

Health and Social Care

Advanced GCE AS H503/H703

Advanced Subsidiary GCE AS H103/H303

Reports on the Units

January 2010

H103/H303/R/10J

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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 specification 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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Chief Examiner Report

Please note: from September 2009 an updated version of the GCE Health & Social Care specification has to be used for delivery to both AS and A2 candidates.

The performance with the AS and GCE Health & Social Care externally assessed units was very encouraging in this session. There were improvements in candidates overall achievements at AS level with some excellent results in unit F910. Unit F924 performed particularly well at A2. 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.

The quality of the work completed for the portfolio units continued to be detailed and informative, demonstrating thorough knowledge and understanding. F911 and F919 both performed particularly well. Some candidates have previously struggled with some of the requirements of F919 in particular. The most popular optional units were F915 and F922. Candidates' demonstrated thorough research and applied their understanding of the early years' sector and child development thoroughly. F914 and F918 seem to be less popular units, although the candidates who complete these units have also demonstrated an excellent level of understanding. The overall quality of portfolios and the achievement of the assessment criteria were good.

Many centres are obviously providing candidates with clear guidance to ensure all assessment criteria were met across all units. Representatives who have attended training sessions have applied the guidance provided by trainers and have effectively utilised the support materials made available to them.

Higher achieving candidates have demonstrated their ability to apply their knowledge and understanding to the assessment criteria for each unit. Their evidence is succinct and fulfills the requirements of the amplification criteria provided in the specification. A few centres do not appear to have referred to the amplification sections which have resulted in poor guidance to candidates and incomplete portfolios being presented for moderation; consequently, the assessment criteria have not been met and scaling may have been applied to ensure consistency of marking across all centres. It was pleasing to see a reduction in the number of centres requiring scaling during this session. Centres are advised to refer to the amplification sections of the specifications for each unit and also to use the Assessment Evidence Recording sheets provided by OCR when assessing portfolio work. Detailed guidance from the Principal Moderators relating to each portfolio unit can be found later in this report.

Accurate administration is very important to ensure moderators are able to confirm the assessment decisions made by assessors. Annotation of coursework should be used to indicate where assessment decisions have been made. Moderators should not have to remark the work; therefore, the support of centres is appreciated to ensure the process can be completed as efficiently as possible. Only the final versions of portfolios should be submitted, as the moderation process takes much longer where evidence is duplicated unnecessarily. Previous drafts/preparatory work are not required.

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. Where candidates have carried out primary research it is only necessary to include one copy of a questionnaire in an appendix of the portfolio. Please do not send 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 are perfectly acceptable as long as the child themselves cannot be identified.

Internal standardisation should be completed before marks are submitted to OCR. Where more than one assessor is responsible for the same unit this is imperative to ensure consistency of marking across the whole cohort of candidates. Where there is evidence of rank order violations moderators will return work to the centre for reassessment. Fewer centres required this process to be followed this session.

Past papers are an effective aid to support 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) 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, please do not wait for the Moderator to make contact.

The senior examining/moderating team are looking forward to the next session where we will witness evidence from the revised specifications. The revisions have been made to improve the delivery and assessment of the units – we hope that you will be pleased to note that improvements have been made to aspects of the specification which candidates/deliverers, found problematic. Where the balance of mark distributions was not representative of the expectations of the candidates there has also been some transposing between assessment objectives. The document 'What's changed Sept 09' has been distributed on the Health and Social Care e-community to support the delivery of the new specifications.

F910 Promoting Quality Care

General Comments

Many candidates tackled this paper with confidence and sound subject knowledge. They had the ability to apply their knowledge but most importantly were flexible enough to adapt their knowledge to answer the actual questions asked. Although it is recommended that candidates work through past papers they must also be prepared for questions to vary and be asked in slightly different formats.

Many candidates lost marks by not reading the question properly and ignoring the command words, for example 'analyse' or 'evaluate'. It is so important that they know what these words mean so that they can access all the marks available to them.

It is not enough to just show knowledge but the skills of analysis, evaluation and interpretation are vital at this level.

Some candidates demonstrated little knowledge, instead making common sense assertions and personal opinion.

Candidates seemed able to answer all the questions within the time and space available and very few needed continuation sheets. If these were used they were generally repetitive and did not gain extra marks, thus wasting time that could have been spent on other questions. Centres are advised that, in future papers, space will be provided at the back of question papers for candidates to use if the space provided for each question is not sufficient. If candidates do use these additional pages, they are advised to indicate they have done so next to the question itself.

There were some concerns regarding question 5(b) on the Mental Health Act. In future specific legislation will not be named however the mark scheme shows that very generic answers about legislation were awarded marks and most candidates attempted this question and gained marks. Many candidates had been prepared to discuss legislation that protects vulnerable adults and the disabled and so were able to use what they had learnt. There were some excellent answers given and many gained level 2 or above.

Comments on Individual Questions

- 1 (a) Generally well answered but some lost marks by not giving an example that related to disability.
- 1 (b) Well answered.
- 1 (c) (i) Although many candidates knew this there were still a significant number who could not identify any relevant legislation or who gave vague answers such as the 'Disability Act' or 'Equal Opportunities Act'. Some candidates also mistook laws for policies and therefore lost marks.
- 1 (c) (ii) Generally poorly answered. Many candidates did not read the command words identify and explain and just described. They did not understand the term 'implementation' and so talked about people who use services being afraid to seek redress rather than the problems of implementation such as cost or changing attitudes.

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- 1 (d)** Well answered by the majority of candidates. Some did not give enough detail with their examples and just wrote vague statements such as 'treat them all the same'.
- 2 (a)** Candidates tended to link to other types of discrimination, for example racism, sexism. Some gave excellent answers of direct, indirect and institutional discrimination older people could face.
- 2 (b)** The majority of candidates could identify the barriers and there was improvement in the description relating to older people. Candidates needed to be specific about why they may not be able to afford services, for example, they rely on a low pension. There was also an assumption that all old people are disabled and therefore experience physical barriers.
- 2 (c)** Well answered although some focussed too much on adaptations, listing endless possibilities for improving access. Candidates should be encouraged to discuss two or three ways in more detail, for example campaigns and outreach services. They needed to explain how this would help to facilitate access not to just list ways.
- 3 (a)** A surprising number of candidates still did not know the components of an equal opportunities policy and lost five straightforward marks.
- 3 (b)** Well answered. Candidates have a better understanding of the term 'monitoring' over 'implementing'.
- 3 (c)** Candidates showed improvement with this question and explained two or three ways in more depth thus gaining levels 2 and 3 marks. There was still a tendency for some to list lots of ways but give no explanation or to give unrealistic suggestions such as 'interview everybody'.
- 4 (a)** Some candidates had excellent knowledge of primary socialisation and gave detailed answers with sound use of technical terminology. Other candidates restricted their marks by lack of technical terminology or repetition, for example, focussing on lots of examples of toys. In order to gain marks in levels 2 and 3 they did need to relate their points to attitudes towards gender stereotyping and not general norms and attitudes. A minority wrote about secondary socialisation or primary school and gained no marks.
- 4 (b)** Candidates had lots of good ideas but did not always express themselves particularly well. Generally too much repetition. They need to clearly analyse two ways well to gain top marks. They should be encouraged to make a point and then to develop it. There was little evidence of analysis but more basic descriptions or underdeveloped points.
- 5 (a)** This was similar to question 2(b). Candidates could identify the barriers but found it harder to apply them to people with mental health needs. They tended to divert to disability and racism.
- 5 (b)** Candidates needed to read the question which asked them to focus on the benefits of the Mental Health Act. Some candidates had good knowledge but just listed aspects of the act rather than analysing why they were a benefit. The mark scheme rewarded general benefits such as raising awareness, protecting people and giving people rights but this did restrict them to the lower end of level 2 (5 out of 9).

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- 6 (a)** Variations of this question have been asked before but because it was worded slightly differently some candidates did not answer it well. Many candidates gave good answers that focussed on both people who use services as well as practitioners.
- 6 (b)** Although candidates had excellent knowledge of ways organisations could support staff they ignored the command word in the question which was 'evaluate'. This resulted in many gaining a sub max of 7 marks. It is so important that they decode the question and respond to the command words. It was clearly not lack of knowledge or understanding but rather poor exam technique.

F911 F912 F914 F915 F916 F917 Portfolios

General Comments

The majority of centres presented portfolio work in a well organised manner which ensured the moderation process ran smoothly. Annotation of coursework continues to vary considerably from centre to centre. With the large number of resit entries this session, it was very helpful when centres had identified this by ticking the appropriate box on the back of the Unit Recording Sheets.

Accurate annotation is very helpful to the moderators as it enables them to quickly and easily find where decisions have been made and immediately locate the relevant evidence.

All centres used the updated Unit Recording Sheets and where these did not tally with the portfolio (due to the portfolio being a resit of the old specification), assessment evidence recording sheets had been annotated. It was encouraging to see that the vast majority of centres were aware the specification has been updated and that the updated version must be being delivered in centres now.

Those centres that did submit portfolios which followed the updated specification appeared to have followed guidance given at recent training sessions. It is highly recommended that a representative should be sent to training sessions to up-date their knowledge and understanding of the of the assessment criteria.

F911 Communication in Care Settings

This unit has changed little from the old specification and this was reflected in the accurate assessment decisions. AO1 focuses on the different types of communication and how and why these are used in different settings. As in the old specification, AO1 is meant to be generic and examples should be given from a wide range of settings, across health, social care and early years. AO2 is exactly as it was in the old specification; however, it is worth pointing out that when applying the values of care candidates are required to discuss the appropriate use of communication skills. In AO3 candidates must research two theories of communication and then show understanding of how these provides guidance about how to effectively communicate and how they can affect people who use services or practitioners. There is a definite change of emphasis here that needs noting by centres. AO4 is very similar to the old specification except candidates are no longer required to provide a copy of the transcript.

F912 Promoting Good Health

The majority of centres who submitted this session followed the old specification and many were resits. This unit, however, has seen considerable change and feedback from both training events and portfolio evidence has been positive. In AO1 candidates now need to describe what is meant by health and well-being. To do this they are no longer required to consider the person who uses services and practitioner's perspective or in fact to conduct any primary research. There are now four task-based sections to AO1 and it is strongly recommended that centres use the assessment evidence recording sheets when assessing portfolios. AO2 is similar to the old specification, however, candidates are required to show understanding of the implications of a current health promotion initiative. This 'task' was originally part of AO1 in the old specification and it is still the case that candidates must place the emphasis on the implications, whether these are real or potential, rather than spend pages describing the initiative itself.

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AO3 is now dedicated to researching and carrying out the small scale health promotion initiative. Candidates are expected to use both primary and secondary research in order to plan their campaign. Guidance as to what the plan must cover is given in the specification. Candidates seem to thoroughly enjoy this activity and this is often reflected in the evidence presented for moderation.

AO4 asks candidates to evaluate not only the impact of their health promotion campaign, which must include information relating to the measure of the outcomes against the pre set criteria, but also their own performance during the planning and implementation of the campaign.

F914/F915/F916/F917

Entry for the optional units was very small. Centres are advised to look at the amplification section of the specification and the assessment evidence recording sheets for a break down of what is required.

Very few centres opted to enter via the OCR Repository and for future series attention should be paid to the entry code. When centres do submit entries via the repository it is expected that each candidate's work will be uploaded as few files as possible and not more than 10. Centres must still send a paper copy of the centre authentication form to the moderator.

F913 Health & Safety in Care settings

General Comments

The standard of answers observed was largely similar to previous years. Many candidates appeared to have taken heed of recommendations in previous reports.

Certain questions which were phrased in slightly different ways seemed to cause difficulties for a number of candidates.

It is disappointing that certain basic information, such as identifying signs and symbols, is still poorly known by many candidates. Similarly, few candidates realise that having a first aider or a medical room are not requirements unless the setting gives rise to special hazards.

The majority of candidates answered the Risk Assessment question in a more logical way, generally improving their marks on this question. Few marks were given in the lowest mark band.

Legibility was rarely a problem, and there was little or no evidence of candidates running out of time.

Comments on Individual Questions

- 1 (a)** The majority of candidates were unable to identify all 4 signs correctly, with Biohazard being the most poorly known. Answers concerning High Voltage were often imprecise and did not score. Descriptions of how hazards could be reduced were often little more than an amplification of what the hazard was.
- 1 (b) (i)** Mostly correct.
- 1 (b) (ii)** Fairly well known. Detail was often lacking eg that bleach must be in a labelled/original container *and* locked away.
- 2 (a)** Generally poorly answered with many talking about first aiders etc (see first section of report).
- 2 (b)** The majority of candidates could give three pieces of information but many could not state why they were important.
- 2 (c) (i)** Mostly correct.
- 2 (c) (ii)** Many candidates simply listed the incidents that should be reported rather than including the underlying principles. A number of candidates made bald statement that *all* accidents must be reported etc.
- 3 (a)** The Risk Assessment question was completed quite well by almost all candidates. Those who approached the process logically and considered all three stages for one hazard at a time generally scored better than those who jumped around between stages.
- 3 (b)** Generally, only the more able candidates were able to answer this question about the underlying principles of the stage. Weaker candidates tended to refer to the exemplar assessment in 3(a).

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- 4 (a)** Fairly well known, but there was some confusion about which extinguisher should be used in which situation from a number of candidates. A few seemed to think that every type of extinguisher could be used for every type of fire. Weaker candidates simply talked about small and large fires rather than the material burning.
- 4 (b)** Often well answered except by those who misunderstood and wrote about time for evacuation.
- 4 (c)** Almost universally candidates could identify procedures to be followed during a fire evacuation. This question discriminated well as it showed very clearly those candidates who could give logical explanations.
- 5 (a)** This question was generally answered poorly by all but the more able candidates. Many candidates gave a good answer to 5(c) in this section. More able candidates realised that this question required a much more overarching view of the legislation.
- 5 (b)** Well known.
- 5 (c)** Generally answered well. There were a few individuals who had answered this question in 5(a), but who failed to answer it in the correct place.
- 6 (a)** Most candidates could identify ways to prevent the spread of infection, but few managed to analyse them as required by the command verb in the question.
- 6 (b)** Most candidates identified things that might be in a security policy, but few analysed their benefit. Few were able to link any analysis they did to the specific needs of the people who use services concerned. We still observed a (falling) number of candidates who think that all older people need to be kept locked up. It is crucial that an understanding is shown that older individuals with some form of mental impairment are the only ones who should be restricted against their will within a residential home. Similarly, in order to gain higher marks for the nursery setting, candidates must demonstrate some appreciation of the inquisitive and inherently trusting nature of young children which increases their vulnerability.

F918 Caring for Older People

General Comments

Candidates applied their knowledge and understanding to the majority of questions as set on the paper. There was evidence of some excellent answers; however, it was disappointing to see the poor responses made by a minority of candidates.

The use of the technical terminology of the unit was good; however, some candidates had difficulty spelling technical vocabulary correctly. It would be useful if centres focused some of their revision time for future sessions on the literacy of the unit content and correct spelling of technical terminology. The use 'key terms' check lists or glossaries when revising would be beneficial.

Most candidates managed their time well during the exam, attempting all questions on the paper, although there was evidence of some candidates being inappropriately entered as they left many questions blank, no attempt being made to answer questions demonstrating poor understanding and preparation.

Candidates can avoid losing valuable marks by ensuring they read the question thoroughly before answering and follow the requirements of the command verbs used. In some questions the candidates showed their understanding, but did not give accurate responses for the requirements of the in order to gain marks, for example giving 'emotional' or 'social' responses when the question clearly asks for 'physical', or giving an identification only when the questions asks for an explanation. Repetition of the question or the question stem without actually giving an answer of their own is another area where candidates lose unnecessary marks. It is recommended that candidates underline the command verbs to reinforce them to the candidate during the exam. Centres need to ensure that candidates understand the requirements of each command verb and can write answers that meet the level of detail necessary to achieve explain, analyse, evaluate, discuss, assess, describe and identify. Using the same question but changing the command verb would give candidates practice at giving the correct responses.

Comments on Individual Questions

- 1 (a) (i)** Generally well answered. A few candidates gave incorrect responses which did not relate to the nervous system.
- 1 (a) (ii)** Most candidates answered this question well and were clearly able to apply their knowledge and understanding. Some candidates did not give physical effects and consequently lost marks.
- 1 (b)** Well answered by many candidates. There was significant evidence that candidates did not understand the difference between the 'types of community care services'. Some gave 'practitioners' which was not accurate, although allowances were made for GP, Social worker and Home Care Assistant. It is important for candidates to understand the difference between a service and practitioners who work for the service.
- 2 (a) (i)** Generally answered well. A few candidates gave answers relating to a different body system, for example 'heart attack', which was not acceptable.
- 2 (a) (ii)** Candidates demonstrated a good level of understanding of the reasons why an older person may have increased likelihood of potential dangers, however they did not go

on to explain these which limited the marks awarded. Some repeated the same response in slightly different ways, for example, mobility problems, difficulty climbing stairs and problems moving around - only one mark was awarded for this type of response.

- 2 (b) (i)** The majority of candidates gave an accurate response. Some did not know the difference between a voluntary and statutory service, others gave vague responses which were not accepted.
- 2 (b) (ii)** The impact of the voluntary service was often explained generically and was not linked to the health and well-being of the older person. Many candidates focused on positive impact only and gave no reference to negative impact which restricted the marks awarded to half of those available.
- 3 (a) (i)** Answered well - sound understanding shown.
- 3 (a) (ii)** Candidates answered well, clearly describing three effects of the disorder. A few candidates gave identifications only which restricted the marks awarded. For a description a simple short statement is not acceptable.
- 3 (b)** A disappointing response to this question. A few did not seem to know what an occupational therapist does or how they could help an older person with a respiratory disorder to remain independent. Occupational therapists do not fit rails or make adaptations to a person's house - they make recommendations for these alterations to be carried out. Candidates should learn five key features of each job role to prepare them for future papers.
- 3 (c)** Candidates who understood sheltered accommodation answered well. Many gave vague answers which related to residential care and did not answer the question as asked.
- 4 (a)** The majority of candidates accurately named a disorder of the digestive system.
- 4 (b)** Several candidates identified reasons why Patricia needed to have an operation, however few actually explained the reasons given. Candidates must understand that there are two parts to answering an 'explain' question - it is good practice to ensure candidates include the words 'so that', 'because' or 'in order to' to ensure they meet the requirements of the command verb.
- 4 (c)** Many candidates accurately analysed the roles of a range of relevant professional care workers who could meet Patricia's care needs when she returns home after her operation. Some gave generic responses and did not name any practitioners which limited their achievement, others gave too many practitioners and did not demonstrate any depth of analysis in their answers. Candidates should have stated the practitioner, what they do and why these actions meet explicit care needs when Patricia returns home from her operation.
- 5 (a)** Responses generally showed a clear understanding of reasons why Paul could feel socially isolated because of his disorder. A few candidates described effects but did not explain why these would make Paul feel socially isolated. Marks were lost because the command verb was not met.
- 5 (b)** This question was not answered well. Candidates tended to describe lifestyle changes with very few linking these to changes in role. There was limited evidence of evaluation, candidates tended to focus on the negative and did not give many positive responses. In these later questions it is important for candidates to pick

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apart all sections of the question and make sure their responses accurately reflect what is asked for.

- 6 (a)** Candidates generally did not understand how the Care Standards Act 2000 should ensure that Henry receives quality care. Many did not pick up on the fact that he is in a residential home and kept referring to living independently in his own home. It seemed there was some confusion with the NHS and Community Care Act. It is important that candidates can differentiate between the legislations included in the specification and are able to analyse them while making links to meeting the needs of older people with disorders from each of the body systems. Some outlined basic features of the legislation and did not make links to making sure Henry received quality care.
- 6 (b)** Overall candidates were able to answer this question well. Most were able to identify the three main care values and explain how they should be applied. More able candidates made links to the day-to-day duties of the care assistant providing care for Henry. Many candidates missed these links out and limited their responses to level 1 marks, clearly demonstrating the need to read the question fully.

F919 F922 F923 F925

General Comments

Portfolio work submitted this session clearly demonstrated a range of standards in work. There was more work which was resubmission from the legacy specification than work which had followed the revised specifications. It was encouraging to see that work submitted for the revised specifications was greatly improved with candidates applying their knowledge and understanding to the assessment criteria. Centres are advised that they must follow the amplification sections of the specifications to ensure that the evidence presented meets the depth of understanding required and also the numbers of examples etc. For example, to meet 'a wide range' four covered in the required detail will meet mark band 3, where there are only three this meets the requirement of 'a range' which is mark band 2. Centres need to explain to candidates what is required to meet the requirements of basic, sound and comprehensive. For example, bullet points are not in sufficient depth to meet 'comprehensive'.

Unfortunately 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 less candidates entered, all portfolios not being sent with the MS1s. This creates additional work and ultimately leads to delays in the moderation process.
- Portfolios being marked out of 100 and not 50 as they should be.
- MS1s not completed accurately or altered on the top copy but not on the moderator copy.
- URS sheets sent blank or not at all.
- Page referencing not completed on the URS.
- Candidate numbers and centre numbers missed out on the URS.
- Portfolios sent loosely with nothing holding the pages together at all causing them to get muddled in transit. Also, portfolios sent in several plastic wallets per candidate
- Portfolios muddled and presented in random order.
- Portfolios not annotated so moderators cannot find where assessment criteria have been credited.
- 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 mark. Only one completed copy of a questionnaire should be included in the appendix of any portfolio and only the final version of a portfolio should be sent for moderation – drafts are not required.

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

Unit F919 Care Practice and Provision

Evidence for AO1 should be generic and applied to the planning of services in the local area, not just focused on explicit settings. Candidates need to select two demographic factors which have influenced the planning and provision of services and explain how the chosen demographic characteristics/trends are used to assess local needs. Candidates also need to describe how the chosen demographic characteristics/trends are actually used to inform the planning and provision of services. Candidates must describe the process of the planning of services in the local area. When explaining the influence of national and local standards, targets and objectives

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on the planning and provision of services, candidates should consider the influence in terms of both strengths and weaknesses. Interviewing practitioners or people who use services could strengthen the evidence produced.

For AO2, candidates must introduce one national policy or piece of legislation relevant to either service. They then need to explain the impact of the chosen policy or piece of legislation on care practice and provision from two different perspectives, eg from the viewpoint of the person who uses services, the practitioner and/or the service. Candidates should reach an overall conclusion/judgement about the effectiveness of the national policy or piece of legislation to demonstrate clearly their knowledge and understanding.

In AO3 candidates need to demonstrate that they have used both primary and secondary sources of information by clearly referencing the sources of information within the main body of the text and include a detailed bibliography at the end of each section/the portfolio. Candidates must use the information gathered effectively to analyse a range of quality assurance mechanisms used by two services. They must include explicit examples of the actual use of the chosen quality assurance mechanisms by the two services and explain how the information collected from quality assurance procedures is used by each service and how it helps to inform future practice.

For AO4 candidates should introduce to their chosen case study and explicitly identify the needs of their chosen person who uses services and relating these to PIES.

Candidates need to choose two services, relevant to meeting the needs of their chosen person who uses services, which the practitioners work for as just naming the practitioners/care workers lacks depth of understanding. They must then evaluate fully the approaches used by the practitioners working in the two chosen services, including at least one approach for the practitioner in each service to comprehensively analyse how practitioners meet the needs of the person who uses services.

Candidates must evaluate of how the practitioners work in partnership and include appropriate examples of the procedures/methods used by the practitioners when working in partnership. Candidates need to evaluate the impact of working in partnership for people who use services by referring explicitly to the strengths and weaknesses whilst linking their information directly to meeting the needs of those people.

Unit F922 Child Development

In AO1 candidates must actually describe the two chosen patterns for each area of development (physical growth and development, intellectual development, language development, social and emotional development) in children, from birth to eight years to demonstrate their own knowledge and understanding. This includes describing the progression of each pattern rather than simply identify milestones across the key stages. When charts are used for initial identification of developmental milestones, candidates must then include extended writing to describe the patterns of development. An additional requirement in AO1 is for candidates to explain two methods used to monitor the development of children, demonstrating an in-depth understanding of the importance of the chosen methods used to monitor the development of children.

AO2 requires candidates must choose factors that have actually affected the child's development and apply their knowledge and understanding by explaining the effects of the factors on the child in relation to PIES. Candidates must also produce a detailed comparison between the child's development and the norms for each area of development from birth to eight years. Best practice suggests that the child selected should be 8 years or over, so that the first eight years of life can be reflected upon. If a younger child is selected, then predictions would be

difficult to make about future development. Candidates must explain fully any variations from the norms in each area of development, including all areas where the child's development is advanced and/or delayed. Factors that have affected the child's development could be used to explain these variations.

For AO3 requires candidates must show that an appropriate and wide range of different sources of information have been used to research two roles of play by keeping a comprehensive record of the resources used and clearly referencing sources of information within the main body of the text, including a detailed bibliography at the end of the portfolio. Candidates must analyse in detail the two chosen roles of play and make reasoned judgments about how two roles of play can be reflected in the child's development by using a range of appropriate examples for each role, in relation to the child's development.

AO4 requires candidates to choose a learning aid/activity to do with the child studied that shows thought about the impact on the child's development covering all aspects of PIES which is sufficiently challenging. Candidates must explain in detail the impact of the learning aid/activity for the child studied in terms of development making explicit links to PIES. They also need to include a plan that describes the methods to be used, resources needed, safety considerations and gives timescales for completing each stage of the plan. Candidates must justify their actions taken when planning, preparing and carrying out the activity. Evidence that the learning aid or activity has been trialled on a child of the age intended should be included. The evaluation of the learning aid/activity should reflect the effectiveness of the learning aid/activity and analyse the benefits to the child studied. The recommendations for improvements to the learning aid/activity should be realistic and demonstrate informed decisions have been made. 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.

Unit F923 Mental Health Issues

For this unit it is recommended that candidates start their portfolios with AO4 to give them an insight into the concepts and definitions of mental health.

In AO1 candidates must describe three different types and possible causes of mental illnesses, including the symptoms and definitions for each of the chosen three types of mental illness. They also need to explain the resultant mental-health needs for each of the three types of mental illnesses and relate the types and possible causes of mental illnesses to the resultant health needs, with explicit links to each illness discussed. When discussing the possible causes of mental illness candidates must demonstrate their understanding of the complexity of isolating causes and how causes of mental-health illness may interrelate.

To start AO2 candidates should give an introduction to their chosen person who uses services. They should then explain a wide range of effects of mental illness on their chosen person who uses services in the short- and long-term referring to PIES. Candidates must apply their knowledge of the effects of mental illness to their chosen person who uses services, clearly demonstrating a thorough understanding of how each of the effects produces challenges for the person who uses services on a day-to-day basis. Candidates must explain a wide range of specific and general affects (both long and short term) using examples in day-to-day situations such as work, education, home life and social activities, referring also to the effects on their family and wider society.

It is important in AO3 that candidates explicitly demonstrate their research from a wide range of different sources by clearly referencing the sources of information they have used within the main body of the text and including a detailed bibliography at the end of the portfolio. Candidates must analyse a range of preventative/coping strategies that are relevant for their chosen person

who uses services, making sure the link is explicit throughout. Analysis of the roles of appropriate practitioners/individuals that could provide support for the person who uses services must include a range of specific examples of the types of support they could provide. The piece of current legislation chosen for analysis must be appropriate for the chosen individual with explicit evidence of reasoned judgements on the appropriateness for their chosen individual included.

For AO4 candidates must explicitly showing that they have used a wide range of appropriate sources for their evaluation of the concepts and definitions of mental health to achieve mark band 3. A range of positive and negative examples of the media's portrayal of people with mental-health needs must also be evaluated. Their evaluation must include the possible positive and negative effects of portrayal in the media on individuals and wider society together with realistic and informed recommendations for improvements which demonstrate understanding of the main issues associated with the way the media can influence attitudes.

Unit F925 Research Methods

In AO1 candidates must explain each of the purposes of research included in the specification, covering a wide range of different reasons why each purpose is relevant to the work of health and social care organisations/services. They also need to describe three different research methods. It is recommended that two primary and one secondary method are included. Candidates should then choose the subject area for their research. Best practice suggests that candidates achieve higher results when researching an area that interests them and they are able to access relevant sources of information. The explanation of the rationale for the chosen research area given in AO2 should state how the research is relevant to a health or social care or early years setting to ensure candidates are meeting the requirements of the banner and justify why the research project warrants investigation. The rationale should also include a hypothesis which can be proved or disproved; alternatively an issue or research question which can be answered could be used. The aims and objectives for the research must be relevant and explicitly stated so that these can be used later in the research when evaluating the success of the research. Candidates must explain the ethical issues which relate to their chosen research area, generic information is not necessary for all possible ethical issues. It is important for candidates to explain how they would deal with the ethical issues that relate to their chosen research. Candidates' explanation of possible sources of error and bias must relate to their research project, including what they would do to reduce any possible sources of error and bias when carrying out their research.

Throughout their evidence candidates must show that they understand the impact ethical issues, sources of error and bias could have on their chosen research area.

For AO3 candidates must describe the research methods they have chosen to use for their research and justifying the reasons for choosing them. Their evidence must actually demonstrate that they have used a wide range of different sources to undertake their research, including a balance of primary and secondary sources, in order to meet the requirements of mark band 3 by referencing their sources within the main body of the text and including a detailed bibliography.

Evidence needs to be presented in an appropriate and coherent format using the information gathered and analyse in detail the findings from all their sources of information in relation to the aims of their research project. It is also important for conclusions from their findings to clearly demonstrate their understanding.

Candidates need to use the pre-determined aims and objectives from their research project, as outlined in their rationale, to give a comprehensive evaluation of its success. Candidates do not seem to fully understand issues of validity, reliability and representation and many find it difficult

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to apply them accurately to their research or explicitly link them to the evaluation. Analysis of the strengths and weaknesses of the evidence often lacks detail, with some candidates presenting their work in bullet points which is considered to be basic. Recommendations for improvements and continuation of the research must be realistic and detailed.

F920 Understanding Human Behaviour

General Comments

Candidates had been well prepared for this paper with the majority of candidates attempting all questions. There were very few candidates who could not identify an appropriate theorist for the psychological perspectives used and most could give clear, brief outlines of the theories as required. However, candidates were less confident in applying their knowledge to practical situations. It is important for this unit that candidates should be able to explain how the theories studied help in understanding the ways in which people's behaviour and development may be affected and change in different situations at different life stages. It should be remembered that not all questions relate to the psychological perspectives studied and Centres should ensure that all aspects of the specification are covered.

Candidates should be reminded that where the question is expressed as a plural, two examples should be given, eg in question 2 (a) *Analyse factors which could influence the development of an individual's self-concept*, a minimum of two factors were required.

Similarly it should be remembered that where a question asks the candidate to 'evaluate', both positive and negative aspects are required; a conclusion which reflects the evaluation must be included for full marks. Candidates should be reminded to read the question carefully and to take note where the question asks for an evaluation of the 'usefulness' of the theory. This requires the candidate to consider how useful the theory is in practice, rather than giving a simple criticism of the theorist's research. Candidates are generally aware that in this unit 'an individual's development' is considered within at least three areas of PIES (physical, intellectual, emotional and social development). However, candidates should again be reminded to read the question carefully and not just focus on the word 'development'. In question 2(a) as quoted above some candidates got into difficulty by trying to apply all aspects of PIES inappropriately. Similarly some candidates went on to address all aspects of PIES in question 4(a) which specifically referred to only physical development.

Comments on Individual Questions

- 1 (a) Most candidates identified Bandura.
- 1 (b) Most candidates gained full marks although some answers were much more detailed than required.
- 1 (c) A number of candidates gave an account of the changes required when moving into residential care and related these to the emotional development of an older person, which was not what was required in this question. Where candidates understood the principles of social learning theory they were able to give some good examples of ways in which an older person who is new to the group might change their behaviour in order to fit in and become accepted by those who they want to please or be like. Examples included both positive aspects eg joining in activities, helping others and being appreciative, as well as more negative aspects such as complaining about the food if this is what the 'dominant group' or 'role model' did. This demonstrated a good understanding of the setting as well as application of the theory.
- 2 (a) The majority of candidates demonstrated a good understanding of what was meant by self-concept, although a number of candidates gave 'list-like' answers in which they simply named as many factors as they could, (often a list of socio-economic factors) giving little development of the ways in which self-concept could be influenced.

- 2 (b)** Many candidates gave generalised accounts of the possible effects of inherited factors on an individual's development, with relatively few being able to explain that certain inherited factors have a more significant impact on physical development (eg cystic fibrosis) whilst others have more impact on social and emotional development (eg autism). Candidates should take care when relating poor intellectual development to having to take time off school because of long stays in hospital or frequent illness since these are not features of all inherited factors.
- 3 (a)** The majority of candidates identified Maslow.
- 3 (b)** Most candidates gained full marks.
- 3 (c)** Many candidates wrote lengthy accounts of the possible effects of bullying both on a child and continuing into adulthood, relating their answers to PIES. Relatively few candidates were able to use humanist theory by relating PIES to the fundamental principle of Maslow's theory in terms of meeting physiological/physical needs before emotional needs (feeling safe), social needs (sense of belonging), then intellectual/cognitive needs can be addressed, as expressed through the 'hierarchy'. Where candidates did link the effects of being bullied to the levels identified by Maslow, the concept of progression from the need to meet lower level needs before being able to address a higher level need was often not clearly expressed. A number of candidates confused Maslow's levels with age stages found in other theories and so attempted to link the meeting of physical needs with babies rather than appreciating that the needs need to be met in the same order whatever a persons age. There were few responses based on Roger's theory.
- 4 (a)** Most candidates gave superficial, but generally appropriate, answers based on cold and damp houses causing illness. A number of candidates demonstrated a clear understanding of the links between poorly maintained housing and injury/accidents and specific illnesses. Some candidates did not limit their answer to physical development as requested.
- 4 (b)** Most candidates used Freud for their answer. It was clear when a candidate understood the basic principles of the theory and were able to select appropriate aspects to explain emotional difficulties which some people experience in old age. Many candidates simply outlined Freud's theory which did not address the focus of the question. Candidates who used Erikson's theory were usually able to relate it appropriately to old age.
- 5** Candidates using Piaget's theory tended to give lengthy accounts of the theory which were accurate, but examples given were not necessarily relevant to the question eg suggesting that parents take the child to see the ducks in the park, when the question referred to an early years setting. Relatively few candidates were able to evaluate the usefulness of the theory, giving both positive and negative aspects and so were unable to access the higher level marks. Candidates choosing Vygotsky tended to be able to relate his theory to an early years setting because of the emphasis on working with others. These candidates were usually more likely to explain reasons why the theory might not be useful, by referring to children who prefer to work on their own, the difficulties of monitoring group work and that age based classes do not necessarily lend themselves to Vygotsky's approach.

F921 Anatomy & Physiology in Practice

General Comments

The 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.

On occasions a noticeable number of candidates failed to read the question stem with accuracy, however most candidates completed all of the questions. In a small number of cases the legibility of some papers, poor spelling and poor grammar made marking more difficult.

The general standard of answer was reasonably focused across the paper. Responses were found to be less accurate in questions that required an explanation; here a noticeable number of candidates provided only descriptions. Only a few candidates failed to provide a correct dysfunction for the named body system and the diagrams relating to the body systems were answered well by most candidates. Poor examination technique when formulating their answers was also a problem for some candidates who on occasion failed to express themselves by using incomplete sentences and weak explanations.

Knowledge was required for the six systems, five of which were used; they related to structure, function, dysfunction, diagnoses and treatments 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', 'affect their life style or emotions' and often repeated the question stem in their answer.

Centres could help to improve candidate performance by:

- helping candidates to improve the way they approach the command verbs 'explain', 'describe' and 'evaluate'
- practicing questions
- 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 and its application in context

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

Comment on Individual Questions in table

- 1 (a)** This question produced a wide range of responses.
- 1 (b)** Candidates generally had good knowledge of blood flow through the heart but were often let down by forgetting to indicate where the valves were and their names.

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- 1 (c)** Many candidates did not understand the word *physiological* and then provided an answer that was unrelated and inaccurate. Emotional effects were covered well in this question.
- 2 (a)** Answered accurately by most candidates. The component parts of the digestive system were accurately identified by most candidates.
- 2 (b)** There appeared to be confusion over the word *physiological* which led to an answer that was unrelated and inaccurate. On occasion candidates would confuse lifestyle with PIES effects but failed to relate it to a person's life in any way or form.
- 2 (c)** Descriptions of treatments were generally sound but often lacked good use of terminology.
- 3 (a)** Generally well answered by identifying a suitable dysfunction.
- 3 (b)** Candidates had little problem in identifying the cause of their chosen dysfunction. Descriptions of treatments were often limited and lacked detail. Again a variety of treatments were often described in limited detail rather than one in good detail.
- 3 (c)** The majority of candidates were able to fully develop their description of the effects on lifestyle. Responses were generally accurate but on occasion contained poor spelling and vague application such as 'will affect their life style badly'.
- 4 (a)** Generally answered well. Those who did not, tended to mix up the positions of the anatomical parts by giving responses related to male anatomy or other body systems.
- 4 (b)** The majority of candidates were able to describe more than one dysfunction of the system but because they often grouped dysfunctions together the answers lacked any real detail. Examples included descriptions of infertility caused by ectopic pregnancy, hostile mucus and STIs all rolled into one.
- 4 (c)** Descriptions of treatments were again generally sound but occasionally lacked any solid detail of how they were carried out. Comments on treatments with drugs were sometimes vague and many candidates could not name any of the drug treatments such as aspirin, paracetamol, steroids and anti inflammatories.
- 5** It was noted that many candidates were unable to explain possible causes of their chosen dysfunction. Descriptions were often weak and superficial with limited physiological terminology. On describing the effect on the individual and their lifestyle, many candidates were unable to describe how basic lifestyle issues were affected. The depth of their focus tended to be limited to eating, mobility and friendship. Other lifestyle effects were rarely covered. Where candidates did access levels 3 and 4 answers were well constructed with good use of terminology and covered a wider range of effects on life style.

F924 Social Trends

General Comments

The overall performance was a slight improvement on the last session. Teachers, and therefore candidates, seem to have used the pre-release material effectively to prepare, showing awareness of the data and ability to use the skills learned.

In particular they understood the problems of the 'demographic time bomb and changes to family structure.'

As the majority of the responses demanded essay style answers there were some problems attributable to lack of time and therefore planning for those questions.

Candidates now have a good understanding of the research process with fewer mistakes, but found definitions of terms either confusing or hard to apply to the questions. This resulted in some problematic answers which gave a 'catch all' response especially ambiguity with 'reliable' and 'valid' when applied to structured interviews.

It would be useful if candidates had an accurate glossary of relevant terms with examples to learn.

Comments on Individual Questions

- 1 (a) Generally well answered with many candidates able to provide in excess of three reasons.
- 1 (b) Many candidates had lots of ideas and examples, including repeating housing provision, but few developed the answers into practical detail.
- 2 Some candidates evaluated the data in detail, with reference to collection methods, research process etc, therefore not answering the question. Reference was made by others to relevant changes but not how these changes could be made.
- 3 (a) A significant number of candidates did not know these terms but simply described examples.
- 3 (b) Generally well answered.
- 3 (c) Well answered, only limited by candidates lack of implicit reference to dual-worker families. Many gained full marks as the command word was outline and they clearly understood the research process.
- 3 (d) Generally poorly answered - candidates either did not know the three terms or did not know how to distinguish reliability and validity, so used them both with the same explanations.
- 4 (a) Well answered.
- 4 (b) Well answered but occasionally the same point repeated.
- 4 (c) Often well done but with some list like responses which lack detail. Generally the candidates tended to focus on negative effects which occasionally were almost

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racially phrased in terms of work and services for immigrants. Positive effects of the rising population offered tended to be basic. A more balanced viewpoint should always be encouraged.

- 5** A challenging question which clearly differentiated amongst the candidates successfully. Lack of time may have been the reason for unplanned essays and some unfinished responses. Less able candidates simply retold the texts supplied, whilst the more able produced arguments from both sides and introduced relevant aspects of political/cultural views. Most were able to draw relevant and thoughtful conclusions.

Grade Thresholds

Advanced GCE Health and Social Care (Double Award) (H703)

Advanced GCE Health and Social Care (H503)

Advanced Subsidiary GCE Health and Social Care (Double Award) (H303)

Advanced Subsidiary GCE Health and Social Care (H103)

January 2010 Examination Series

Unit Threshold Marks

Unit		Maximum Mark	A	B	C	D	E	U
F910	Raw	100	82	72	63	54	45	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	83	73	63	53	43	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	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F916	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F917	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F918	Raw	100	78	67	56	45	35	0
	UMS	100	80	70	60	50	40	0
F919	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F920	Raw	100	85	75	65	55	45	0
	UMS	100	80	70	60	50	40	0
F921	Raw	100	83	74	65	56	47	0
	UMS	100	80	70	60	50	40	0
F922	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F923	Raw	50	43	38	33	28	23	0
	UMS	100	80	70	60	50	40	0
F924	Raw	100	87	78	69	60	51	0
	UMS	100	80	70	60	50	40	0
F925	Raw	50	43	38	33	28	23	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
H103	300	240	210	180	150	120	0
% in grade		3.9	16.3	47.8	77.5	93.8	100

198 candidates aggregated this series

AS Double Award (H303)

H303	AA	AB	BB	BC	CC	CD	DD	DE	EE
UMS (max 600)	480	450	420	390	360	330	300	270	240
% in grade	2.8	6.5	17.6	28.7	38.0	52.8	68.5	85.2	96.3

110 candidates aggregated this series

GCE Single Award (H503)

	Maximum Mark	A	B	C	D	E	U
H503	300	240	210	180	150	120	0
% in grade		3.8	23.1	65.4	100.0	100.0	100.0

31 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	
% in grade	0.0	10.0	20.0	40.0	50.0	50.0	70.0	100.0	100.0	100.0

10 candidates aggregated this series

For a description of how UMS marks are calculated see:

<http://www.ocr.org.uk/learners/ums/index.html>

Statistics are correct at the time of publication.

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