

Health and Social Care

Advanced Subsidiary GCE (Double Award) **AS H303**

Advanced Subsidiary GCE **AS H103**

Report on the Units

June 2006

H103/H303/MS/R/06

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The mark schemes are published as an aid to teachers and candidates, 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.

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

Mark schemes and Reports should be read in conjunction with the published question papers.

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Advanced Subsidiary GCE Health and Social Care (H103)

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Chief Examiner's Report

Overall, the senior examining/moderating team was pleased with the performance with the AS Health & Social Care units in this first summer session. In unit F910 candidates showed a significant improvement in performance from the first session in January 2006, with F913 performing less well. More detailed feedback on the performance of F913, along with the Principal Examiner's advice for improvement, can be found in the individual unit's report later in this Report to Centres. Unit F918 also performed well.

There was good overall performance across all of the portfolio units, with some excellent work being produced. Better candidates are producing succinct, comprehensive evidence which meets the Amplification criteria provided in the specification. Where candidates did less well, it would appear that the Amplification section had not been used to determine the assessment requirements and therefore marks were lost. More detailed guidance on portfolio performance from the Principal Moderator can be found in this report.

It was pleasing to note those centres which had used the information provided in the support materials concerning the production of reports/guides; it was evident where this information had been utilised by candidates, as the work produced was well-presented and a pleasure to moderate.

Centres are advised to obtain copies of past papers to aid them with revision for the tested units. Additional support material 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. Additionally, CD-Roms containing live exemplar portfolio work will be available to all those attending the Autumn 2006/07 Inset courses.

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.
- 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 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 straight away, do not wait for the Moderator to make contact.

F910 – Promoting Quality Care

Overall the performance of candidates was good. Most candidates were able to attempt all the questions and managed to complete the exam in the time available.

Candidates were on the whole well prepared and centres had taken on board comments made by the Principal in the January report and inset training.

There was, however, evidence of candidates 'learning' previous mark schemes without selecting/matching/adapting the information to the specific questions – this meant candidates were not able to access the higher marks in the levels responses.

Some candidates did not have the literacy skills required for AS study and therefore found the longer response questions very difficult.

Question

No.

- 1 (a) (i) Generally well answered but some candidates' stated 'verbal abuse' rather than ageism. Marks were also lost when candidates gave their own examples and did not relate to the text.
- 1 (a) (ii) Well answered
- 1 (b) Well answered but it should be noted that 'treated equally' is not accepted, it needs to be with 'equality'.
- 1 (c) Most candidates were able to identify the correct 3 care values but could not give examples that were relevant to older people. It is vital that candidates can adapt their answers to different care settings.
- 2 (a) This was answered well by many but candidates lost marks by stating 'tell someone', this was not awarded a mark as it needed to be more specific, i.e. tell a supervisor.
- 2 (b) This was answered poorly by most candidates because although they could identify the barriers they could not relate them to mental health. The answers were often pre learnt and there were judgemental statements that people with mental illnesses cannot walk, work or talk. It should also be stressed to candidates that not being able to afford treatment was not accepted as the NHS is free at the point of delivery.
- 2 (c) Very few candidates were able to give the benefits of a code of practice to the care workers but focussed on the service users.
- 3 (a) (i) Well answered
- 3 (a) (ii) Well answered
- 3(b) Some candidates did not understand 'systems of redress' or gave examples suitable for employees rather than service users.
- 3 (c) (i) Surprisingly poorly answered or related to Equal Pay rather than the SDA.
- 3 (c) (ii) Candidates were more confident on this question but some were prevented from accessing the higher marks as they had 'learnt' previous answers and given list like answers rather than picking 1 or 2 strengths and weaknesses and developing their responses.
- 4 (a) Well answered
- 4 (b) Well answered, good developed reasoning given by many candidates.
- 4 (c) Many candidates misinterpreted the question and did not focus on areas but conditions covered. Both answers were credited with marks.
- 5 (a) Well answered
- 5 (b) Well answered
- 5 (c) Candidates lost marks here because they had not read the question carefully enough and focussed on general ways rather than resources.
- 6 (a) (i) Very poorly answered, very few candidates could name a policy, instead referred to legislation on care values.

Report on the Units taken in June 2006

- 6 (a) (ii) Candidates often missed the higher marks here by not linking their answers to the benefits of the policy or only focussing on the service user or care worker rather than both.
- 6 (b) Candidates were able to identify 1 or 2 ways an organisation could promote quality care but often failed to explain the link to good practice. Some lost marks by just focussing on the care values or interviewing procedures.

F911 – F917

1. General Comments:

Overall the standard of work submitted was encouraging and there was obvious correlation with unit specifications and assessment objectives. As advised by the Board, candidates tended to breakdown the unit into assessment objectives and present their portfolios accordingly.

Candidates were not always aware that assessment objective one (AO1) is meant to be tackled generically and not applied to a specific setting/service user. Where knowledge had been applied to a setting it was generally of a good standard and included appropriate and relevant examples.

There was still the tendency to include all research material, including many questionnaires and internet research, which should be avoided in the future. There was some evidence that candidates had not been made aware of the amplification set out in the specification and as a result their work had omissions, errors or lacked detail. It was evident that many centres had attended training courses as this was reflected in the quality and understanding of the evidence produced. For future reference it is imperative that every use is made of the amplification as well as the unit recording sheet and assessment evidence grid (if used). There was much use made of the A3 Assessment Evidence Recording Sheets. These are not compulsory but when used by both candidates and assessors give clear guidance and assist understanding of unit requirements.

When Centres annotated work clearly throughout the portfolio(s) and on the Unit Recording Sheet (URS), it was supportive to the candidate and the moderation process as it showed how the Centre had applied the assessment criteria. In cases where the criteria had not been met, the Moderator could see how 'the judgements had been made' and could highlight specific aspects within the report to the Centre.

Centres should consider the durability of how portfolios are collated so that they reach the moderator in a satisfactory condition.

The majority of Centres did not follow OCR guidelines regarding moderation administration and this in turn hindered the moderation process. The main concern was the inaccurate or incomplete filling in of the computer-generated mark sheets (MS1s). Also, many centres had to be contacted over the completion of a Centre Authentication Sheet (CCS160). It should be noted that one sheet is required for each Unit entered, a reminder of the need for this form is sent with the request for sample.

2. Comments on Individual Units:

F911 Communication in Care Settings

Candidates were able to describe the four different types of communication used in care settings, namely oral, written, computerised and special methods.

Heavy use was made of textbooks and candidates do need to be careful that they reference sources of information and write work up in their own words. Candidates attention should be drawn to page 13 of the specification when selecting the four communication skills used by care workers in the care setting,

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

Often candidates were able to describe theories of communication in isolation but were unable to show a level of understanding of theorist's views of the effects of communication on service users.

Candidates must refer to the amplification for assessment objective four in order to include sufficient detail in their write up of their interaction. Again, application of the care values during the interaction was poorly documented. For candidates to reach the middle mark band and beyond they must evaluate the interaction from their own and the service users/care workers perspective.

F912 Promoting Good Health

Centres interpretation of assessment objective one varied and whilst this is acceptable for the 2006 sessions, it is important to note that for future reference the term 'from two perspectives', should be interpreted as that of the service user and service provider. For AO2, candidates need to identify two key workers who 'have a major health-promotion responsibility', examples of which are stated on page 27 of the specification.

For each key worker candidates must explain and give reasons for two preventative measures they could apply.

Candidates provided evidence of both primary and secondary research for AO3.

Candidates need to consider how two different factors affect health and well being Their attention should be drawn to the factors which are bullet pointed on page 27 of the specification. When providing evidence for the Health Promotion Campaign for AO4, candidates must use the amplification which clearly identifies all the evidence required in order to address each mark band. Candidates must also ensure that they include records of observation of the health promotion campaign.

F914 Caring for People with Additional Needs

This unit was tackled well by the majority of centres, with candidates following the assessment objective criteria.

The different causes of additional need are listed on page 44 of the specification and a candidate should identify a disability from three of the seven causes listed. Once an additional need has been identified and described, the candidate should then go on to explain the effects the additional need has on the service user. When completing AO2, candidates must show an understanding of the purposes of the care management process as well as the different stages. Candidates must ensure that they select one service provider that meets the **physical** needs of the service user and one service provider that meets the **emotional or social** needs of the service user. Careful consideration needs to be given to the types of research required for different mark bands for assessment objective three. Evidence submitted for AO4 was generally of a good standard however some candidates lacked detail when evaluating the impact of a range of methods of support, aids and equipment used by the service user.

F915 Working in Early Years Care and Education

There were some interesting interpretations of the specification for this unit. Some centres had tackled AO1 in the form of a leaflet for carers coming in to a 'new' area. This engaged candidates, which in turn improved the quality of the evidence they produced. When completing AO2 candidates must relate the evidence required to a setting. The two job roles identified and discussed must be from the one setting and candidates must consider the application of the early years' care values. Candidates should use page 60 of the specification to ensure they incorporate two factors, which can affect learning and development from each of the three main groups. The amplification for AO4 sets out clearly what a candidate should produce when planning, implementing and evaluating their chosen activity.

F916 Health as a Lifestyle Choice

Many candidates focused heavily on the positive effects of exercise on an individual's **physical** health at the expense of an individual's **mental and social** health. AO2 is based on an individual however candidates must first demonstrate a thorough understanding of all the macro and micro nutrients listed on page 72 of the specification. In order for a candidate to be able to suggest improvements and realistic changes to an individual's diet, information would first need to be gathered. Candidates do not need to carry out a nutritional analysis of the individuals weekly diet as some candidates may not have access to the appropriate software. This individual may not necessarily be the same individual used for AO3 however it would make sense to combine the two. AO4 requires candidates to evaluate both the likely effects of the diet recommendations and the exercise plan. It was noted that this was a weak area in many portfolios.

F917 Complementary Theories

Many centres gave an overview of complementary therapies using the bullet points at the top of page 84 of the specification and then went into greater detail for the two they had selected. It is important that one of the two complementary therapies studied is actually being used by the service user and that the other is appropriate for the service user. A copy of the questions used to assess the suitability of the two complementary therapies should be included in the portfolio. There should be evidence of sound research practice and skills when collecting information to determine the views of the public. It was noted that portfolios for this unit were bulky and contained irrelevant information.

F913 - Health and Safety in Care Settings (Written Examination)

General Comments

The standard of responses was wide ranging and appeared to cover the entire ability range. There were no questions that were not attempted by most candidates, and there was no evidence of candidates running out of time to complete the paper.

Many candidates lost marks by not reading the requirements of the question clearly and answering slightly away from the intended point.

Correct names of legislation was sometimes not known.

Comments on Individual Questions

Q1 Generally well answered. A large number of candidates did not recognise the hazard sign for radiation.

Q2 This question was generally well answered. Some candidates were confused between standard precautions and special precautions, and thus lost marks on 2b. Section 2d required candidates to consider precautions for their own protection. Some concentrated on sterilisation techniques which are primarily intended to protect the person on whom the instruments are deliberately used.

Q3 The first four sections of this question were generally answered well. 3e did not score so highly since many candidates did not refer to the benefits for care workers, describing instead the benefits to service users in the main. It should be noted that the existence of a Health and Safety Policy does not give care workers immunity from prosecution, as many candidates appeared to think.

Q4 4a was answered well on the whole. Part b was answered poorly on the whole. Most candidates repeated the question and gave no reasons for the usefulness of review. There was little evidence of relating answers to care settings.

Q5 This question produced a very varied response, and proved a good differentiator. Some candidates found difficulty deciphering a floor plan and suggested a lack of signs, which would not be shown on this plan. Significant numbers of candidates overlooked obvious hazards that had been included, and suggested obscure or trivial ones. There was a general scarcity of linking the hazards identified to the service users in the setting.

Many candidates wrote at length about the steps at the front entrance, but in most cases this was in relation to equal opportunities and disabled access rather than health and safety.

Q6 Sections a and b were sometimes muddled, therefore losing points. The necessity of careful reading of the question cannot be over-emphasised.

6c proved a good differentiator since many candidates described standard fire evacuation procedures only, limiting their marks to the lower mark band. Some candidates described additional difficulties due to the care setting, but failed to offer amendments to deal with them. Only a few candidates managed to reach the highest mark band by giving a logical and thoughtful account of special fire evacuation procedures for a particular care setting.

F918 – Caring for Older People (Written Examination)

General Comments:

Candidates demonstrated a good level of understanding of the requirements of the specifications. Many candidates applied their knowledge accurately and with confidence. Candidates used the terminology of the unit appropriately; however, some appeared to have difficulty spelling technical vocabulary correctly.

The majority of candidates used their time well and completed the whole paper. A few candidates gave irrelevant answers or simply repeated the same information in a slightly different way.

In the extended writing questions there was a tendency by some candidates to 'waffle'. Candidates did not achieve high marks when their level of analysis or evaluation was weak – this is an area which requires practice in centres before the candidates sit their exam.

Candidates who scored lower marks failed to respond to the key verb in the question and their answers generally lacked the required level of detail to demonstrate explanation, analysis, discussion and assessment

2. Comments on Individual Questions:

Qu.
No.

- 1 a The majority of candidates were able to identify the effects of ageing with appropriate answers.
- b Candidates who understood the difference between emotional and social effects gained high marks. Several candidates gave incorrect responses and appeared to have limited understanding of these aspects.
- c Candidates were generally able to apply their knowledge and understanding to explain why Sarah would feel nervous about going out on her own. A few candidates gave answers like 'she felt nervous' which did not answer the question and therefore lost marks.
- d Candidates demonstrated an excellent understanding of care workers who could support Sarah's mobility problems. The question did ask for professional care workers and where candidates gave voluntary or informal support they lost marks.
- 2 a Well answered by most candidates. A minority did not give answers which did not apply to lifestyle changes. Answers which related to economic factors or which repeated the same lifestyle change which had already been credited lost marks.
- b A high number of candidates did not seem to understand role changes and the new roles Jeremy could experience. Answers such as 'husband' and 'grandfather' were not accepted as role changes. A few candidates just wrote about what he could do when he retired which repeated their answers for 2a.
- c Candidates scored well when they applied their knowledge of the financial situation of retirement. There were examples of inappropriate answers which had no connexion with economic changes. This was an example of where candidates failed to read the question fully before attempting to answer.

- 3 a** Some candidates lost marks because they were not specific about their answers. 'Constipation' and 'upset stomach' were inappropriate. Candidates need to learn the impact of one of the examples in the specification well in order to gain high marks.
- b** Candidates who had studied an example demonstrated sound understanding, whilst others gave inappropriate answers which did not meet the requirement of 'physical effects'.
- c** Reasons given were generally appropriate. Many candidates repeated the question stating they were 'isolated'. Application to the scenario is important in these types of questions and candidates need to be careful that they do not state the same example more than once, for example 'feeling lonely' and 'they are on their own'.
- d** Candidates who understood how the GP would maintain confidentiality scored high marks. Some candidates went off the track of the question by stating how service users would feel if confidentiality was broken. This was not what the question asked, candidates need to answer what the question is asking them for as they lose marks by giving irrelevant information.
- 4 a** A high proportion of candidates gave acceptable answers and understood a disorder of the nervous system. Candidates are recommended to keep to the examples given in the specification.
- b** Effects of the disorder stated were mostly understood. A minority did not give an example in (a) and therefore gave very general answers for (b) which lost them marks.
- c** A well answered question. Candidates understood and applied their knowledge of the social effects of a disorder of the nervous system.
- d** Few candidates seemed to understand the Care Standards Act. Many applied this to Helen's own home and did not make the links to the care provided in the residential home. There were a minority of centres whose candidates scored high marks and analysed fully how the act would provide support for Helen.
- 5 a** Many candidates demonstrated a sound understanding of the ways Mohamed's care needs would change after his operation. Most thought that his operation would make his condition worse rather than improving it.
- b** Candidates did not demonstrate their understanding of community care services. The emphasis of this question is on the services and not the professionals who work within the services. Candidates must state the service and then they could go on to state how workers would provide support. Candidates also repeated the same type of service when the question clearly asks for different types of services. These are clearly stated in the specification.
- c** Candidates either answered this question very well and demonstrated a sound understanding or they knew nothing about promoting equality and diversity. Candidates need to be made aware that promoting equality does not mean 'treating everyone the same'. Care values is a very important aspect of all care work and is integrated into several units, therefore they should know it well. They must be able to apply their understanding to the situation given in the question.

- 6 a** Candidates used their knowledge and understanding well to describe the effects of Doris' condition getting worse. It is important to teach candidates to cover PIES when describing effects in this type of question.
- b** Candidates were able to state a range of service providers who could support Doris. Many did not explain their role or how the service providers would give support. Justification of their choice of service providers was very limited with skills and qualities rarely mentioned. Candidates need to practice explaining why specific service providers may be relevant to meet service users' needs.

**Advanced Subsidiary GCE Health & Social Care H103/H303
June 2006 Assessment Series**

Unit Threshold Marks

Unit		Maximum Mark	a	b	c	d	e	u
F910	Raw	100	79	69	59	49	40	0
	UMS	100	80	70	60	50	40	0
F913	Raw	100	79	69	59	50	41	0
	UMS	100	80	70	60	50	40	0
F918	Raw	100	80	70	60	50	41	0
	UMS	100	80	70	60	50	40	0
Portfolio units	Raw	50	40	35	30	25	20	0
	UMS	100	80	70	60	50	40	0

Specification Aggregation Results

Three (H103) and Six (H303) Unit Award: Overall threshold marks in UMS (i.e. after conversion of raw marks to uniform marks)

	Maximum Mark	A	B	C	D	E	U
H103	300	240	210	180	150	120	0
H303	600	480	420	360	300	240	0

Three Unit Award (H103): The cumulative percentage of candidates awarded each grade was as follows:

	A	B	C	D	E	U	Total Number of Candidates
H103	7.5	21.8	42.4	64.9	83.8	100.0	2299

Six Unit Award H303 - The cumulative percentage of candidates awarded each grade was as follows:

	AA	AB	BB	BC	CC	CD	DD	DE	EE	U	Total Number of Candidates
H303	4.1	9.3	16.1	25.2	35.0	48.0	60.4	72.0	83.9	100	1472

1472 candidates were entered for aggregation this series.

For a description of how UMS marks are calculated see;
www.ocr.org.uk/OCR/WebSite/docroot/understand/ums.jsp

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