

# **Health and Social Care**

Advanced GCE AS H503/H703

Advanced Subsidiary GCE AS H103/H303

## **Report on the Units**

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**June 2008**

**H103/H303/MS/R/08**

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

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

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# **Chief Examiner's Report**

## **General Comments**

Portfolio work submitted this session was noticeably improved with some areas of outstanding work being seen across all units. Centres have taken notice of the advice and feedback given through their moderator's reports, coursework consultancy and also training sessions attended. The work presented generally reflected the unit specifications and the assessment criteria. The majority of centres presented portfolio work in a well organised manner which definitely supported the moderation of the work as moderators were easily able to locate the evidence

The case studies supplied by OCR were used effectively and many centres are developing confidence to create their own case studies which reflect the needs of their candidates and their locality. These enabled candidates to achieve a good level and demonstrate sound understanding.

Annotation of coursework varies quite considerably from centre to centre. Where annotation is completed accurately, is very helpful to the moderators to enable them to find where assessment decisions have been made and immediately locate the relevant evidence. Annotation is an effective tool for providing feedback to candidates as well and is recommended for ensuring they are encouraged to fulfil the assessment requirements as fully as possible.

Administration procedures are not always followed accurately. The most common errors are:

- MS1s being completed inaccurately or altered on the top copy but not on the moderator copy
- URS sheets being omitted completely or filled out with varying degrees of accuracy
- Page referencing not completed
- Lack of candidate numbers and centre numbers on portfolio work
- Portfolios muddled and presented in random order
- CCS160s not being sent with the portfolio work
- Inclusion of several draft versions of a portfolio

The size of portfolios seems to be reducing; however, centres should remind candidates that the inclusion of extensive research materials, printed off internet pages and unreferenced work does not improve their overall result. Only one completed copy of a questionnaire should be included in the appendix of any portfolio. Please do not send the learning aids for Unit 13 as the moderators do not have the space to store these and they could get damaged in transit. Photographs are perfectly acceptable.

Centres that followed the correct moderation procedures helped the process greatly as moderators are unable to complete the moderation of portfolios units until they have all the correct documentation. Please assist your moderator by following these and also meeting the agreed submission dates.

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

Centres approached the unit with increasing levels of confidence.

Where centres had effectively used local demographic data and linked these to the planning and organisation of local services the level of achievement was higher. It should be remembered that candidates are only required to use two different demographic factors – some centres are requiring candidates to cover more than this and are consequently giving candidates too much work to do which will not benefit them by increasing their marks. It is important that the demographic factors do actually link to the provision of the types of services discussed within the candidates' portfolio otherwise they are not showing their understanding of the relevance of the statistics.

The stages in local planning are often omitted or covered only briefly. Candidates need to be advised clearly to show that they understand how each stage is carried out within their local area. The role of local stakeholders must be explained and directly linked to the planning and organisation of services. How the local plan is monitored and reviewed was occasionally omitted completely.

Centres should encourage candidates to explicitly cover national local and internal organisation of services in order to meet the assessment criteria. A diagram could be used as a starting point, however, this must then be explained in order to meet the requirements of higher mark bands.

A case study was chosen by the majority of candidates and the needs of their case study related to PIES to enable them to fully meet the requirements of AO2. Two relevant services to meet the needs of the case study should be included and then the practitioners who work for these services highlighted rather than simply identifying two practitioners who could actually work for the same service. Candidates were generally able to link two practitioners who could meet the needs of their chosen service user and explained how each would meet the needs identified. The explanations of the approaches used by the two practitioners varied in detail. There is no requirement for candidates to cover all of the approaches; one for each service is sufficient.

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

Candidates selected appropriate primary and secondary research techniques to investigate quality assurance mechanisms used by their two chosen services. Most gave reasons to justify the research techniques chosen. Candidates should be encouraged to analyse how the data collected is used to improve the quality of provision rather than giving a straightforward description of the quality assurance mechanism.

Candidates were generally able to select a relevant national policy or piece of legislation; however, there was some evidence of this not linking to either of their chosen services. Candidates are required to evaluate the effects of the chosen legislation on care practice and provision within the chosen service; therefore, there should be some relevance to this. Some candidates are not presenting their analysis from two different perspectives i.e. the service, service user and service provider/practitioners. An overall conclusion/judgement should also be reached wherever possible.

## **F922 Unit 13 Child Development**

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

Centres should note that the child used for the case study for this unit should be at least eight years old. There was evidence of babies of 4 months old being used which obviously limits the level of detail the candidates are able to include in their portfolio and consequently their overall levels of achievement.

Centre interpretation of AO1 continues to vary. Candidates described three different patterns for each area of development (physical growth, physical development, intellectual – including language and cognitive, and social and emotional) covering the time period between birth and eight years of age. Many centres are omitting physical growth altogether or giving minimal evidence of this which is not acceptable. Charts are acceptable to define the milestones within each pattern; however, without extended writing these do not meet the requirements above mark band 1. The candidates must show that they understand the progression from one milestone to the next from birth to eight years to achieve higher marks.

The factors affecting the development of the chosen child should be an applied piece of work – generic information about all of the factors is not relevant in the candidates' portfolios. The expectation is for candidates to demonstrate their application of their knowledge and understanding by linking their evidence directly to the factors which have actually affected their child. There is no relevance in covering, for example, all the different structures of the family when only one is applicable to the child.

Comparison of the child's development should cover all areas of development and from birth to eight years – incomplete comparisons will affect the marks awarded.

Candidates must actually demonstrate their use of three different sources by using a recognised referencing style (eg Harvard). Centres should encourage candidates to research two 'theories of play' - this does not have to be 'theorists'. These theories can be taken from the bullets in the specification, although care should be taken to avoid repetition eg categories of play and types of play are very similar.

The learning aid or activity produced for assessment objective four should be designed to link directly to an aspect of their case study's development and be sufficiently challenging. Remember it is acceptable to trail the learning aid with a child other than the case study as it is quite likely that the case study will have already progressed on from the identified stage of development. Design ideas for the learning aid varied greatly. The plans should include an outline of the methods to be used, resources needed and also accurate timescales for making and using the learning aid or carrying out the activity. The majority of candidates gave reasons for their actions taken.

The evaluation of the effectiveness of the learning aid should include reference to the performance of the learning aid or activity together with analysis of how the learning aid or activity could benefit the child studied. Recommendations for improvements to the learning aid or activity need to be realistic and informative.

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

Candidates were able to explain three different mental health illnesses although many lacked references to the actual types of mental illness and consequently there was some repetition. A short introduction to the type is recommended before stating the example to be used and then progressing onto the possible causes, symptoms and resultant health needs.

Candidates continue to use the case studies provided by OCR which is perfectly acceptable for the sensitive nature of the information required for this unit. Many centres are developing some excellent case studies of their own and some candidates had used relatives they knew who had experienced mental health illnesses. Centres must ensure that candidates maintain confidentiality throughout the evidence presented. The effects of mental illness were generally applied to their chosen service user and included references to PIES. Candidates must refer explicitly to long and short term effects in day-to-day situations. Candidates should be referring to effects not only on the service user but family, friends and wider society as well.

The level of research varied in relation to preventative/coping strategies. When analysing these, candidates should refer to any which the service user could use, they do not actually have to be using them at the time. Evaluation of the strengths and weaknesses of each of the strategies also needs to be included when explaining why they are appropriate for the service user. The choice of two services could provide support for the service user must be explicitly linked to their individual needs and should not be generic. The legislation relevant to the service user could be the Mental Health Act; however alternatives are acceptable where this is not appropriate, for example the NHS and Community Care Act. It is recognised that there have been recent changes to legislation and examples of the reforms are perfectly acceptable.

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

A wide range of different sources had been presented for the media portrayal; favourites included Britney Spears and Amy Winehouse from newspaper and magazine articles. One Flew Over the Cuckoo's Nest, Green Mile and A Beautiful Mind had been used well from movies and there was a range of documentaries used including good examples on Anorexia Nervosa, Senile Dementia, Alzheimer's Disease and Post Natal Depression. Positive and negative effects of the two examples of the media's portrayal of people with mental-health needs were clearly understood. Recommendations for improvements were realistic showing a thorough understanding of the main issues associated with the way the media can influence attitudes.

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

A range of excellent examples of research projects was seen. These related to a wide variety of different topics and included ; Jamie Oliver's School Dinners, Binge Drinking, Drug Abuse, Sexually Transmitted Diseases, Stereotyping in Nurseries and Single Sex Schools as well as some which linked directly to other units, which is of course perfectly acceptable.

The purposes of research were usually understood; however a few centres had misinterpreted this aspect and linked this directly to the chosen research project rather than the generic evidence which is required. Research methods were generally described clearly with the majority of candidates considering the strengths and weaknesses of those chosen. It is recommended that candidates include one secondary and two primary methods for this section of their portfolio.

## *Report on the Units taken in June 2008*

The standard of work for the explanation of the rationale for the chosen research area varied considerably. Centres should refer to the specifications and 'Guidance from an Expert' to ensure the required detail is included. Candidates need to clearly justify why their chosen topic warrants being researched and may include references to other pieces of research they have looked at, media sources, and personal interest. This could link to the purposes of research completed in AO1. The rationale must clearly outline the aims and/or objectives of their chosen research. An understanding of the differences between aims and objectives should be established before the candidates complete this aspect of their coursework.

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

Candidates must explicitly show that they have actually used three distinctly different sources to carry out their research. Questionnaires count as one source only. A balance of primary and secondary sources was generally included, questionnaires and interviews were popular combined with internet and media/literature searches.

Justification of the research methods was often recorded as AO2 when it is actually part of the AO3 evidence. Many candidates had some evidence on different research methods in AO1 but this lacked application to their actual research project which is required for AO3. The evidence should include reasons why the methods chosen were suitable for their particular research project and may include reasons why certain methods were rejected.

Presenting of findings overall demonstrated excellent use of ICT, however too many graphs and charts tends to detract from the analysis of findings. Candidates should group together their analysis of findings in relation to the original aims and objectives to ensure the analysis is directly related to these. Conclusions must be drawn from their findings.

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



## **Principal Moderator's Report (AS)**

### **General Comments:**

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

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

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

There was evidence that the quality of candidates' portfolios had improved. Centres had noted the advice offered to them through the OCR training courses or had implemented the feedback received at previous examination sessions.

Most Centres were co-operative and sent their work promptly when requested. Centres with 10 or fewer candidates entered, sent all their work once the Moderator was known to them. Approximately only half of all Centres remembered to send the Centre Authentication Sheet along with their sample; this did prolong the moderation process.

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

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

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

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

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

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

### **F912 Promoting Good Health**

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

Candidates were not able to use the medical and social models of health to explain the responses of individuals to health and education advice. Many centres simply outlined both models and there was heavy use of textbooks here, often not referenced.

Assessment objective two was generally tackled well by candidates. The two key workers who are involved in promoting health, were clearly signposted'

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

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

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

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

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

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

In AO3 candidates should provide a detailed account of the ways in which service users' quality of life has been affected by the attitudes and values of society.

Candidates should include an analysis of both positive and negative effects of the attitudes and values of society towards service users.

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

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

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

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

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

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

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

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

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

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

In order for a candidate to be able to suggest improvements and realistic changes to an individual's diet, information would first need to be gathered.

Candidates do not need to carry out a nutritional analysis of the individuals weekly diet as some candidates may not have access to the appropriate software

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

### **F917 Complimentary Therapies**

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

It is important that one of the two complementary therapies studied is actually being used by the service user and that the other is appropriate for the service user.

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

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

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

## F910 Promoting Quality Care

### General Comments

Overall candidates performed well on this paper. The majority attempted all the questions. It was reassuring to see that centres have responded to previous advice given within the principle examiners report. There were fewer 'list' like answers and candidates were trying to explain a couple of points in more depth for the levelled responses.

There was a good level of differentiation with higher ability candidates being able to demonstrate their higher level skills of analysis and evaluation.

Some candidates are still losing marks by not reading and responding to the command words, for example 'identify and give an example'.

There were some examples of candidates not reading the question properly, for example question 5b asked for resources within a nursery but many candidates lost marks by only discussing curriculum issues.

Barriers questions were especially weak. Candidates can identify the barriers but cannot apply these barriers to the service users identified within the question.

Some candidates still wrote fairly discriminatory remarks within their answers. It is crucial that candidates understand that the service users are not second class citizens with limited intelligence merely that they may have some additional needs. It should be noted that minority ethnic groups are not all asylum seekers. The majority are second or third generation British.

### Comments on Individual Questions

- 1 (a)(i) Most candidates could identify the type of discrimination. A significant number lost the second mark by giving their own example rather than the one from the text box.  
  
(ii) **Well** answered
- (b) Candidates answered this well if they understood the term 'agencies of socialisation'. Some did not link their description very well to people with mental health needs.
- (c) The majority could identify the barriers but they did not always **pick** the 3 barriers that were most appropriate to this client group and therefore their examples were too generic. For example if they identified a physical barrier they were not awarded a mark for discussing wheel chair access.
- (d) Generally well answered. Some candidates lost marks by misreading the question and discussing interviewing rather than advertising.
- 2 (a) A worrying number of candidates did not know the early years care values and therefore lost up to 8 marks. Candidates need to practice linking the care values to appropriate examples within an early years setting.
- (b) Some candidates lost marks by identifying legislation rather than policies.

*Report on the Units taken in June 2008*

- (c) Some candidates tried to link their answer back to the care values or **discussed** the components of an Equal Opportunities Policy rather than ways an organisation can support its staff.
- 3 (a) Well **answered** in terms of identifying barriers but often poorly linked to minority ethnic groups.

(b) Very **well** answered.

(c) Candidates did demonstrate some analysis of the weaknesses of the Race Relations Act. There is still a tendency for some candidates to put in 4 or 5 weaknesses but give no analysis therefore placing them within level 1. Candidates need to be encouraged to discuss 2 or 3 weaknesses in more depth.
- 4 (a)(i) Well answered.

(ii) **Well** answered.

(b) A **minority** of **candidates** failed to score full marks by giving vague answers such as 'someone is in danger'. Marks will only be awarded if the candidates states a serious crime is going to be committed.

(c) Generally well answered.
- 5 (a) **Candidates** appeared to enjoy answering this question and gave some informative and well thought out answers enabling them to score high marks.
- 5 (b) Poorly **answered** by many. Candidates either listed lots of activities the children could do rather than the resources required or listed many resources but did not go on to explain how these resources would promote multiculturalism.
- 6 (a) Many **candidates** lost marks by ignoring the word 'strengths' within the question and only outlined the content of the act rather than how effective it has been.

(b) Candidates **gave** some excellent answers and many gained access to level 3. There was good use of terminology and a noticeable attempt by candidates to discuss 3 or 4 points in **depth** rather than list previous mark schemes. Some candidates **kept** inaccurately referring to the fact that this act does not cover single people.

## F913 Health & Safety in Care settings

### General Comments

Candidates' performance on this paper was broadly in line with other sessions. The majority of candidates were able to answer straightforward questions reasonably well. Limited ability was demonstrated of understanding of concepts.

There was frequent misreading or misunderstanding of questions by candidates was apparent. Many of the questions requiring extended answers gave rise to repetitive answers with little content.

### Comments on Individual Questions

- 1 (a) (i) Virtually all correctly identified this.
- (ii) Most candidates could identify three substances correctly, but many could not precisely define the storage requirements. A few candidates suggested substances in such a vague way that no marks could be awarded.
- (b) (i) Almost all answered correctly
- (ii) The majority answered correctly. A few gave an example of enforcement.
- (c) (i) Virtually all could correctly identify a suitable piece of equipment.
- (ii) The majority knew the answer. Those choosing Manual Handling Operations Regulations sometimes missed one word out, therefore not scoring. Those choosing LOLER all answered correctly.
- (iii) Some repeated the same point several times using different words, but the majority scored well on this.
- 2 (a) Signs A and C were usually identified correctly and a place where they might be found was also correct. A number of candidates were unable to obtain the third point, simply restating what the sign 'warned about'. Sign B was correctly identified by a very small number of candidates. A significant number of candidates thought it was a radiation sign.
- (b) This question was answered very poorly by most. While many candidates knew the requirements placed on a setting by RIDDOR, few could answer the conceptual question posed concerning the effects it might have on policy.
- 3 (a) Generally well known, although many did not say enough for the their stage to gain the point.
- (b) Most candidates made a reasonable attempt at the risk assessment. A number spent the majority of their time considering access issues, giving scant detail about safety issues. Unless mention was made of memory loss or dementia, no credit was given for answers implying that the residents needed to be kept locked up. A minority of candidates achieved marks in the highest band.

*Report on the Units taken in June 2008*

- 4**    **(a)**    Almost all correctly answered this question
- (b)**    Identification of items of PPE was good, but a number could not provide a sufficiently clear explanation. Some candidates answered about protecting the wrong person, having misread the question.
- (c)**    This was not well known, although the majority of candidates did score something.
- (d)**    Once again, it seems that the majority of candidates do not know what are standard precautions, with many talking about security, fire safety, first aid or special precautions. Those who did know the correct information scored well as they were able to give reasons for the actions.
- 5**    **(a)**    Those who correctly read the question generally scored well. A number of candidates misread the question and talked about prevention of spread of fire.
- (b)**    Most candidates could gain some marks on this, although many repeated the same basic point about everyone knowing what to do, in a variety of wordings with many examples.
- 6**    **(a)**    This was answered surprisingly poorly. Many candidates thought that every setting has a first aid room. Many could identify pieces of information but were unable to give reasons for them.
- (b)**    Almost all candidates attempted this question, although few could suggest much beyond preventing injuries from worsening.

## **F918 Caring for Older People**

### **General Comments**

This session candidates entered for the exam attempted to answer all questions - there was a significant reduction in the number of candidates who left blank answers. There was evidence of achievement across the full ability range with a significant number achieving success across grades A – E.

Candidates applied their knowledge and understanding accurately and with confidence. Fewer candidates demonstrated limited knowledge or had been entered inappropriately, which was definitely encouraging to see.

Candidates demonstrated good use of the technical terminology of the unit; however, a minority had difficulty spelling technical vocabulary correctly. Centres should focus some of their revision time for future sessions on the literacy of the unit content use 'key terms' check lists when revising.

Time management during the exam seemed to have improved with the many candidates completing the whole paper, attempting to answer all the questions and sub-questions.

Candidates failed to read the question fully before responding and therefore missed the point of the question and gave irrelevant answers. For example Question 2c which asked for 'other roles' and candidates repeated the roles within the family which they had already given for Question 2b. Candidates must realise the importance of reading the question thoroughly before answering in order to avoid loss of valuable marks. It was quite apparent that candidates had understanding but, in some cases, did not give accurate responses in order to gain marks. Repetition of the question or the question stem without actually giving an answer of their own is another area where candidates lose unnecessary marks. Repetitive answers, where candidates state the same response in slightly different words, do not access the full marks as they are unable to be credited with the same mark twice. Candidates would benefit from being given the opportunity to highlight this by writing the same answer in several different ways to highlight this point.

Candidates are also losing marks by not recognising the key verbs in questions and therefore not giving a response which meets the requirements. Where candidates do not respond to the key verb they limit their access to the marks available. Key verbs need to be highlighted to candidates during the completion of to ensure that they understand the requirements of each key verb and can write answers that meet the level of detail necessary to achieve explain, analyse, evaluate, discuss, assess, describe and identify. Centres are recommended to utilise past papers and devise their own questions – this will improve candidates' confidence and enable them to plan more coherent answers whilst under the pressure of the exam.

It was noticeable to see where centres have followed the advice and guidance given during training to prepare candidates thoroughly for the examination paper. Evidence of sound revision, understanding of key concepts and clear application of knowledge was apparent in the higher scoring papers.



### **Comments on Individual Questions**

- 1 (a) Candidates had a sound understanding of the possible negative effects of ageing.
- (b) Generally well answered, however, some candidates still muddle social and emotional giving the wrong responses on their question paper.
- (c) Candidates generally answered this question well, there was some evidence of repeated answers e.g. 'feeling lonely' and 'feeling isolated' which have the same meaning.
- 2 (a) Generally well answered - a few candidates did not seem to understand the meaning of 'economic'.
- (b) Candidates who understood 'roles within the family' answered with confidence, many repeated themselves and did not meet the requirement of 'analysis'. List like answers will only achieve level 1 marks, candidates should have stated how the role could be affected and then go on to analyse why this would be so. Lists of several changes in role within the family is not detailed enough to be given higher level marks.
- (c) Many candidates missed the wording of 'other roles' and repeated their answer for 2b. Where candidates understood the question - responses were sound.
- 3 (a) The majority of candidates were able to identify a disorder of the digestive system and identify possible effects. A few candidates muddled their body systems and gave irrelevant answers e.g. asthma, heart attack etc
- (b) Candidates tended to give generic physical effects rather than those explicitly related to the disorder identified. Centres should encourage candidates to apply their knowledge and understanding to the disorder they have studied.
- (c) Several candidates misunderstood the question and gave care practitioners for their responses instead of the required community care services. Candidates should specify the services and then explain how the services could support a person with a disorder of the nervous system. Their explanation could refer to particular care practitioners who work within each service. A minority of candidates gave a totally generic answer without referring to any services of practitioners - this accessed level 1 marks only.
- 4 (a) The majority on candidates were able to identify a relevant disorder of the circulatory system.
- (b) Several candidates gave only one or two word answers - this is not appropriate for a question where the command verb is 'describe'. Where candidates only 'identified' effects they limited their access to the marks available.
- (c) Almost all candidates were able to identify the care values and state ways in which staff at a residential home should apply them. The evidence of analysis for this question was limited, many candidates simply listed as many different ways as they could think of, of applying the care values which was not appropriate in this context. Only a small number of candidates applied their responses to the staff in the residential home. Candidates should have taken two or three ways and analyse them fully to access the marks available in level 2 and 3.

*Report on the Units taken in June 2008*

- 5**    **(a)**    Candidates seemed to experience difficulty actually stating how 'care needs' had changed in this situation. Candidates must apply the information they are given in the question stem to enhance their answers.
- (b)**    Candidates overall had a good understanding of 'coping strategies' although many confused these with treatment.
- (c)**    The NHS and Community Care Act was covered in detail by many of the candidates which was encouraging to see as there is overlap of the knowledge of this legislation in other units as well. Candidates lost marks by not analysing in detail key provisions of the legislation and also by not applying their answers to meeting Sheree's care needs.
- 6**    **(a)**    It was encouraging to see that many of the candidates were able to evaluate fully and considered both positive and negative effects of Dorothy's death. A lack of a conclusion prevented some of the higher level candidates from achieving full marks in this question.
- (b)**    Candidates had very limited understanding of the Health Act 1999. Many repeated the information regarding the NHS and Community Care Act, others simply gave totally inappropriate responses and simply 'waffled' which did not gain any marks.

## F920 Understanding Human Behaviour

### General Comments

covered in the specification and the vast majority were able to identify an appropriate theorist for the psychological perspectives studied. A number of candidates attempted to use the work of a theorist when answering questions which did not require this eg linking the impact of negative self-concept with the humanist perspective. This tended to create confusion. Candidates should be advised that not all questions are based on the work of specific theorists. Candidates are generally aware that an individual's development relates to P.I.E.S (Physical, Intellectual, Emotional and Social aspects). Candidates should be made aware of how to evaluate 'the usefulness' of particular theories, rather than giving a straight evaluation of the theory (ie they need to be able to evaluate how the theory can be **used** in practical situations).

### Comments on Individual Questions

- 1 (a) A good introductory question. The majority of candidates although not all, gained full marks.  
(b) The majority of candidates selected an appropriate theorist however the verb 'outline' may have been unfamiliar in the context of this paper – better candidates tended to give unnecessary detail and perhaps spend too much time on the question.
- 2 (a) Examiners took a broad approach to the identification of 'genetically inherited' condition, depending on the condition chosen candidates sometimes struggled to explain physical or intellectual effects eg linking autism to physical development.  
(b) Few candidates really 'assessed' the impact of socio-economic and environmental factors, although the majority identified a wide range of factors and linked them to PIES.
- 3 (a) This was relatively poorly answered with many candidates simply describing what self-concept meant.  
(b) A number of candidates tried to use the humanist perspective in answering this question which caused some confusion. Many answers simply listed aspects of 'PIES' and stated that negative self-concept would affect them.
- 4 (a) Some very lengthy and unnecessarily detailed answers were given. Clarification of what 'outline' means is needed.  
(b) Candidates had difficulty in applying their chosen theory (whether Freud or Erikson) to the situation given – even where candidates did relate the theory to older people in residential care few picked up on the word 'despair' – perhaps this term was not well understood.
- 5 The majority of candidates used Bandura. Few candidates achieved higher than Level 2 because of the difficulty of 'evaluating how the theory could be used'. Basically this means looking at ways in which the theory is useful and the ways in which it is not useful and then drawing a conclusion. Most candidates described the theory and gave examples of its use in a relevant setting.

## **F921 Anatomy & Physiology in Practice**

### **General Comments**

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.

Some candidates failed to read the question stem with accuracy. Most candidates completed all of the questions. The accuracy of the candidates' knowledge was a noticeable problem in their responses. In a small number of cases the legibility of some papers, poor spelling and poor grammar made marking more difficult. The use of English in this paper was at times noticeably poor with scientific spellings being a major problem for many candidates.

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.

Question 4c attracted varied responses from candidates. Here the candidates had a tendency to give weak descriptions of how their chosen dysfunction could be diagnosed but then gave a better description of the treatment. Overall the candidate's lack of accurate knowledge of diagnosis often limited their mark.

In question 5 a number of candidates demonstrated difficulty in understanding what was required from this question. Instead of evaluating the PIES effects of having a cardiac procedure, candidates often described the way the procedure was carried out and why the service user was having the procedure.

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

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

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

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

Centres could help to improve candidate performance by:

- Helping candidates to improve the way they approach the command verbs 'explain' and 'describe'.
- Practising questions that require explanations before they reach the controlled conditions of the examination.
- 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.

Where low marks were recorded it appeared to be the result of a lack of specific knowledge, a lack of examination technique and a failure to read the question stem with accuracy. Lack of clarity of expression occasionally contributed to a lower mark. Successful answers and good practice were reflected in responses that were factually accurate and successfully applied to the question.

### **Comments on Individual Questions**

- (a)** This question was generally well answered, responses were often basic but accurate

**(b)** Again well answered with many candidates giving suitable responses relating to the need for a cooler environment.
- (a)** Differences in structure and function were generally accurate except when candidates could not remember the direction of flow within a vein or artery.

**(b)** Candidates gave good descriptions of the causes of their chosen dysfunction but many gave weak explanations of how the effects could be reduced.
- (a)** The component parts of the digestive system were accurately identified by most candidates

**(b)** In this question the process of digestion was often vague and inaccurate. Many candidates were unable to describe the basic functions of the stomach and duodenum.

**(c)** The majority of candidates were able to identify one dysfunction and developed fully their description of how it could be treated. Responses were generally accurate but often contained poor spelling.
- (a)** This question was well received by many candidates who labelled the diagram with accuracy. Those who did not often confused the ureter with the urethra.

**(b)** The process of urine production in the kidney was a mystery to large number of candidates. Good outlines of the process were few and far between.

**(c)** The majority of candidates were able to identify one renal dysfunction and when successful continued to give a full description of how it could be diagnosed and treated. Descriptions were generally accurate but often contained poor spelling.

- 5 (a)** Here some candidates demonstrated difficulty in understanding what was required from this question. Instead of evaluating the PIES effects of having a cardiac procedure, candidates often described the way the procedure was carried out and why the subject was having the procedure. They then forgot to evaluate the effects of the procedure on the service user's health and life style. It was apparent that some candidates only knew about the procedures and not how they affected service users.

## F924 Social Trends

### General Comments

The overall performance by candidates continues to improve with most centres making good use of the pre – release material. There was an increase in candidate performance in the middle range showing that centres were now more aware of the structure and requirements of the paper. Most candidates completed the paper within time but some are still spending excessive time on the lower mark questions. One issue that needs addressing is the lack of planning in the essay type responses with candidates often repeating the same point throughout their answer and not addressing issues of analysis, discussion and evaluation.

More candidates are able to identify trends by using key words such as increase, decrease, fluctuation etc but some are still offering explanations for the pattern when they are not required. A large number of candidates however were clearly not really understanding some of the data because they failed to realise that the figures were in percentages or millions etc. This could easily be overcome when centres use the pre release material.

An improvement in the understanding of carrying out research was evident in this session with candidates able to outline the stages involved in primary research. However there continues to be a problem for many candidates in distinguishing between reliability and validity. A good understanding of ethical issues was shown as a result of candidates' ability to use material from other units.

The best centres were clearly emphasising to their candidates the contemporary nature of the unit and were using recent census data and other sources such as the media to ensure that candidates are aware of what is a constantly changing society particularly in relation to family life and relationships. This was particularly evident in the question on divorce with some candidates only having a vague understanding of divorce legislation and of a society up to three decades ago. Regular use of reliable sources such as BBC websites and newspapers such as The Independent would bring candidates into the 21st century.

### Comments on Individual Comments

- 1
  - (a) Generally answered well but some candidates failed to read the question and used the data on divorce
  - (b) Some very good answers by candidates who looked at the problems of measuring relationship breakdown. Many candidates only offered one reason
  - (c) Most candidates were able to put forward aspects of legislation and issues relating to changes in women's roles. Few addressed the issue of extent most candidates were able to put forward aspects of legislation and issues relating to changes in women's roles. Few addressed the issue of extent
- 2
  - (a) Generally answered well with most candidates referring to issues of court custody and the traditional role of women
  - (b) Most candidates were able to identify reconstituted family
  - (c) Very well answered with candidates able to outline a number of advantages and disadvantages

*Report on the Units taken in June 2008*

- 3**
- (a)** Generally answered well but a number of candidates clearly misunderstood the data
  - (b)** Few very good responses, candidates clearly did not understand why quantitative data may not show a true picture of the level of unemployment
  - (c)** Most candidates identified questionnaires or structured interviews but many referred to using only open questions in quantitative research. Candidates tended to refer to issues such as: aims, hypotheses, sampling, piloting, analysis of data and conclusions as necessary when doing research
- 4**
- (a)** Very few correct answers as candidates failed to realise that the data was in thousands
  - (b)** Most candidates identified the under 16 age group and were able to provide two valid reasons for the decline
  - (c)** Poorly answered as few candidates focused upon the issue of women's life expectancy tending to provide generic reasons why projections may not be accurate
  - (d)** Most candidates only focused upon the need for more services for older people without looking at the wider implications for government planning eg taxation, retirement issues and a possible reallocation of resources
- 5**
- (a)** Generally answered well with most candidates identifying students and divorcees
  - (b)** Generally answered well with candidates focusing on changes in one person households and larger households
  - (c)** A surprisingly large number of candidates failed to realise the question referred to figure 6 not figure 5
  - (d)** Many candidates did not understand the term 'functions' and wrote generally about voluntary services and also in (ii) failed to focus upon helping people who live alone. They were unable to show a clear understanding of the important role such services continue to play in a society with apparently comprehensive statutory provision



# Grade Thresholds

Advanced GCE (Subject) (Aggregation Code(s))  
June 2008 Examination Series

## Unit Threshold Marks

Unit		Maximum Mark	A	B	C	D	E	U
F910	Raw	100	82	72	62	52	43	0
	UMS	100	80	70	60	50	40	0
F911	Raw	50	41	36	31	26	22s	0
	UMS	100	80	70	60	50	40	0
F912	Raw	50	41	36	31	26	22	0
	UMS	100	80	70	60	50	40	0
F913	Raw	100	77	67	57	47	37	0
	UMS	100	80	70	60	50	40	0
F914	Raw	50	41	36	31	26	22	0
	UMS	100	80	70	60	50	40	0
F915	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F916	Raw	50	41	36	31	26	22	0
	UMS	100	80	70	60	50	40	0
F917	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F918	Raw	100	82	73	64	56	48	0
	UMS	100	80	70	60	50	40	0
F919	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F920	Raw	100	80	71	62	53	44	0
	UMS	100	80	70	60	50	40	0
F921	Raw	100	81	70	60	50	40	0
	UMS	100	80	70	60	50	40	0
F922	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F923	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F924	Raw	100	80	71	62	53	44	0
	UMS	100	80	70	60	50	40	0
F925	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0

## Specification Aggregation Results

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

### AS Single Award (H103)

	Maximum Mark	A	B	C	D	E	U
<b>H103</b>	300	240	210	180	150	120	0
<b>% in grade</b>		9.0	25.7	49.1	70.6	86.4	100

3005 candidates aggregated this series

### AS Double Award (H303)

H303	AA	AB	BB	BC	CC	CD	DD	DE	EE
<b>UMS (max 600)</b>	480	450	420	390	360	330	300	270	240
<b>% in grade</b>	4.6	11.0	19.8	32.0	44.6	57.1	71.4	82.3	90.5

1449 candidates aggregated this series

### GCE Single Award (H503)

	Maximum Mark	A	B	C	D	E	U
<b>H503</b>	600	480	420	360	300	240	0
<b>% in grade</b>		7.7	29.4	57.6	80.9	96.1	100

2150 candidates aggregated this series

### GCE Double Award (H703)

H703	AA	AB	BB	BC	CC	CD	DD	DE	EE	U
Max 1200	960	900	840	780	720	660	600	540	480	0
<b>% in grade</b>	5.1	10.6	18.8	34.0	49.0	63.6	77.2	89.0	96.4	100

1451 candidates aggregated this series

For a description of how UMS marks are calculated see:

[http://www.ocr.org.uk/learners/ums\\_results.html](http://www.ocr.org.uk/learners/ums_results.html)

Statistics are correct at the time of publication.

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