

Cambridge Technicals

Health and Social Care

Unit 25: Research methods in health, social care and childcare

Level 3 Cambridge Technical in Health and Social Care

05871

Mark Scheme for June 2025

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This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by examiners. It does not indicate the details of the discussions which took place at an examiners' meeting before marking commenced.

All examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the report on the examination.

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MARKING INSTRUCTIONS

PREPARATION FOR MARKING RM ASSESSOR

1. Make sure that you have accessed and completed the relevant training packages for on-screen marking: *RM Assessor Online Training: OCR Essential Guide to Marking*.
2. Make sure that you have read and understood the mark scheme and the question paper for this unit. These are available in RM Assessor
3. Log-in to RM Assessor and mark the **required number** of practice responses (“scripts”) and the **required number** of standardisation responses.

MARKING

1. Mark strictly to the mark scheme.
2. Marks awarded must relate directly to the marking criteria.
3. The schedule of dates is very important. It is essential that you meet the RM Assessor 50% and 100% (traditional 40% Batch 1 and 100% Batch 2) deadlines. If you experience problems, you must contact your Team Leader (Supervisor) without delay.
4. If you are in any doubt about applying the mark scheme, consult your Team Leader by telephone, email or via the RM Assessor messaging system.
5. **Crossed-Out Responses**
Where a candidate has crossed out a response and provided a clear alternative then the crossed-out response is not marked. Where no alternative response has been provided, examiners may give candidates the benefit of the doubt and mark the crossed-out response where legible.

Rubric Error Responses – Optional Questions

Where candidates have a choice of question across a whole paper or a whole section and have provided more answers than required, then all responses are marked and the highest mark allowable within the rubric is given. Enter a mark for each question answered into RM Assessor,

which will select the highest mark from those awarded. *(The underlying assumption is that the candidate has penalised themselves by attempting more questions than necessary in the time allowed.)*

Multiple-Choice Question Responses

When a multiple-choice question has only a single, correct response and a candidate provides two responses (even if one of these responses is correct), then no mark should be awarded (as it is not possible to determine which was the first response selected by the candidate).

When a question requires candidates to select more than one option/multiple options, then local marking arrangements need to ensure consistency of approach.

Contradictory Responses

When a candidate provides contradictory responses, then no mark should be awarded, even if one of the answers is correct.

Short Answer Questions (requiring only a list by way of a response, usually worth only one mark per response)

Where candidates are required to provide a set number of short answer responses then only the set number of responses should be marked. The response space should be marked from left to right on each line and then line by line until the required number of responses have been considered. The remaining responses should not then be marked. Examiners will have to apply judgement as to whether a 'second response' on a line is a development of the 'first response', rather than a separate, discrete response. *(The underlying assumption is that the candidate is attempting to hedge their bets and therefore getting undue benefit rather than engaging with the question and giving the most relevant/correct responses.)*

Short Answer Questions (requiring a more developed response, worth two or more marks)

If the candidates are required to provide a description of, say, three items or factors and four items or factors are provided, then mark on a similar basis – that is downwards (as it is unlikely in this situation that a candidate will provide more than one response in each section of the response space).

Longer Answer Questions (requiring a developed response)

Where candidates have provided two (or more) responses to a medium or high tariff question which only required a single (developed) response and not crossed out the first response, then only the first response should be marked. Examiners will need to apply professional judgement as to whether the second (or a subsequent) response is a 'new start' or simply a poorly expressed continuation of the first response.

6. Always check the pages (and additional objects if present) at the end of the response in case any answers have been continued there. If the candidate has continued an answer there, then add the annotation 'SEEN' to confirm that the work has been seen and mark any responses

using the annotations in section 11.

7. There is a NR (**No Response**) option. Award NR (No Response):
- if there is nothing written at all in the answer space
 - OR if there is a comment which does not in any way relate to the question (e.g., 'can't do', 'don't know')
 - OR if there is a mark (e.g., a dash, a question mark) which is not an attempt at the question.

Note: Award 0 marks – for an attempt that earns no credit (including copying out the question).

8. The RM Assessor **comments box** is used by your Team Leader to explain the marking of the practice responses. Please refer to these comments when checking your practice responses. **Do not use the comments box for any other reason.**
9. *Assistant Examiners will send a brief report on the performance of candidates to their Team Leader (Supervisor) via email by the end of the marking period. The report should contain notes on particular strengths displayed as well as common errors or weaknesses. Constructive criticism of the question paper/mark scheme is also appreciated.*
10. For answers marked by levels of response: Not applicable in F501
To determine the level – start at the highest level and work down until you reach the level that matches the answer
To determine the mark within the level, consider the following

Descriptor	Award mark
On the borderline of this level and the one below	At bottom of level
Just enough achievement on balance for this level	Above bottom and either below middle or at middle of level (depending on number of marks available)
Meets the criteria but with some slight inconsistency	Above middle and either below top of level or at middle of level (depending on number of marks available)
Consistently meets the criteria for this level	At top of level

Annotations available for marking of scripts

Annotation	Meaning
	Tick – correct answer
	Cross – incorrect answer
+	pros
-	cons
	Level 1
	Level 2
	Level 3
	Benefit of doubt (This does count as a mark – so do not ‘tick’ as well)
	Omission mark
	Too vague
	Repeat
	To acknowledge additional pages/ notes were read
	Not Relevant - ‘noted but no credit given’
	Blank Page

DO NOT USE ANY OTHER ANNOTATION

Question		Answer	Marks	Guidance
1	(a)	<i>Purposes of research linked to scenario</i> Any three from: • to improve outcomes for patients suffering from pain • to establish an evidence-base for pain management • to identify improved practice / pain relief drugs • to increase knowledge and understanding of pain relief / pain management • to measure impact / benefit / effectiveness of new pain relief drug • to be aware of any side effects • to evaluate the cost effectiveness of the new drug • to establish the required dosage	3	Three marks For an incorrect answer use the cross. ACCEPT other appropriate responses Do not accept • to identify gaps in provision • to identify the needs of the patients • to inform policy • 'best practice'

Question	Answer	Marks	Guidance
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1	(b)*	(i) Please refer to the marking instructions on page 5 of this mark scheme for guidance on how to mark this question. Level 3 (5-6 marks) Detailed description of <u>how</u> a randomised controlled trial could be used. Explicitly linked to the scenario. <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i> Level 2 (3-4 marks) Sound description of <u>how</u> a randomised controlled trial could be used with some attempt to link it to the-scenario. <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i> Level 1 (1–2 marks) Limited description of randomised controlled trial. <i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i> 0 marks <i>No response or no response worthy of credit.</i>	6	Scenario is a study involving hospital patients to test effectiveness of pain relief drug Indicative points (not exhaustive) on <u>how</u> a RCT could be used for this study: • participants are the hospital patients needing pain relief • patients with pain are allocated at random / by chance alone • details e.g. blind trial / double-blind trial • detail of how patients are chosen e.g. similar symptoms / need for pain relief • one group receive new treatment / intervention (in this case new pain relief drug) • use of placebo (different or usual drug or no drug). • use of comparison (with existing pain relief drugs.) • researcher must gather experimental data / results • researcher must analyse data • usually gather quantitative data • standardised instructions for all to follow • must have two or more groups • assess lifestyle / characteristics of participants • take place in a controlled environment Do not accept • methods adopted to monitor the participants
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Question			Answer		Marks	Guidance
1	(b)	(ii)	Statement	True (T) or False (F)	3	Answers must be in this order in the table 1 mark per row For an incorrect answer use the cross .
			A questionnaire about existing pain relief drugs could be given to patients as part of the primary research.	True or T		
			Informal observation of hospital practice could be used to gather quantitative data.	False or F		
			Journals and reviews about drugs for pain relief could be used as a primary research method.	False or F		

Question	Answer	Marks	Guidance
1 (c) *	Please refer to the marking instructions on page 5 of this mark scheme for guidance on how to mark this question. Level 3 (7-8 marks) Detailed discussion that includes ethical practices explicit to the scenario. <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i> Level 2 (4-6 marks) Sound discussion that includes ethical practices with some attempt to link to this scenario; this may be implicit. <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i> Level 1 (1-3 marks) Limited or basic discussion of ethical practices <i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i> 0 marks <i>No response or no response worthy of credit.</i>	8	Scenario is a study involving hospital patients to test effectiveness of pain relief drug Examples of possible ethical practices (not exhaustive): Investigating team should put in place practices to ensure: • obtain consent from patients • provide benefits • patients made aware that they may be getting placebo / not experimental drug • no harm / safety of patients maintained / monitoring of side effects • anonymity or confidentiality protected / pseudonyms used / no identifying information • personal information is secure • responsible use of findings / only use data for the intended purpose • avoid deception • allow patients the right to withdraw • maintain integrity / transparency • keep patients / hospital staff informed e.g. information sheets about the drug / answering any questions • consult ethical review boards • consult legislation – Human Rights Act / Data Protection • offer opportunities to see finished research • access to support groups • Debrief participants at the end of the trial

Question	Answer	Marks	Guidance
2 (a) *	A: Deaf and typically hearing preschool children B: Intergenerational activities / older people C: Dialysis initiation Please refer to the marking instructions on page 4 of this mark scheme for guidance on how to mark this question. Level 3 (8-10 marks) Detailed analysis with pros and cons of how secondary sources enable good research questions to be written. Explicitly linked to chosen article and RQ provided. <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i> Level 2 (4-7 marks) Sound analysis with pros and cons of how secondary sources enable good research questions to be written. Implicit to chosen article. <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i> Sub max of 5 for either pros or cons done well. Level 1 (1-3 marks) Little or no analysis with descriptive statements of how secondary sources enable good research questions to be written. Little or no attempt to link to chosen article. <i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i> 0 marks No response or no response worthy of credit.	10	Indicative points (not exhaustive): As this is analysis it is easy for some of the mark points to be written by candidates as alternative argument so look for that e.g. relevant / irrelevant because: <u>relevant / irrelevant because:</u> pros - question is relevant to the topic / theme / pre-release - Information is up to date - the use of key words cons (reverse arguments of any of above) - quantity of information not necessarily relevant - information may not be up to date <u>manageable / not manageable in scope</u> pros - restrictions/limits made on use of resources - complexity of language / language used matched capabilities - clear targeting of specific topics / pre release - using a detailed abstract cons (reverse arguments of any of above) - not enough sources on the topic - so many sources that it is not possible to read all / choose <u>original / interesting</u> pros - research contemporary

		Do not accept reference to evaluating sources i.e. peer review, trustworthiness, reliable and bias Annotation Pros = + Cons = - A: Deaf and typically hearing preschool children Effects of home based science intervention Early interventions with deaf children typically neglect the development of science Care givers of deaf children reported greater gains in their child's conceptual understanding Deaf children involved were established users of hearing aids Scientific enquiry should be the focus of science teaching B: Intergenerational activities / older people Opportunities for social connection between the generations have diminished over the decades COVID 19 pandemic has exacerbated loneliness for many with young and old being kept apart for safety Intergenerational activities could support both populations Grand friends is an intergenerational intervention when young people visit older people living with dementia C: Dialysis initiation Study aimed to compare health related quality of life (HRQOL) over time in patients initiating haemodialysis (HD) or peritoneal dialysis (PD) PD showed better health related quality of life during the initial period Both patients on HD and PD experienced a worsening of HRQOL over time in different domains	- comparative points to pre release - unusual, rare design and methods used - personal interest - relevant to career / other subjects being studied - personal challenge cons (reverse arguments of any of above) - difficult to read so interest lost <u>answerable / not answerable</u> pros - SMART criteria - use pilot questions - examples of questions provided - clear aims and objectives cons (reverse arguments of any of above) - impossible to answer <u>clarity</u> pros - appropriate / accessible language - gain a stronger understanding - targeted / focussed on topic - concise - specific - clear data provided - clear RM used cons (reverse arguments of any of above) - difficult for audience to understand
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Question			Answer	Marks	Guidance
2	(b)	(i)	<i>Advantages for locating library searches</i> ANY TWO FROM: e.g. • free access / easily accessible / cost effective • large number of journals / books available • access to the internet • full texts available • professional librarian to help with search • able to find up to date research • library catalogues – to narrow research • use of abstract searches • using an academic library – find more credible sources	2	Two marks For an incorrect answer use the cross. ACCEPT other appropriate responses Do not accept reference to evaluating sources i.e. peer review, trustworthiness, reliable and bias <u>OR</u> selecting sources

Question			Answer	Marks	Guidance
2	(b)	(ii)	Disadvantage for locating library searches ANY ONE FROM: e.g. • no relevant books / journals difficult to find sources linked to pre release • time consuming / slow • need to use correct search terms / key terms – time consuming • only able to locate books / journals that are out of date • payment for information • difficult to find sources / navigate around the library • library catalogues – difficult to navigate • may have to book time slot for use of the internet / limited time therefore to access the internet • limited access to specific areas • limited accessibility of libraries – closures / not 24/7 • Issues in locating books/journals within library e.g. missing, need to understand complex ordering systems	1	One mark For an incorrect answer use the cross. ACCEPT other appropriate responses Do not accept reference to evaluating sources i.e. peer review, trustworthiness, reliable and bias OR selecting sources

Question	Answer	Marks	Guidance
2 (c) *	A: Deaf and typically hearing preschool children B: Intergenerational activities / older people C: Dialysis initiation Please refer to the marking instructions on page 5 of this mark scheme for guidance on how to mark this question. Level 3 (5-6 marks) Detailed discussion of how secondary sources were selected covering both appropriateness and trustworthiness <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i> Level 2 (3-4 marks) Sound discussion of how secondary sources were selected that mentions appropriateness and trustworthiness <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i> Level 1 (1–2 marks) List like statements of how secondary sources were selected that mentions appropriateness OR trustworthiness. Answers not applied to appropriateness or trustworthiness. <i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i> 0 marks <i>No response or no response worthy of credit.</i>	6	Indicative points (not exhaustive): <u>Appropriateness of secondary source material</u> • date articles were written – in date or out of date • authors – credentials / unknown: trustworthy / not trustworthy / validity / peer reviewed • citations used or not used • quality / lack of quality of information • quantity of information • similar / different dates / reliable • same topics / linked to pre-release: A: Effects of home based science intervention B: social connection between the generations have diminished over the decades C: Better quality of life • similar / different countries /regions • CARS – credibility, accuracy, reasonableness, support • applies to research question / hypothesis • sample size / generalisability • bias / non bias • accessibility of language / format Answers can be written as selection or non-selection of secondary sources Reversal of points, e.g. bias / not bias should be annotated with repeat

					Trustworthiness • chose sources that were unbiased / funding bias • experts in the field / credible author / reputable organisation • reputable publisher, e.g. sagepub / academic publishers • government sources / statistics • checked websites/ evidence for claims made. • use of academic sources of information / the use of academic search engines, e.g. google scholar / Jstor • use of sources / journals that had been peer-reviewed • CARS method – credibility, accuracy, responsibility and support • Lincoln and Guba general criteria: credibility, transferability, dependability, confirmability • approved by the ethical review board • ethical principles are explicit within the source Answers can be written as selection or non-selection of secondary sources
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Question		Answer	Marks	Guidance
2	(d) *	A: Deaf and typically hearing preschool children B: Intergenerational activities / older people C: Dialysis initiation Please refer to the marking instructions on page 4 of this mark scheme for guidance on how to mark this question. Level 3 (8-10 marks) Detailed presentation of findings that draws conclusions AND makes judgements on findings explicitly linked to chosen article To include the research question or hypothesis / findings / judgements and conclusions <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i> Level 2 (4-7 marks) Sound presentation of findings with some attempt to link to judgements, conclusions and research question / hypothesis. <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i> Level 1 (1–3 marks) Limited presentation of findings. Some attempt made at judgements / conclusions. Little or no attempt at linking to research question / hypothesis. <i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i> 0 marks <i>No response or no response worthy of credit.</i>	10	Indicative points (not exhaustive): Reference to research question or hypothesis – must state Findings • are provided • applied to research question or hypothesis Judgements on findings or evidence • sample size / generalisability • research methods used - how effective • suggest alternative research methods • compares and/or contrasts findings • opinion on evidence provided • contradictory / comparable findings • ethical principles Conclusions • in relation to research question/hypothesis • discusses implications, e.g. cost / training • indicates future directions for research / recommendations

Question			Answer	Marks	Guidance
2	(e)	(i)	<i>implication for practitioners / professionals</i> Any ONE from: e.g. • work practices roles / tasks / allocation • prioritising / making choices • work hours / timetable • pay and conditions • taking part in trials / surveys • training - procedures / use of equipment • developing resources	1	One mark For an incorrect answer use the cross . ACCEPT other appropriate responses
2	(e)	(ii)	<i>implication for government policy</i> Any ONE from: e.g. • funding • informing / content • policy implementation • planning/policies/laws • reinforcing policies • resources • targeting/priorities • provision	1	One mark For an incorrect answer use the cross . ACCEPT other appropriate responses

Question	Answer	Marks	Guidance
2 (f) *	A: Deaf and typically hearing preschool children B: Intergenerational activities / older people C: Dialysis initiation Please refer to the marking instructions on page 5 of this mark scheme for guidance on how to mark this question. Level 3 (5-6 marks) Detailed evaluation that includes positives and negatives <i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i> Level 2 (3-4 marks) Sound evaluation that includes positives and negatives Sub max of 3 for only positives or negatives done well <i>There is a line of reasoning presented with some structure. The information presented is relevant and supported by some evidence.</i> Level 1 (1–2 marks) List like statements with little or no attempt at an evaluation <i>There is an attempt at a logical structure with a line of reasoning. The information is in the most part relevant.</i> 0 marks <i>No response or no response worthy of credit.</i> Reversal of points, e.g. clear objective measures / no clear objective measures should be annotated with repeat	6	Indicative points (not exhaustive): This is an evaluation so supporting / non-supporting statements Supported because – annotate + • reliable sources –e.g. author / publisher • reliable sources – e.g. academic websites / academic publishers • give replicable findings • methods used to allow replication • clear objective measures • clear acknowledgement of sources / references • peer reviewed • non biased source/ researcher • specific reliable research methods evident in secondary sources – structured interviews, experiments, questionnaires • triangulation • large sample size / increases generalisability • choice of sampling method Not supported because – annotate - • difficult to trace original author / source • uses socially desirable answers • bias of researcher /publication • lack of objective measures • conformation bias • lack of citation / acknowledgement • research methods evident in secondary sources which could result in bias – observations, unstructured interviews • small sample size / lack of generalisability • choice of sampling method

Question			Answer	Marks	Guidance
2	(g)	(i)	<i>Area where further research may be required-linked to chosen article</i> Any ONE from: e.g. • research methods not appropriate • may not be plausible • want to build on current knowledge / findings • data was limited • want to extend data / information • specific example linked to their secondary research • long term impacts A: Deaf and typically hearing preschool children • Only focused on children who spoke English as their first language – to extend to other first languages • To look more at the daily routines in the home re interactions about science • Investigate more re the type of science talk caregivers engaged in with their children • Not able to generalise – increase sample size B: Intergenerational activities / older people • Quality of the trials was poor – to re conduct • Create more overlap between the studies • Small sample size – to increase this • Focus on well-being – was this just down to the activities or other influences – to look into • To look at different activities – some of the activities set were not appropriate C: Dialysis initiation • No focus was given to the academic aspect applied to HRQOL • Greater monitoring of HRQOL for those who have to have dialysis for life support	1	One mark For an incorrect answer use the cross. ACCEPT other appropriate responses

Question			Answer	Marks	Guidance
2	(g)	(ii)	Research methods Primary methods • experimental method (RCT) • survey/questionnaire • observation, i.e. formal and informal • interviews, i.e. structured, semi -structured, unstructured • focus groups • case study • action research Secondary methods • literature review • journals • books	2	Two marks One mark for the identification of a research method One mark for further description on how this would be used to obtain further evidence For an incorrect answer use the cross. ACCEPT other appropriate responses There will be other alternative methods depending on chosen article.

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