

Health and Social Care

Advanced GCE AS H503/H703

Advanced Subsidiary GCE AS H103/H303

Report on the Units

June 2007

H103/H303/MS/R/07

OCR (Oxford, Cambridge and RSA Examinations) is a unitary awarding body, established by the University of Cambridge Local Examinations Syndicate and the RSA Examinations Board in January 1998. OCR provides a full range of GCSE, A level, GNVQ, Key Skills and other qualifications for schools and colleges in the United Kingdom, including those previously provided by MEG and OCEAC. It is also responsible for developing new syllabuses to meet national requirements and the needs of students and teachers.

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

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

OCR will not enter into any discussion or correspondence in connection with this Report.

© OCR 2007

Any enquiries about publications should be addressed to:

OCR Publications
PO Box 5050
Annesley
NOTTINGHAM
NG15 0DL

Telephone: 0870 870 6622
Facsimile: 0870 870 6621
E-mail: publications@ocr.org.uk

CONTENTS

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

Advanced Subsidiary GCE Health and Social Care (H103)

REPORT ON THE UNITS

Unit	Content	Page
*	Principal Moderator's Report (all units)	1
F910	Promoting quality care	11
F913	Health and safety in care settings	17
F918	Caring for older people	23
F920	Understanding human behaviour	29
F921	Anatomy & physiology in practice	33
F924	Social trends	39
*	Grade Thresholds	45

1. **General Comments:**

Overall the standard of work submitted was encouraging and there was correlation with unit specifications and assessment objectives. Candidates tended to break down the unit into assessment objectives and present their portfolios accordingly. Portfolios were more concise and there was less evidence of research being included but not used.

There are still many centres which appear to not refer to the Amplification section of the unit specifications, instead teaching to and assessing according to the Unit Recording Sheet alone. This is not satisfactory and in future may result in portfolios being returned to be assessed correctly. Moderators rely on correct and detailed annotation to assist them in making decisions; they are not meant to assess work and yet where no annotation or breakdown of marks was given this is exactly what they ended up doing. This takes time and adds to the pressure of meeting deadlines.

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. Assessors should also ensure that work is page referenced in order that moderators can readily locate the evidence. The A3 Assessment Evidence Recording Sheets are not compulsory but when used by both candidates and assessors give clear guidance and assist understanding of unit requirements.

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 MS1 (mark sheet). Many centres correctly completed and included a Centre Authentication Sheet. It should be noted that one form is required for each unit entered; a reminder of the requirement for this form is sent with the request for sample.

2. Comments on Individual Portfolios:

F911 Communication in Care Settings

The majority of centres appear to have a good understanding of this unit and each of the assessment objectives. Candidates were able to describe the four different types of communication used in care settings and their purpose. Greater emphasis was placed on oral and written communication, whilst special methods and computerised communication often lacked depth.

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, In order to address AO2 fully a specific care setting should be selected and a care worker from that setting identified.

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 in isolation but were unable to show a level of understanding of theorist's views of the effects of communication on service users/ care workers.

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 and insufficient evidence presented. 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

There was evidence that the majority of centres had received the message regarding what is meant by the term 'two different perspectives'. Many centres gave a detailed explanation of what is meant by health and well-being from a service user and a service provider's perspective.

The main concern this session in AO1 was that candidates were not able to use the medical and social models of health to explain the responses of individuals to health and education advice.

For assessment objective two, candidates need to identify 'two key workers who are involved in promoting health', which clearly does not cover all key workers. For each key worker a candidate should be able to analyse a preventative measure they would apply in their role, explaining the reasons for the preventative measure being applied.

Candidates provided evidence of both primary and secondary research for assessment objective three, however it is worth noting that the factors that affect health and well being should be from different bullet points on page 27 of the specification. When providing evidence for the Health Promotion Campaign for assessment objective four, candidates must use the amplification which clearly identifies all the evidence required. It is important to highlight that candidates must identify pre-set criteria, when planning their campaign, as this needed when evaluating the success of the campaign. Candidates must also ensure that they include records of observation of the health promotion campaign.

F914 Caring for People with Additional Needs

There was some confusion between causes of additional need and effects for assessment objective one. 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. For assessment objective two, 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. In order to access mark bands two and three primary research must be carried out as well as secondary research. Evidence submitted for assessment objective four 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

Many centres assessed this unit leniently. In general, portfolios were too verbose, with candidates producing masses of unnecessary information. In AO1 candidates need only identify and explain two examples from each of private, statutory, voluntary and informal groups. When plotting these on a map, they should be colour-coded or annotated in such a way that it is clear which settings belong to which group. The two job roles considered for AO2 should be from the one setting. The early years' care values should be described in detail, with examples of how each could be applied by both care workers. When considering factors, which can affect learning and development, candidates should use page 60 of the specification to ensure they incorporate two factors from each of the three main groups. AO4 was generally done well however please note that there is no need to send the actual activity of to the board. Photographs of the activity being carried out should be vetted so as to protect the identity of the participants.

F916 Health as a Lifestyle Choice

Many candidates still 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. Assessment objective two 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. Many candidates failed to show a thorough understanding of the needs of the individual, which includes understanding the influence of an individual's beliefs and lifestyle. This individual may not necessarily be the same individual used for assessment objective three however it would make sense to combine the two. Candidates must be guided by the amplification as to the specific content of the exercise plan and must include an advice sheet on safety factors to be considered. Assessment objective four requires candidates to evaluate both the likely effects of the diet recommendations and the exercise plan. Many candidates did seem to focus on the impact of the exercise programme and only mention diet occasionally. Marks are equally split between evaluating the impact of the exercise and the dietary changes.

F917 Complementary Theories

This unit was interpreted well by centres and both the specification and amplification

were referred to when completing the assessment objectives. 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. Furthermore candidates need to analyse correctly the views of the service practitioners and compare them to views of public. In AO3 the analysis of the results should explain similarities and differences in the views of the public and healthcare professionals. The analysis should also consider the different views between members of the public. Candidates did not seem content to make appropriate comparisons and evaluative statements between the service user and the general public and health professionals.

F919 Unit 10 Care practice and provision

The majority of Centres had approached the unit with confidence. Candidates were able to select two demographic factors which had influenced the organisation and provision of services in their local area. Centres where candidates had included more than two demographic factors should remember that this is not a requirement and should be discouraged as the candidates would not benefit from doing so. Understanding of the use which is made of the demographic characteristics when planning services was generally understood.

The stages in local planning tended to be covered vaguely. Candidates need to show that they understand what happens at each stage, brief statements do not meet this requirement. The understanding of the involvement of local stakeholders in local planning varied greatly. Candidates should be able to identify the main stakeholders for the services they have chosen, it is not necessary to cover absolutely all of them. Candidates often omitted an explanation of how the plan is monitored and reviewed.

The organisation of services was often omitted or covered very briefly. National, local and internal organisation should be included to enable candidates to clearly demonstrate their understanding. Many centres had approached this section by explaining the different types of services available, however there does need to be understanding of the hierarchical organisation as well.

The case study chosen by candidates should be introduced giving an understanding of the needs related to PIES. A large proportion of candidates highlighted practitioners rather than services and there were examples where the sector had been given but not specific services. Candidates were 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, centres are advised to refer to the specifications for the approaches which should be included. One approach for each service is adequate – there is no requirement for candidates to cover all of the approaches.

Understanding of what a multi-disciplinary team is varied greatly and there was evidence of limited understanding of how they actually work together. The ability to analyse how providers working in multi-disciplinary teams benefits the service user was often weak. Candidates would benefit from linking this directly to the needs of their case study.

Quality assurance mechanisms were generally researched well with candidates selecting appropriate primary and secondary research techniques. Reasons to justify the research techniques chosen were often omitted. The level of analysis differed

and candidates' ability to explain how the data collected is used to inform future practice was often limited. For future reference; where candidates can locate primary data collected by services they can use this as primary research for their own evidence, it is appreciated that this type of information can be difficult to gather by the students themselves due to the ethical issues applied by services.

A National policy or piece of legislation relevant to either service was usually selected well. Candidates evaluated the effects of the chosen legislation on care practice and provision within the chosen service. Candidates should make sure the strengths and weaknesses are explicitly stated in order to achieve higher marks. Consideration of the National policy or piece of legislation two different perspectives i.e. the service user and service provider/practitioners was generally sound. Candidates should be encouraged to reach an overall conclusion/judgement.

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.

Centre interpretation of assessment objective 1 varied considerably often did not meet the requirements of the assessment criteria. Candidates should describe 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. Candidates often omitted physical growth completely. Charts are acceptable to define the milestones within each pattern, however, alone charts do not meet the requirements above mark band 1. The candidates must demonstrate their understanding of the progression from one milestone to the next throughout the period of development. This should be a descriptive piece of work which links to the information in the chart. A description of three milestones within each area of development does not meet the requirement to cover the patterns from birth to eight years.

Some candidates combined their comparisons of their case study's development with the norms within assessment objective 1. They do however need to explain any variations from the norms and this was often omitted. Candidates provided detailed information about all of the factors in the specification. Candidates should only cover the factors which have actually affected their case study's development directly. These should then be used to explain the child's development across PIES. Limited use was made of these to explain any variations from the norms. To achieve higher band marks candidates need to be able to connect these and demonstrate their understanding in their explanations.

Referencing of sources for their research of theories of play for assessment objective three was often poor. Candidates should be encouraged to use a recognised referencing style (e.g. Harvard).

The requirement is not necessarily to consider two 'theorists'. Centres should refer to the specifications for the acceptable theories of play which can be used and remember that candidates are only required to cover two of them – they should be demonstrating in-depth understanding of these two and not superficial understanding of a wider range. Candidates need to make reasoned judgements

about how two theories of play can be reflected in the child's development and must include two examples of each within the child's development for birth to eight years.

The learning aid or activity produced for assessment objective four should be designed to have an impact on a particular area(s) of the child's development and be sufficiently challenging. It is accepted that as the child studied has to be at least eight years of age the learning aid/activity could not be trialled with the same child as they have already passed that developmental stage. Trialling with a child of a similar age is perfectly acceptable.

The design ideas seen during the moderation period varied widely with some very intricate and interesting ideas presented. 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. Many candidates did not include timescales and often failed to give reasons for their actions taken.

The detail included in the evaluation also varied. Some candidates included excellent evaluations. The performance of the learning aid or activity should be explicit together with analysis of how the learning aid or activity could benefit the child studied.

Recommendations for improvements to the learning aid or activity were generally realistic and informative.

F923 Unit 14 Mental Health Issues

The centres who entered candidates for this unit demonstrated sensitivity and it was reassuring to note that confidentiality of service users was maintained throughout.

Candidates usually explained clearly three different types and possible causes of mental-health illnesses. The complexity of identifying specific causes was recognised by few candidates. There was particular weakness in the evidence relating to the resultant health needs for each of the three types of mental-health illnesses. Some attempted to cover this generally rather than explicitly to each type which is not appropriate.

Candidates often used the case studies provided by OCR which is perfectly acceptable for the sensitive nature of the information required for this unit. 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' references to effects on the service users but family, friends and wider society was often limited.

When analysing the main preventative/coping strategies, candidates should refer to any which the service user could use, they do not actually have to be ones they are currently using. Evaluation of the strengths and weaknesses of each of the strategies was often omitted when explaining why they are appropriate for the service user. Two services that could provide support for the service user should be explicitly stated and linked to their needs. The legislation relevant to the service user could be the Mental Health Act; however, alternatives are acceptable where this is not appropriate.

Evidence relating to the concepts/definitions of mental health varied considerably. Candidates need to include explicit evidence of this within their portfolios.

Candidates who explained how definitions had changed over a period of time had a thorough understanding of the way concepts and definitions have evolved. A range of examples of the media's portrayal of people with mental-health needs had been used in centres including some classic films and documentaries. Excellent use was made of relevant newspaper articles. Positive and negative effects of the two examples of the media's portrayal of people with mental-health needs were generally 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 different research projects were seen during the moderation process. A few centres had linked their research into the requirements of another unit, for example theories of play (unit 13), Media portrayal of mental health issues (Unit 14), Quality assurance mechanisms (Unit 10), Family and Social Trends (Unit 15) Behavioural theories (Unit 11) which was a benefit for the students and enabled them to gather evidence in an economical manner.

The purposes of research were often not understood. Research methods were 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. A few centres had expected candidates to cover all research methods; this is not required and should be discouraged.

The standard of work for the explanation of the rationale for the chosen research area was quite diverse. Candidates should clearly explain the reasons why their chosen topic warrants being researched, this could 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. Candidates must clearly outline the aims and/or objectives of their chosen research. An understanding of the differences between aims and objectives should be clearly established before the candidates do this.

Ethical issues must be clearly linked to the candidates' 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. It should be noted that the requirement is for a 'range' to be covered there is no requirement to cover a large number.

Candidates need to have evidence that they have 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 their choice of research methods was often not completed in relation to their own research area. Many candidates relied on the generic evidence on different research methods in AO1 but this lacked application to their actual research project which demonstrates application of their knowledge and understanding. The evidence should include reasons why the methods are suitable for the chosen area of research and may include reasons why certain

methods were not chosen.

Presenting of findings demonstrated excellent use of ICT, however overkill with graphs and charts does not demonstrate analysis of findings. Findings should be grouped together according to the original aims and objectives to enable the analysis to be clearly linked to these. Analysis of the findings should be detailed and not merely a repetition of how many people gave a particular response. Conclusions must be drawn from their findings.

Justification of research methods and analytical techniques in this section should reflect on their use and effectiveness. Discussion of sampling methods used for collecting primary data was often omitted, this must be included by candidates wanting to achieve higher marks.

Candidates often failed to link their evaluations to their predetermined aims and/or objectives when assessing the success of their research project. There was also evidence of confusion of the terms of validity, reliability and representativeness. These need to be explained fully to candidates to enable them to be applied correctly. Recommendations for improvements and continuation of the research varied in quality.

The emphasis of the research unit is more on the process than the actual findings. Candidates who followed the 'Guidance from and Expert' sheets distrusted during training sessions definitely benefited as their research projects were presented coherently and covered the assessment evidence requirements.

F910: PROMOTING QUALITY CARE

1. **General Comments:**

Candidates were generally well prepared for this exam. Centres had used past mark schemes and followed advice given either at INSET or from January's report to help candidates maximise their potential.

Some candidates tried to fit answers from previous mark schemes into this year's questions. There was also significant evidence of rote learning for the levelled responses with little more than lists of memorised points. Candidates did not explain, evaluate or give examples, resulting in low marks. Some key terms such as redress, implemented and monitored were not understood by some candidates.

2. **Comments on Individual Questions:**

Question No.

1(a) Many candidates gained full marks; however, a surprising number referred to racial discrimination due to the 'American' concept.

1(b) Very well answered.

1(c) Candidates were able to answer this well if they understood the term 'redress'. It is vital that candidates are familiar with this concept.

1(d) Weaker candidates did not give ways and just repeated a number of examples of the same point e.g. do not ask for sex, age, race etc.

2(a) Well answered.

2(b) Well answered.

2(c) Many candidates gained level 2 marks but they need to develop their answers and not just suggest 'free transport/buses'. Encourage candidates to discuss more appropriate and realistic strategies to facilitate access to services.

3(a) Few candidates knew the correct wording of four early years care values. Often the main three care values were repeated with a 'guess' for the fourth.

3(b) Candidates often lost marks as they repeated the care values rather than actually give examples of how they could be applied in an early years setting. Some answered this question very well.

3(c) Poorly answered as many candidates talked about advertising rather than interviewing procedures, or did not identify actual ways. This was an example of a question where candidates listed previous answers from a mark scheme.

4(a) Most candidates answered this correctly but some talked incorrectly about the 'Child Protection Act'.

4(b) Generally sound ideas but many answers lacked correct terminology.

- 4(c)** Candidates had a tendency to waffle and repeat themselves which resulted in few achieving level 3 marks. Ensure that candidates discuss benefits to both the service users and providers. Answers which said the Act stopped all abuse and made children 'feel safe' were not credited with marks.
- 5(a)** The most common mistake was not clearly identifying that a crime must be *serious* to allow providers to break confidentiality.
- 5(b)** Generally well answered as long as they discussed benefits to both the service user and provider.
- 5(c)** Very poorly answered. Not many candidates understood the term 'implement' and just discussed how data could be stored securely.
- 5(d)** This was answered better than 5c but some still failed to link their answer to monitoring or gave unrealistic answers such as 'hidden cameras'.
- 6(a)** The majority of candidates could identify one or two key features of the Sex Discrimination Act. Some candidates still seem to get confused and discuss the Equal Pay Act which is not covered in the specifications.
- 6(b)** Candidates only gained level 1 marks if they just listed pre rehearsed answers or just gave weaknesses. Candidates need to have a better understanding of the strengths as well as the weaknesses and be encouraged to use more technical terminology. Many lost marks by just repeating the features of the Act. It was encouraging to see that more candidates gave an overall conclusion.

F913: HEALTH AND SAFETY IN CARE SETTINGS

1. General Comments:

Candidates have much improved this series. There was evidence that candidates had been well-prepared for the test, with particular improvement in the risk assessment aspect of the paper.

2. Comments on Individual Questions:

Question No.

- 1(a) (b)** Generally well answered.
- 1(c)** Relatively few candidates answered this question well.
- 1(d)** Mixed response to this question, from vague and unspecific answers to comprehensive knowledge and understanding demonstrated.
- 2(a)** Generally well answered.
- 2(b)** The 'no entry' sign was often confused with a 'stop traffic' sign. Many appeared not to recognise the 'toxic' symbol.
- 2(c)** Generally well answered.
- 3(a)** Generally well answered.
- 3(b)** A number of candidates appeared unable to explain the procedures, although most could identify them correctly.
- 3(c)** Few candidates were able to appreciate the level of response required to attain the highest level, instead citing examples of what might be in such a policy.
- 4(a)** The majority of candidates did not have the knowledge to answer this question. Less able candidates used the words 'hazard' and 'risk' interchangeably.
- 4(b)** Most candidates provided a sound response to this question. A minority became side-tracked into issues concerning access and equal opportunities, which is to be discouraged.
- 5(a)** Generally well answered.
- 5(b)** This question was generally understood, but less able candidates could not make sound links between the items of clothing and how they gave protection. More able candidates mentioned drawbacks to their use, which was required to achieve the top level.
- 6(a)** The majority of candidates appeared unfamiliar with the precise requirements of first aid. To reach the highest level, candidates needed to show understanding of workplaces where there are particular hazards and therefore a requirement for a

first aid room and qualified first aider(s).

6(b)

Although candidates appeared able to demonstrate their knowledge of this area, they were less able to apply it to the specific setting. Candidates needed to be able to link knowledge to the setting chosen, therefore showing why this particular group was vulnerable.

F918: CARING FOR OLDER PEOPLE

1. General Comments:

The entries this session clearly demonstrated achievement across the full ability range with a large proportion of the cohort of candidates achieving A – E grades.

A significant number of candidates had a sound level of understanding of the requirements of the specifications. Many candidates applied their knowledge accurately and with confidence. A minority of candidates had very little knowledge and seemed to have been entered inappropriately. Weaknesses in underpinning knowledge were evident in some 'whole centre' submissions.

Candidates generally used the terminology of the unit appropriately; however, some appeared to have difficulty spelling technical vocabulary correctly. This is an area centres could focus on for future sessions.

Time was utilised fully and the majority of candidates completed the whole paper, attempting to answer all the questions.

A few candidates gave irrelevant answers and did not seem to read the question fully before responding. Candidates continue to repeat the question without actually answering it, this wastes valuable space and does not gain any marks. Repetitive answers do not access the full marks as they are unable to be credited with the same mark repeatedly.

The key verb in the question is often not responded to fully, centres need to ensure that candidates understand the requirements of these to ensure their answers meet the level of detail necessary to achieve explain, analyse, evaluate, discuss, assess, describe and identify. Centres are recommended to give plenty of practice questions throughout the preparation for the examined unit – this will improve candidates' confidence and enable them to plan more coherent answers.

It was encouraging to see that many centres have followed the advice and guidance given during training to prepare candidates thoroughly for the examination paper. There was certainly evidence of sound revision, understanding of key concepts and clear application of knowledge.

2. Comments on Individual Questions:

Question No.

- | | |
|------|--|
| 1(a) | Answered well, candidates were familiar with the disorders. A few missed 'chronic' off constipation and spelling for a minority was obviously a difficulty. |
| 1(b) | Some inappropriate answers as candidates did not apply the requirement for physical effects and gave social or emotional responses. |
| 1(c) | Most candidates referred to seeking professional advice or drinking plenty of water. Few candidates actually described the coping strategies and therefore limited their |

marks.

- 1(d) A reasonable response. Occasionally professional care workers were incorrectly named eg Home Help. Some candidates could not differentiate between different service providers missing the requirement for 'professionals'.
- 2(a) Generally well answered, however candidates often do not understand the meaning of 'economic' giving social or other inappropriate answers.
- 2(b) Many candidates did not make the links between the lifestyle changes and role changes which was required for higher marks. Higher level candidates were able to really demonstrate their application of knowledge in this question.
- 2(c) Candidates often failed to make the links to the new roles given in 2b and therefore lost marks. Candidates who did not explain the effects and only identified also lost marks.
- 3(a) Well answered with excellent knowledge demonstrated.
- 3(b) Many students did not read the question properly and lost marks because they did not focus on emotional effects. It is important for candidates not to rush their answers as they do lose straightforward marks because of this.
- 3(c) The majority of candidates were able to state how confidentiality should be maintained but many failed to explain why the actions were necessary.
- 3(d) Most candidates could relate consequences of the disorder to the older person. Level 3 answers were rarely achieved due to the lack of detail in the explanations given. Some explained what social exclusion is rather than why it happens to a person with a disorder of the nervous system.
- 4(a) Generally well answered but spellings were not good. Candidates must state which type of arthritis to get a mark.
- 4(b) Answers here were very mixed. More able candidates explained the effects of the disorder identified, many failed to explain and limited their responses to identification only and therefore lost marks.
- 4(c) Where centres had thoroughly taught the Care Standards Act the answers were coherent and demonstrated excellent understanding. Many candidates obviously did not know the contents of the act and gave irrelevant answers. Some candidates were able to identify key features but their explanation was limited and they did not link their responses to quality care.
- 5(a) Many candidates failed to appreciate the care needs of an individual following an operation. Often answers were repetitive giving three different formal carers. Candidates needed to apply their knowledge and understanding here to the scenario. Centres would help candidates by giving them practice at answering this type of question.
- 5(b) Generally answered very well, however candidates lost marks by not applying their knowledge to the provision of care at home, particularly for the GP who would make home visits

- 5(c) Usually well answered particularly with responses relating to culture and religion. Very few higher level marks due to the lack of responses to Imran's rights to have his care needs met.
- 6(a) Candidates generally included a range of PIES in their answers, however there is a tendency to give superficial answers with a lack of depth of understanding and coherence.
- 6(b) Many candidates were not familiar with the term 'sheltered accommodation' and referred to a residential home. Candidates who did understand were able to give detailed answers. Candidates also lost marks because they failed to actually evaluate within their answers. More practice is definitely recommended to enable candidates to answer the longer questions in order to be able to access all of the marks available.

F920: UNDERSTANDING HUMAN BEHAVIOUR

1. General Comments:

Candidates were generally able to select an appropriate theorist to use for each of the perspectives identified. Many candidates demonstrated detailed knowledge of the theories they had studied and were keen to give as much information as they could, usually as straight recall. However, this approach did not always address the key aspects of questions where candidates were required to apply their knowledge to specific situations. Some candidates tended to repeat themselves in different parts of a question, simply restating the theory rather than using their knowledge to explain or analyse the practical application of the theory. Many candidates were able to use examples which feature in the text books although not all were able to demonstrate a clear understanding of the relevance of the example to the question.

Most candidates were aware of the need to address Physical, Intellectual, Emotional and Social aspects of development where a question referred to 'human development' although some candidates responded too widely to a question which specifically referred to Physical development.

To achieve the higher levels of marks candidates needed to be able to express themselves clearly and concisely. Candidates who tended to write overlong answers to the early questions (often extending onto additional sheets of answer paper) were at risk of running short of time, although the majority of candidates were able to complete all questions within the allocated time.

2. Comments on Individual Questions:

Question

No.

- | | |
|------|--|
| 1(a) | Most candidates used Bandura, to good effect. |
| 1(b) | Candidates using Tajfel or Latane appeared to be less able to summarise the main points of their theories. Whilst candidates using Bandura almost always referred to the Bobo doll experiments, candidates using Tajfel and Latane rarely mentioned their experimental work. |
| 1(c) | Many candidates repeated much of the information given in 1b although some relevant examples were given. |
| 2(a) | Most candidates used Freud and appeared to have a good knowledge of his theory. |
| 2(b) | Many candidates went into too much depth here and wrote a great deal, which could have caused time management issues later on in the paper. |
| 2(c) | There were some well expressed responses indicating that this was an area which centres had given clear thought to the difficulties of practical application of Freud's theory. The few candidates using Erikson appeared less well prepared in this aspect of the theory. |
| 3(a) | Most candidates used Maslow and appeared to have a good knowledge of his theory. |
| 3(b) | Candidates choosing 'self-actualisation' often struggled to give an accurate description of this stage. |
| 3(c) | Most candidates were able to answer this well with good examples relevant to older people in residential care, although some candidates attempted to describe all of Maslow's stages which was not necessary. |
| 4(a) | Most candidates accurately related their answers specifically to physical |

development, with some good examples of specific aspects of physical development e.g. muscle strength, balance and co-ordination etc. Few candidates gave a balanced assessment, with most emphasising negative effects.

4(b) A number of candidates interpreted 'environmental influences' in very general terms and consequently tended to repeat much of what they had said in 4a.

5 More able candidates were able to structure an accurate and well balanced answer addressing a range of PIES and relating the effects to different life stages. Many candidates used text book examples appropriately and with understanding. Some candidates gave a detailed account of the mechanisms of genetic inheritance but did not address the question of the influence on human development.

6 Most candidates chose Piaget and wrote detailed descriptions of the theory. To access the higher mark levels candidate answers needed to demonstrate application to children's learning with some understanding of children learning through experience and how this experience could be provided. The few candidates who used Vygotsky were more likely to give practical examples of the ways in which children can be helped to develop their potential.

F921: ANATOMY & PHYSIOLOGY IN PRACTICE

1. General Comments:

Gain this session most candidates generally responded well to the questions. Lack of understanding of the overall aim of the question did not contribute to low achievement. Only a few candidates failed to read the question stem with accuracy, with most candidates completing 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, added to poor spelling and grammar; did not help the marking process. The use of English in this paper was noticeably poor, with scientific spellings posing a problem for many candidates. This was taken into account and candidates were not penalised providing that the word was understandable and matched the description given. The diagram questions in this session were in general well answered.

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.

The questions in the paper that were mainly set at grade E level carried 'name' or 'identify' command verbs. More demanding questions carried the 'describe' command verb and provided the opportunity for candidates to give some 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. 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:

- practicing questions that require explanations during controlled conditions throughout the teaching of the unit.
- improving the techniques used by candidates when answering the question, for example, sentence construction and accurate spelling .
- making sure candidates are familiar and know the meaning of technical terminology used within the unit and the underpinning knowledge.
- improved comprehension of the command verbs 'explain' and 'describe'.

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

Responses to questions occasionally demonstrated poor examination technique when

formulating their answers. Candidates on occasion failed to express themselves fully using incomplete sentences and poor explanations of theory, principals and terminology. The general standard of answer was reasonably focused and accurate, especially in questions 1, 3, 5 and 6.

Responses were found to be less accurate in question two where many candidates misunderstood the question and provided diagnostic techniques where they were not required. Fewer candidates were under the misconception that irritable bowel syndrome was a renal condition. Having incorrectly identified it as such they failed to attract any further marks in question two as the question relied on the correct identification of a renal function and dysfunction.

Question 4bii was also poorly answered by a number of candidates. In this part candidates had a tendency to describe IVF as a treatment for infertility rather than explain the treatments and lifestyle changes that could improve sperm production.

2. Comments on Individual Questions:

Question

No.

- | | |
|----------|---|
| 1(a) | This question was generally well answered, responses were accurate. |
| 1(b) | Again reasonably well answered with many candidates scoring between five and eight marks. |
| 2(a) | Descriptions of the functions of the renal system varied, candidates either could describe the function or had little knowledge at all. |
| 2(b) | Very few candidates could explain fully how their chosen renal function could be treated. This question often contained information about how it could be diagnosed, which was not a requirement of the question. |
| 3(a) | Many candidates were able to accurately label the diagram of the digestive system. |
| 3(b) | Many candidates were able to name a digestive dysfunction but instead of describing its effects on the individual they described how the dysfunction was diagnosed. A number of candidates were unable to provide good descriptions of the basic effects of their chosen dysfunction. |
| 4(a) | Generally answered well with many candidates being able to accurately identify the male reproductive system. Again many did not understand the difference between the words ureter and urethra and spelling was noticeably poor. |
| 4(b)(i) | This question was generally well answered and responses were accurate. |
| 4(b)(ii) | Candidates had little problem identifying a diagnostic technique but had a tendency to describe IVF as a treatment for infertility rather than explain the treatments and lifestyle changes that could improve sperm production. |
| 5(a) | This question was well received by many candidates who answered with a range of accuracy. |
| 5(b)(i) | The majority of candidates were able to identify one dysfunction and were then able to develop explanations of the effects of their chosen dysfunction |
| 5(b)(ii) | The majority of candidates were able to identify one diagnostic technique and continued to give a full description of the treatment. |
| 6 | Candidates responded well to this question. It was obviously a subject that many centres had cover well. Scores frequently ranged between nine and sixteen marks and occasionally higher. Candidates answers were generally well developed in that their explanations were accurate and to the point. |

F924: SOCIAL TRENDS

1. General Comments:

The paper proved to be more accessible to candidates than the January paper. The vast majority of candidates were able to attempt all the questions within the allocated time. A pleasing number of candidates were able to use the skills of analysis and assessment. The pre-release material was used more effectively than in January and it led to some insightful comments from a growing number of candidates. However, some candidates continue to make things difficult for themselves by not following the rubric and failing to identify, for example, the required number of trends or only identifying and not explaining a point as required in the question.

The essay style answers require candidates to plan an argument and present evidence to support and criticise a particular viewpoint. Too many candidates are producing list like responses and then attempting a conclusion by just repeating briefly the points they have already made rather than using the evidence to return to the question and address the key issue(s).

Candidates would benefit by being made aware of what some of the key terms actually mean. In particular terms such as: Identify, explain, describe, analyse, assess and discuss.

2. Comments on Individual Questions:

Question No.

- 1(a)** Generally answered well but a number of candidates transcribed the data rather than looking for trends in the relationships between gender, age and the type of help that was being provided.
- 1(b)** Answered well with most candidates able to identify three examples.
- 1(c)** Too many candidates addressed the question by referring to women as naturally more caring than men rather than looking at aspects of primary and secondary socialisation within the family and wider society.
- 2** Most candidates were able to describe various ways the care services would need to change to meet the needs of an ageing population. Some in generic terms and others by direct reference to the three types of service. The better responses looked at the impact of growing life expectancy and the difficulties the statutory services will face. They showed a clear understanding of the greater emphasis that is likely to be placed upon private and voluntary care in order to fill the possible gap left in statutory provision.
- 3(a)** A number of candidates made reference to issues such as poverty and limited work opportunities faced by lone females with young children. Many, however, failed to show how this impacted upon housing costs and debt.
- 3(b)** The best answers concentrated upon the fact that homelessness is difficult to measure and that quantitative data tends to be superficial and lacking in validity.
- 3(c)** Generally answered well by reference to additional services and planning for the future.
- 3(d)(i)** There is still a lot of confusion with candidates still not being clear as to what qualitative research involves. Also many candidates wrote in generic terms without reference to the issue of the homeless. Few candidates really outlined the research process.
- 3(d)(ii)** A small number of excellent answers that looked at the strengths and weaknesses of the chosen method and explicitly related the arguments to the homeless. Too many candidates, however, seemed to produce a list like response of strengths and weaknesses in isolation to the research topic.
- 4(a)** Generally answered well but a number of candidates included trends in divorce which were not required.
- 4(b)** Most candidates understood the role of Relate and answered the question well.
- 4(c)** Most candidates were able to describe a number of factors linked to the increase in divorce. The best candidates analysed the influence of changes in legislation alongside wider changes in society, in particular the role of women in the last 30 years and the growth of a secular society.

**Question
No.**

5

The majority of candidates tended to suggest that marriage is no longer important and presented a number of relevant points to support their argument. The best candidates discussed the way marriage has evolved and showed clearly an understanding that marriage does still have status and value but we tend to have higher expectations of it and we are less likely than in the past to accept empty shell marriages. A balanced and thoughtful answer was required rather than just accepting the common sense assumption that people are no longer marrying. The very best candidates pointed out that in many ways cohabitation and marriage are very similar and that they do not present a contrasting picture of instability and stability.

Advanced Subsidiary GCE Coursework Unit Threshold Marks

Unit		Maximum Mark	a	b	c	d	e	u
F911	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F912	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F914	Raw	50	41	36	31	26	21	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	21	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

Advanced Subsidiary GCE Examined 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	80	72	64	56	48	0
	UMS	100	80	70	60	50	40	0
F918	Raw	100	76	66	57	48	39	0
	UMS	100	80	70	60	50	40	0

Advanced GCE Coursework Unit Threshold Marks

Unit		Maximum Mark	a	b	c	d	e	u
F919	Raw	50	41	36	31	26	21	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
F925	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0

Advanced GCE Examined Unit Threshold Marks

Unit		Maximum Mark	a	b	c	d	e	u
F920	Raw	100	80	70	60	50	40	0
	UMS	100	80	70	60	50	40	0
F921	Raw	100	81	71	61	51	42	0
	UMS	100	80	70	60	50	40	0
F924	Raw	100	79	69	59	49	40	0
	UMS	100	80	70	60	50	40	0

Specification Aggregation Results

Uniform marks correspond to overall grades as follows:

Advanced Subsidiary GCE (Single Award) (H103):

Overall Grade	A	B	C	D	E
UMS (max 300)	8.9	24.1	46.6	67.8	86.6

There were 2851 candidates aggregating in June 2007.

Advanced Subsidiary GCE (Double Award) (H303):

Overall Grade	AA	AB	BB	BC	CC	CD	DD	DE	EE
UMS (max 600)	4.1	10.0	18.2	30.1	41.6	56.0	68.9	80.1	88.9

There were 1480 candidates aggregating in June 2007.

Cumulative Percentage in Grade

Advanced GCE (Single Award) (H503):

A	B	C	D	E	U
9.5	29.5	55.6	79.7	94.4	100.0

There were 1821 candidates aggregating in June 2007.

Advanced Subsidiary GCE (Double Award) (H703):

AA	AB	BB	BC	CC	CD	DD	DE	EE	U
3.0	8.7	17.5	30.1	44.8	59.4	74.7	87.0	95.3	100.0

There were 1510 candidates aggregating in June 2007.

For a description of how UMS marks are calculated see;
http://www.ocr.org.uk/exam_system/understand_ums.html

Statistics are correct at the time of publication.

OCR (Oxford Cambridge and RSA Examinations)
1 Hills Road
Cambridge
CB1 2EU

OCR Customer Contact Centre

(General Qualifications)

Telephone: 01223 553998

Facsimile: 01223 552627

Email: general.qualifications@ocr.org.uk

www.ocr.org.uk

For staff training purposes and as part of our quality assurance programme your call may be recorded or monitored



Oxford Cambridge and RSA Examinations
is a Company Limited by Guarantee
Registered in England
Registered Office; 1 Hills Road, Cambridge, CB1 2EU
Registered Company Number: 3484466
OCR is an exempt Charity

OCR (Oxford Cambridge and RSA Examinations)
Head office
Telephone: 01223 552552
Facsimile: 01223 552553