic teaching of section 15.2.4 in the specification will reap rewards. If centres enter candidates for the Research Methods coursework then timing this with the delivery of Social Trends would be advantageous. A growing number of candidates were rewriting some of the pre-release texts in their answer rather than using them as a stimulus to answer the question.

### Comments on Individual Questions

- 1
  - (a) Generally answered well, but some candidates still do not separate the three points they are trying to make which often leads to repetition.
  - (b) As above.
  - (c) A number of excellent responses but some candidates interpreted the question as how the services will need to adapt to a growing population without reference to ethnic diversity.
- 2 See above general comments. Few candidates discussed the notion of change from children being an economic asset up until the late 19th century, to society viewing children as vulnerable and in need of protection throughout the 20th century, to the possible loss of childhood today.
- 3
  - (a) Most candidates were able to explain two reasons usually linked to changes in women's lives and their expectations/priorities.
  - (b) The concept of 'glass ceiling' was understood by most candidates and they were able to provide two possible reasons for its continuance.
  - (c) (i) (ii) A surprisingly large number of candidates failed to understand what is meant by sampling and wrote about the process of research.



# Grade Thresholds

Advanced GCE Health and Social Care (H103/ H303)  
January 2009 Examination Series

## Unit Threshold Marks

Unit		Maximum Mark	A	B	C	D	E	U
F910	Raw	100	81	72	64	56	48	0
	UMS	100	80	70	60	50	40	0
F911	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F912	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F913	Raw	100	81	71	61	51	41	0
	UMS	100	80	70	60	50	40	0
F914	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F915	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F916	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F917	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F918	Raw	100	79	69	59	50	41	0
	UMS	100	80	70	60	50	40	0
F919	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F920	Raw	100	71	62	53	44	35	0
	UMS	100	80	70	60	50	40	0
F921	Raw	100	83	74	65	56	48	0
	UMS	100	80	70	60	50	40	0
F922	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F923	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F924	Raw	100	80	70	61	52	43	0
	UMS	100	80	70	60	50	40	0
F925	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0

## Specification Aggregation Results

Overall threshold marks in UMS (ie after conversion of raw marks to uniform marks)

### AS Single Award (H103)

	Maximum Mark	A	B	C	D	E	U
<b>H103</b>	300	240	210	180	150	120	0
<b>% in grade</b>		1.2	17.0	50.3	80.0	95.2	100

166 candidates aggregated this series

### AS Double Award (H303)

H303	AA	AB	BB	BC	CC	CD	DD	DE	EE
<b>UMS (max 600)</b>	480	450	420	390	360	330	300	270	240
<b>% in grade</b>	1.9	4.9	17.5	27.2	39.8	59.2	72.8	85.4	97.1

106 candidates aggregated this series

### GCE Single Award (H503)

	Maximum Mark	A	B	C	D	E	U
<b>H503</b>	300	240	210	180	150	120	0
<b>% in grade</b>		7.1	21.4	64.3	71.4	92.9	100

15 candidates aggregated this series

### GCE Double Award (H703)

H703	AA	AB	BB	BC	CC	CD	DD	DE	EE	U
Max 1200	960	900	840	780	720	660	600	540	480	0
<b>% in grade</b>	0.0	0.0	0.0	0.0	0.0	50.0	50.0	50.0	75.0	100

6 candidates aggregated this series

For a description of how UMS marks are calculated see:  
[http://www.ocr.org.uk/learners/ums\\_results.html](http://www.ocr.org.uk/learners/ums_results.html)

Statistics are correct at the time of publication.

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