

## **Health and Social Care**

Advanced Subsidiary GCE H103/H303

Advanced GCE H503/H703

### **OCR Report to Centres**

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**January 2013**

OCR (Oxford Cambridge and RSA) is a leading UK awarding body, providing a wide range of qualifications to meet the needs of candidates of all ages and abilities. OCR qualifications include AS/A Levels, Diplomas, GCSEs, Cambridge Nationals, Cambridge Technicals, Functional Skills, Key Skills, Entry Level qualifications, NVQs and vocational qualifications in areas such as IT, business, languages, teaching/training, administration and secretarial skills.

It is also responsible for developing new specifications to meet national requirements and the needs of students and teachers. OCR is a not-for-profit organisation; any surplus made is invested back into the establishment to help towards the development of qualifications and support, which keep pace with the changing needs of today's society.

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

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

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

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### OCR REPORT TO CENTRES

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## Overview

During this session there was evidence of some excellent achievement with candidates demonstrating a thorough understanding of key concepts of the units and applying their knowledge and understanding to the situations given very thoughtfully. Centres have clearly taken on board the advice from previous reports, the website and support from INSET. Centres are becoming confident with the requirements for both the portfolios and the examined units. Many centres used assessment evidence recording sheets (AERS) and submitted these alongside the URS. The vast majority of centres presented portfolios in a logical order, with page numbering included, and clearly identified each assessment objective. However, there was also some evidence of candidates who had not been given the guidance required in order to meet the assessment criteria. There were still many portfolios that were too bulky where candidates had added unnecessary copies of completed questionnaires, drafts of work, class work and internet research, etc. Some of the best work seen was also the shortest as candidates had written concisely, with clarity and understanding. The AERS sheets (which are available from the Resources section of the H&SC community, via the OCR website) should be used to guide candidates about the amount required for different assessment criteria. The majority of centres presented portfolio work in a well-organised manner which ensured the moderation process ran smoothly. The overall quality of the work had improved and any scaling that was required tended to be not to such a degree as in previous series.

Annotation of coursework continues to vary considerably from centre to centre. Accurate annotation is very helpful to both moderators and the centres themselves, as it enables Moderators to quickly and easily find where decisions have been made and immediately locate the relevant evidence, whilst allowing centres to justify the assessment decisions that have been reached for each assessment objective. Where marks are given without any breakdown or annotation, the moderator has to remark work in order to be able to moderate. Centres are reminded to use the Assessment Evidence Recording Sheets (AERS) provided by OCR when assessing portfolio work in order to accurately apply marks to the assessment criteria. There are 'Guidance from an Expert' sheets available for each unit which give a very useful summary of the evidence required to meet the assessment criteria, along with examples of how this could be achieved. There is no requirement for candidates to cover every aspect of the knowledge of the unit in their portfolios, time and effort is wasted in doing so which could be better used in ensuring the evidence presented carries more depth and detail.

The vast majority of centres produced evidence in line with the specification.. Detailed guidance from the Principal Moderator relating to each portfolio unit can be found later in this report. Internal standardisation should be a standard procedure that is carried out within centres and across consortia centres before marks are submitted to OCR. This ensures consistent marking across different assessors and that the evidence meets the requirements of the mark awarded. Internal standardisation also helps to prevent work being returned to the centre for reassessment where the moderator finds evidence of rank order violations.

Candidates achievements within the externally assessed units were generally good with a small number achieving A\* in the A2 units. Candidates' performance in the tested units is extremely varied, with some notable feedback provided by Principal Examiners later on in this report. The legibility of some candidates' handwriting has created a number of difficulties for examiners and centres are advised to ensure that their candidates use appropriate writing utensils (avoiding gel pens, 'odd' coloured pens, etc.). It is also sometimes difficult to follow candidates' answers where they have been continued on to the back pages of the answer booklet. If the candidate cannot fit their answer on to the lines provided for the question they should clearly state that the answer is being continued and then, on the continuation sheet(s), state to which question their additional answer relates.

It would also be useful to highlight that the 'quality of written communication' is used when considering mark levels of answers. Candidates should be made aware of the command words within questions so that they have the flexibility to adapt their answers and not just recall knowledge learnt from previous exam papers. Candidates also need to be able to adapt their answers to different types of settings and be aware of the terminology needed in all units. Centres are encouraged to consider the detailed feedback on the performance for each of the externally assessed units, along with the Principal Examiner's advice for improvement which is given later in this report. Some candidates are losing marks by not reading through all the parts to a question. Valuable marks were lost by identifying/describing when the question asked for an explanation or only giving positive information in questions which required an evaluation. Accurate interpretation of the command verb is essential to ensure high marks are secured by the more able candidates. Many candidates do not access the higher level bands because they list lots of previous answers rather than taking two or three answers and giving the depth of analysis required on GCE papers. Poor spelling and grammar also made the awarding of top level marks difficult in levels of response questions. Candidates must be able to accurately use subject specific terminology within their answers. Glossaries of key words and reinforcement of correct spelling is recommended to support candidates when revising.

A number of candidates did not apply their responses to the information given in the question stem instead giving a purely generic answer. Responses to questions which ask for extended responses rather than a point by point listing of facts lacked depth in the information given. Listing points learnt from previous marks schemes without explaining/discussing the answer given only enabled candidates to achieve Level 1 marks. Higher level questions which expected candidates to discuss, evaluate and analyse, gave opportunities for candidates to give detailed and well-reasoned answers demonstrating the depth and breadth of their knowledge and their comprehension of the context of the question. Where low marks were recorded it appeared to be the result of a lack of specific knowledge, a lack of examination technique and a poor application of knowledge. Lack of clarity of expression or repeating the same information in a slightly different way also contributed to lower marks. Successful answers and good practice were reflected in responses that were factually accurate and applied to the context of the question, particularly where a specific group of people, eg older adults, were stated in the question. Candidates were rewarded for quality of written communication in the levelled response questions.

Centres should ensure that candidates are fully prepared for their external assessments by:

- Working on candidates understanding of command words and adapting answers to different scenarios and settings.
- Practicing questions within the first few weeks of teaching by using previous exam papers, which are readily available on the OCR website, before they reach the controlled conditions of the examination.
- Improving the techniques used by candidates when answering the question, for example, sentence construction, accurate spelling and avoiding the 'scattergun effect' of telling all that they know rather than giving a full response required by the question.
- Making sure candidates are familiar with and know the meaning of the technical terminology used within the units, the underpinning knowledge and its application in relevant contexts.
- Developing candidates' ability to write concise responses to short questions and avoid reinterpreting or rewriting the question.
- Preparing candidates to accept that papers do vary and all areas of the specifications will not necessarily be asked on every paper.

## Units F911 - F925

The majority of centres presented portfolio work in a well-organised manner which ensured the moderation process ran smoothly. Many centres used assessment evidence recording sheets (AERS) and submitted these alongside the URS. Many centres presented portfolios in a logical order and clearly identified assessment objectives.

Annotation of coursework continues to vary considerably from centre to centre. Accurate annotation is very helpful to the moderators as it enables them to quickly and easily find where decisions have been made and immediately locate the relevant evidence. Where marks are given without any breakdown or annotation, the moderator has to remark work in order to be able to moderate.

The vast majority of centres produced evidence in line with the specification. Many centres appeared to benefit from advice and guidance given at Inset and through coursework consultancy.

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

AO1a focuses on the different types of communication and how and why these are used in different settings. AO1 is meant to be generic and examples should be given from a wide range of settings, across health, social care and early years. AO1b focuses on how the types of communication used in different care settings, value and support people. This part was the least well done by candidates. In AO2b candidates are required to discuss the appropriate use of communication skills when applying the values of care eg when a nurse is applying confidentiality in a situation he/she will adapt her communication skills accordingly, this may mean his/her tone of voice, volume, posture, eye contact may alter in order to adhere to confidentiality policy. In AO3 candidates must research two theories of communication and then shows understanding of how these provide guidance about how to effectively communicate and how they can affect people who use services or practitioners.

### **F912 Promoting Good Health**

In AO1a candidates need to describe what is meant by health and well-being. To do this they do not need to conduct any primary research. Many centres discussed the difficulties in defining health and went on to consider positive, negative and holistic definitions. Facets of health were sometimes included. AO1d asks candidates to describe two ways in which quality of health can be affected by ill- health. Candidates do not need to conduct primary research for this, nor do they need to describe different illnesses/ disorders. Candidates should consider issues such as reduced income, reduced mobility, restricted access to social events, coping with pain and how these affect the individual. A PIES perspective may be appropriate. AO2b requires candidates to show an understanding of the implications of a current health promotion initiative. Candidates must place emphasis on the implications of the initiative, whether these are real or potential, rather than spend pages describing the initiative itself.

AO3 requires candidates to research and carry out a small scale health promotion initiative. Candidates are expected to use both primary and secondary research, in order to plan their campaign. Guidance as to what the plan must cover is given in the specification. Candidates seem to thoroughly enjoy this activity and this is often reflected in their write up.

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

### **F914 - F917**

Few centres opted to enter via the OCR Repository and for future sessions attention should be paid to the entry code. When centres do submit entries via the repository it is expected that each candidate's work will be uploaded as one document and not several folders containing many documents. Centres must still send a paper copy of the centre authentication form to the moderator.

### **F919 Care Practice and Provision**

For AO1 evidence should be generic and applied to the planning of services in the local area, not focused on explicit settings as this restricts the candidate's ability to meet the requirements of the assessment criteria. Candidates must select two demographic factors carefully to ensure that there is sufficient evidence to show how they have actually influenced the planning and provision of services.

Candidates must include a description of the process of the planning of services in the local area. A diagram is not in sufficient depth to meet the requirements of 'describe'. When explaining the influence of national and local standards, targets and objectives on the planning and provision of services, candidates should consider explicit examples that are relevant to the planning and provision of services in the area considered. Influences should be considered in terms of both positive and negative impact. Candidates are not expected to cover all aspects of national and local standards, targets and objectives, as a minimum requirement they should cover at least one national and one local standard, target or objective. It is acceptable for centres to use an area other than their own if there is a lack of supporting evidence – for example some local delivery plans are more detailed than others.

For AO2, candidates must introduce one national policy or piece of legislation. Candidates must apply their knowledge and understanding to the impact on care practice and provision. Many provided a case study to work around and show impact from two perspectives.

In AO3 candidates need to demonstrate that they have used both primary and secondary sources of information by clearly referencing the sources of information within the main body of the text and include a detailed bibliography at the end of the portfolio.

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

Candidates need to choose two services, relevant to meeting the needs of their chosen person who uses services.

It is advised that AO4 is completed before AO2 and AO3 to enable candidates to relate their evidence to the same two services across these assessment criteria.

### **Optional Units (F914–F917, F922–F925)**

Entries for all GCE optional units were lower than the mandatory units. The Assessment Evidence Recording Sheets (AERS) have made a big difference to the focus of portfolios and there was less irrelevant material included. Unfortunately, the size of the portfolios still continues to be a problem and many contained additional extraneous information. Candidates should be encouraged to be concise and emphasis placed on the command verb used in the AERS. Centres must follow the amplification sections of the specifications to ensure that the evidence presented meets the depth of understanding required. In order to meet 'a wide range' candidates must include at least four different examples in the required depth to achieve mark band 3. To meet a range, three examples must be covered to meet the requirements of mark band 2. Finally 'a limited range' would be one or two examples at a basic level to meet the requirements of mark band 1.

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All centres submitted marks through Interchange and received notification of any sample required via an email.

Few centres opted to enter via the Repository and for future series, attention must be paid to the entry code – 01 for the Repository, 02 for paper-based submission. When centres do submit entries via the Repository it is expected that each candidate's work will be uploaded as a small number of documents and not several folders containing many documents. Centres must still send a paper copy of the centre authentication form to the moderator.

## F910 Promoting Quality Care

### General Comments

Most students attempted to answer all questions, showing that there were an appropriate number of questions for the time allocated. Few students used additional pages and did not write outside of the sections allocated, although those who did rarely scored additional marks.

There were few 'No Responses' in the answers and candidates clearly felt prepared and able to understand and apply their knowledge and understanding.

The standard of a small number of scripts was low, with vague, unrelated answers that indicated they were not fully prepared to take the exam. Spelling and quality of written communication prevented a number of candidates from accessing the higher levels. Some candidates were still unable to interpret the question accurately. In some cases they 'evaluated' when it clearly stated 'outline'. They need to be able to identify the command verb and then restrict their response to what is asked.

There were, however, some strong candidates who related their knowledge and understanding to the question asked to provide high level answers.

### Points about specific questions:

- 1a This was a straight forward question and was answered well.
- 1b Many candidates wrote a general response for 1 mark rather than a clearly defined reason with an explanation as a follow-up for the second mark. Some candidates did not relate their answer to children and made generic comments about 'cost' and 'time'.
- 1c Most candidates referred to the Children Act and were able to give some features with sound basic knowledge shown. In order to access the higher levels candidates needed to use more specific terminology and to develop their points rather than list three or four features.

Some did not appear to understand what is required by the word 'outline' in the question and went on to evaluate the Act which was not required in this question. Some wrote about Victoria Climbié and Baby P which was unnecessary. Some focussed on Every Child Matters and did not provide sufficient detail to access the higher marks.

- 2a Few candidates were able to define 'Social Exclusion' and talked about being excluded from social activities with friends. Some repeated the question, saying it was being excluded from society or it was when someone is being discriminated /being left out of a group.
- 2b Most candidates identified four barriers which allowed them to access half marks but they were unable to relate the explanation to vulnerable adults. It would be a useful exercise to ensure that all candidates have a clear understanding of what a vulnerable adult is. For example, for the language barrier, candidates often focussed on not having English as their first language or financial factors – just saying they don't have enough money (without saying why this might be the case). This is a common issue and candidates must be able to link the barriers to different types of people who use services and their specific needs.

- 2c** This was also a challenging question for those who did not have a clear understanding of what a vulnerable adult is. POVA was mentioned by many, but then the detail did not relate to POVA or Vetting and Barring but to generic aspects of legislation that had obviously been learnt which were not accurate, for example, 'gives them rights, form of redress, makes discrimination illegal etc.'. Quite a few candidates wrote about the Mental Health Act and the Disability Discrimination Act or Equality Act in the same way. There was little focus on the Mental Capacity Act. In many cases it was difficult to recognise which legislation was actually being described or the legislation had been created by the candidate.
- 3a** Many candidates clearly had looked at current relevant legislation and learned about protected characteristics. Many were unable to gain one mark by only writing gender and missing out 'reassignment'. Quite a few gave actual names of acts or different groups which were not asked for.
- 3b** This question asked candidates to **analyse** the possible effects of discrimination on health and wellbeing. Many candidates did not access the high levels as their answers were not developed enough but just outlined a list of effects. However, a significant number of candidates are now getting the idea of the 'developing story' and the need for depth.
- 3c** As in 1b, candidates generally answered in one sentence rather than clearly identifying a way, then going on to explain it. Some candidates misread the question and discussed the benefits to people who use services and not to the practitioners.
- 4a** This was either answered correctly with candidates gaining full marks or was completely wrong with candidates appearing to guess the answer.
- 4b** Candidates need to ensure that they understand they were not being asked just about the ways an organisation could ensure its advertising and interviewing procedures promote equal opportunities but that they could then explain why these ways promote equality.. Many candidates listed 'mixed panel' 'advertise in many areas', 'no personal questions' but then they did not go on to analyse why this is important. For the top level they needed to do 2 +2 (2 interviewing and 2 advertising) well, rather than for example 4 + 4 done with little depth.
- 5a** The majority of candidates knew the care values; however, some did not relate to what Bob had done wrong just what he should have done. Many did not look at the question to give the reason from the text.
- 5b** This question required candidates to '**discuss**' ways education could socialise children's attitudes towards minority ethnic groups. A number of candidates gave vague answers such as 'teach them'; a concerning number of candidates wrote about having children from MEGs in the class and mixing them with other children or including them in activities. They need to have more sophisticated knowledge about the socialisation process and the impact this could have. Some lost marks by discussing peers and not education.
- 6a** This was answered well with the majority relating their answers to the workplace. Many candidates wrote in quantity giving lots of reasons in brief, rather than selecting two or three points and analysing these in detail. There was little evidence that the candidates had noted the trigger word '**analyse**'.
- 6b** Few candidates actually '**evaluated**'. Many candidates had an excellent understanding of the ways organisations could promote quality care and wrote good answers but could not access above Level 2 and above ( 6 marks) as they did not then go on and evaluate their points. Some also lost focus and discussed individuals and people who use services rather than what the organisation can do.

## **F913 Health & Safety in Care settings**

The overall standard of the candidates was much the same, and there was no apparent difference in the standard of the question paper. General feedback reiterates the need for candidates to read the question carefully to ensure they answer the question set.

### **Question 1**

Identification of the warning signs was managed by almost all candidates. Most were able to gain marks for the place where each would be found. Fewer could give a precise answer as to how safety might be improved in the area, talking in generic terms which could have concerned almost any danger.

Most candidates could identify the Health and Safety Executive, although a few offered HASAWA as an answer. A good number of candidates seem to think of the HSE as one person within an organisation who looks after safety issues ie the appointed person.

### **Question 2**

Most candidates could identify the COSHH legislation. Many were unable to give detail of the features of the legislation.

Virtually all candidates could identify some pieces of information that should be included in an accident report, but fewer managed all four required. Reasons for their inclusion were sometimes muddled and unclear.

### **Question 3**

Most candidates identified most of the five stages of risk assessment. Some were unable to access marks by not clarifying 'consider the risk' for stage 3. Candidates appeared un aware of the guidance requiring further expansion, which has been made in several previous exam reports.

The risk assessment was completed reasonably well by most candidates. Those who attempted to consider each stage separately often became confused and failed to reach higher levels of marks. Candidates who completed the assessment process for each hazard separately were generally more successful.

### **Question 4**

Most candidates were able to list parts of the fire evacuation procedure. Fewer were able to explain the identified procedures.

In section b, many candidates wrote only about fire extinguisher and fire blanket, thus limiting marks. Few were able to explain how the equipment limited the spread of fire.

Few candidates could identify procedures to prevent the outbreak of fire, let alone carry out an analysis. Most rewrote about fire extinguishers and/or fire evacuation.

### **Question 5**

Most candidates could identify the RIDDOR legislation, and features of the legislation were reasonably well known. Few gained the highest level of marks which required a demonstration of understanding of the underlying principles behind the legislation.

Virtually all candidates could identify a piece of equipment to move a person who uses services. Those who gave LOLER as the legislation were almost invariably correct. A wide variety of incorrect versions of Manual Handling Operations Regulations were seen. Most could describe procedures to be used, but few were able to explain them.

### **Question 6**

The evaluation of the use of PPE was completed quite well. A small number of candidates gave excellent answers, although some of these had only given positive points, thus failing to meet the demands of the command verb 'evaluate'. Few actually drew a conclusion which was necessary for the award of full marks.

Most candidates could give detailed descriptions of security measures. Some could explain their intended purpose. Few attempted to analyse the measures by discussing their effectiveness (or otherwise).

## F918 Caring for Older People

Most candidates attempted to answer all questions and fully utilised the time available. A number of candidates approached the the evaluation questions well and showed much better skills at looking at advantages and disadvantages.

There were no candidates who achieved no marks at all. There were still some questions not attempted at all by candidates. Time management was generally good with evidence that candidates had time to finish all questions.

Most candidates were able to demonstrate their ability to apply their knowledge and understanding of the questions asked. Candidates had a good basic grasp of practical issues and how daily living tasks are affected by dysfunction in older age.

The care values question where candidates had to link their use during the day to day tasks of health care practitioners needed more focus and examples in answers. There was also some evidence of a lack of understanding of the legislation examined. There was confusion over health care practitioners and social care practitioners.

Technical terminology was generally used more consistently, although some continue to use abbreviated terminology which needs to be improved. A glossary of key words and reinforcement of correct terminology would be recommended. Spelling of disorders needs reinforcement and there were many errors.

Understanding of the benefits of sheltered accommodation was weak.

**1(a)(i)** Answered well.

**1(a)(ii)** Many candidates answered this well and gave good descriptions of effects on daily living, along with examples.

**1(b)** Many candidates could give reasons for social isolation, but there needs to be more written explanation of why the social isolation could occur in an older person with a nervous disorder.

**1(c)** Ways were well understood and most candidates linked the way to an understanding of how this could improve social development.

**2 (a)** Well-answered by most candidates- a few still did not link the answer to an economic aspect- eg 'cannot go on holiday' rather than 'cannot afford to go on holiday as too expensive on a low income'.

**2(b)** This was answered reasonably well, although some candidates could only give two lifestyle changes rather than three.

**2 (c)** Many candidates understood the changes and the positives and negatives, but they lost marks for not linking these to examples of role changes. This meant they could not access level 2 and above marks.

**3(a)(i)** Well-answered, but again poor spelling of osteoporosis, rheumatoid arthritis/osteoarthritis, rheumatism.

**3 (a)(ii)** Well-answered. Candidates need to use accurate terminology- brittle bones not weak bones; they need to link to joint problems as often they are saying 'weak muscles'.

- 3(b)** Candidates were not fully aware of all aspects of the role of a physiotherapist; many could give two ways, but struggled to find four ways.
- 3(c)** A few candidates showed a thorough understanding of sheltered accommodation and scored highly, but many appeared confused with residential care and therefore could not access all of the marks.
- 4(a)** Answered well, but again spelling of digestive disorders was poor.
- 4(b)** Some good answers identifying changes to health and care needs after an operation, but there was a lack of explanation of these changes.
- 4(c)** Many candidates did not appear to have read the question carefully and were unable to show that they understood the difference between social service practitioners and health care practitioners.
- 5(a)** Some candidates did not know the correct names for sensory impairments. Candidates struggled with detailed analysis of coping strategies for the impairment they identified.
- 5(b)** Candidates generally had a better understanding of the NHS and Community Care Act, although there were still some candidates who were getting mixed up with other legislation.
- 6(a)** Most candidates answered this well, but there were candidates who either did not appear to have read the question or were unable to show that they knew the difference between health care services and social care services. Also, many candidates talked about health care practitioners not health care services; this was accepted in this series, but candidates should know the difference.
- 6(b)** Candidates showed good understanding of the three care values, but they did struggle to link the values to the day-to-day tasks of health care practitioners. This has limited candidates accessing higher level 2 marks and above.

## F920 Understanding Human Behaviour

### General comments

Candidates appeared well prepared for this paper, with the majority of candidates attempting all questions. There was no indication that candidates were short of time in completing the paper or that any question had been generally misunderstood. There were, however, a number of candidates who were unable to identify an appropriate theorist for a particular perspective. Some candidates appeared to find it difficult to express themselves clearly and concisely, particularly when required to 'outline features of theories'. Although it is appropriate for candidates to practice writing essay style answers, they should be encouraged to express themselves succinctly - time and space are often wasted in rewriting the question and giving inappropriate introductions rather than getting straight to the point of the answer. Similarly when required to 'identify', eg 'identify two socio-economic factors' it is sufficient simply to name two factors, no further clarification is required. It is still appropriate to remind candidates to read their answers through to ensure that they have not made careless/needless errors, such as using 'child' throughout a question related to 'adolescence', or using 'psychological' when they mean 'physiological'.

### Comments on individual questions

- 1(a)** Most candidates used Piaget, although Vygotsky was named more frequently than in the past.
- 1(b)** Candidates using Piaget tended to refer to the stages of development and the use/development of schemas. Candidates using Vygotsky tended to find it more difficult to 'outline' two features and many became confused when trying to outline Vygotsky's zones of actual and potential development. The role of a 'more knowledgeable other' was more easily outlined.
- 1(c)** Candidates tended to focus on the physical effects of living in poor quality housing (which reflected answers to questions on previous papers) and so suggested that going to a nursery would prevent illness, showing little understanding of the balance of time spent at home and at the nursery. There was also a tendency to believe that living in poor quality housing equated with poor parenting and neglect. Whilst there might be a financial link, there is no reason to consider that parenting would be inadequate. Similarly references to parents being poorly educated, unemployed etc. were not relevant. (This question could apply to situations where parents are renovating a property, resulting temporarily in poor quality housing). Few candidates mentioned the most significant benefits relating to opportunities for play such as active outdoor play with equipment such as climbing frames, ride on toys etc. Many candidates simply referred to being able to play and there were frequent references to books, puzzles and the development of fine motor skills which were probably less likely to be inhibited in poor quality housing, although emphasising the variety and quantity of suitable age related toys and equipment was appropriate. The benefits for very young children in being able to crawl and practice walking on safe flooring, with sufficient space and no danger from loose wiring/electric sockets, etc. were seldom mentioned. Many candidates emphasised aspects of 'being embarrassed' about the state of the house, which is largely irrelevant to nursery age children. Similarly 'other children making fun of them because of where they live' is inappropriate when considering very young children, as was being able to do their homework in peace.

- 2(a)** Candidates generally were able to state that nature referred to genetics and inheritance and nurture referred to environment and upbringing, although there were instances of marked confusion and few referred to the combination of influences, such as being born with an intellectual potential which is developed through educational opportunities. The most common difficulty related to candidates' poor expression, such as 'nature is what a child gets from their parents, this is primary socialisation, nurture is to do with experience and secondary socialisation'. Poor handwriting also created some difficulties for markers since it was sometimes difficult to distinguish between the words nature and nurture.
- 2(b)** Most candidates used Eysenck.
- 2(c)** Most candidates used Bandura.
- 2(d)** Candidates who used the social learning theory and Bandura were able to apply the theory well to social and emotional development during adolescence, providing appropriate examples to demonstrate understanding. There were fewer examples of detailed coverage of theory (and in particular Bandura's experimental work with the Bobo doll) than in similar questions in the past which was good. Those candidates who used Latane and Tajfel tended to demonstrate good understanding and applied the theories appropriately.

Candidates who used the biological perspective tended to simply repeat theory and made little practical application to adolescence. It should be remembered that, whilst these theories are based on biological traits, it is perhaps during the increased freedom and opportunities of adolescence that an individual's 'real' personality can show. The influence of hormonal and physical changes during puberty tended to be well covered, although links with theory were often tentative.

- 3(a)** Freud and Erikson were both used.
- 3(b)** Candidates using Freud were able to mention many features of his theory, those choosing two clearly defined features were able to express themselves more clearly and concisely. Candidates using Erikson tended to refer his stages and their 'crises'.
- 3(c)** Many candidates, particularly those using Freud, gave detailed coverage of the theory, with little application to childhood experiences. Candidates who were able to give practical examples eg of difficulties during the oral stage relating to over or under feeding, rushed/pressured feeding, weaning being too soon or too late, occasions when food was too hot/spicy, etc., demonstrated greater understanding than simply referring to a child becoming 'fixated' during the oral stage. Similarly when referring to fixation during the anal stage, examples such as being forced to sit on a potty for a long time, being punished for 'accidents' or 'not performing' etc. were relevant.

Candidates using Erikson were more able to express themselves appropriately, perhaps because of the terms Erikson used such as 'trust' and 'mistrust'. It was still important for candidates to illustrate these terms with practical examples to demonstrate their understanding and many did so well.

- 4(a)** Most candidates could identify two appropriate factors, although referring to 'access to health' or 'access to services' were not awarded marks.
- 4(b)** Candidates tended to give appropriate reasons why having a low income could affect an adult's ability to access health services, although these were often not well explained. When referring to transport costs it would be appropriate to consider the frequency and distance that the individual needs to travel. For instance a woman may

well choose not to attend for routine breast screening at a hospital some distance from where she lives or works, because of travel costs, or the need to take time off work. Similarly referral to a specialist service at a major hospital is likely to incur greater travel costs than going to the G.P. There is still a lot of vague reference to 'not being able to afford treatment' in answers. Candidates should give clear examples of the type of treatment which may not be available on the NHS if they are giving this as a reason. One appropriate example given referred to the removal of excess skin following dramatic weight loss. Costs of dental treatment and glasses were mentioned appropriately.

- 4(c)** Candidates using air pollution tended to give appropriate examples of the effects on the physical health of a young child, with most referring to asthma and the limitations on outdoor exercise and physical activities, including participation in sports. Candidates using noise pollution needed to take care when suggesting that it could cause deafness and hearing impairment – referring to being in a car with loud music and being taken to music festivals were appropriate. Most candidates referred to disturbed sleep but few linked this to the production and release of growth hormone during deep sleep which would affect physical growth. Candidates using water pollution tended to simply refer to 'getting ill' from drinking polluted water, with numerous references to cholera. Few referred to paddling/swimming in polluted water, although there were some references to eye and skin infections.
- 5(a)** The majority of candidates used Maslow and gave a straightforward account of the hierarchy. Relatively few candidates included the important aspects of motivation and internal drive and many still express the theory in age related terms. A few candidates demonstrated understanding of the 'impermanence' of achievement by referring to the loss of a job resulting in financial difficulties which could lead to the repossession of the family home, or the loss in self-esteem and self-worth resulting from relationship break ups.
- 5(b)** Most candidates could repeat the theory and give examples of how each level could be provided for. However, relatively few candidates demonstrated a good understanding of its relationship to care for older people in a residential home. Few candidates demonstrated understanding of the fundamental importance of meeting the physiological needs, both in ensuring physical well-being and in providing the foundations of feelings of emotional well-being, safety, security and a sense of belonging. There have been many well publicised examples of situations where elderly people (and hospital patients) have not been given the necessary assistance with feeding and drinking, where personal care needs have not been met and where issues of safety have been ignored, candidates could have demonstrated understanding of the humanist approach by referring to these issues. Candidates too often 'rushed through' the important first levels, sometimes simply stating that 'the physical needs will have been met by being in residential care'. References to giving medication accurately and reliably, helping with toileting as required with tact and respect, assisting with personal care such as cleaning teeth and shaving are all of extreme importance to residents in care. There were many references to 'painting ladies nails' to make them feel good about themselves but few references to cutting toenails/ chiropody services to aid mobility. Illustrations of safety procedures needed to be expressed carefully with the emphasis being on the residents' perceptions of their personal safety, which may focus more on feeling secure when in the shower or getting on and off the toilet and being able to move around safely with little risk of slips, trips or falls. The provision of emergency buzzers/cords should be linked to prompt response in meeting needs. The emphasis on locking doors and windows, preventing anyone getting in must also reflect fears of residents that they are being locked in. It should also be considered that there may be residents who demonstrate aggressive or intimidating behaviour and so other residents may not feel safe in their presence, particularly if left alone. The emphasis on

residents making friends with each other may not be as appropriate as developing trusting relationships with members of staff. Few candidates mentioned the role of a 'key worker' in developing a secure and trusting relationship with the individual.

Many candidates inferred that 'self - actualisation' was more likely to be achieved in old age, whereas for older people in residential care it is perhaps more important to ensure that the deficit needs, particularly the physiological needs, are fulfilled. This, as Maslow intended, would then support the individual's motivation and drive to develop further, by participating in the activities and opportunities provided.

## F921 Anatomy & Physiology in Practice

### General Comments:

During this session most candidates generally responded well to the questions. A few candidates appeared not to have read the question stem with accuracy, however most candidates completed all of the questions. Where general issues tended to occur, it was with the accuracy of the candidates' knowledge. In a small number of cases, the legibility of some papers, added to poor spelling and grammar, hindered the marking process.

There were some issues with scientific spellings and comprehension of those terms used in the paper, as has been expressed previously. Where the candidate's intention was clear, this was taken into account and candidates were not penalised. The diagram questions in this series were, in general, well-answered.

Questions were based on five of 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 responses and increase accessibility.

Knowledge was required for five of 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 their understanding of diagnostic and treatment processes were poorly explained and, on occasion, confused.

Where low marks were recorded it appeared to be the result of an inability to demonstrate specific knowledge or application of knowledge to the question being asked, (as seen in question 4b and 5). Poor examination technique was evident in the poor organisation of answers which often contributed to a lower mark. Successful answers and good practice were reflected in responses that were factual, focused and well-structured.

Candidate responses to questions occasionally demonstrated poor examination technique when formulating their answers. Some candidates did not express themselves fully, using incomplete sentences and poor explanations of effects, diagnoses and treatments. There tended to be limited focus, particularly where candidates were asked to describe the effects on lifestyle.

### Comments on Individual Questions

- 1(a)** This diagram question was generally well-answered.
- 1(b)** Generally well-answered with many candidates scoring three marks or more.
- 1(c)** Descriptions of the menstrual cycle varied; candidates either could describe the events or had little knowledge at all. Where they did describe the events many had problems with the correct order and the functions of the hormones.
- 2(a)** This question was generally answered poorly, with limited understanding of the use of steroids. Some candidates gave responses that would only be consistent with anabolic steroids and body building. When giving the uses of antibiotics many candidates indicated that they can be used to 'treat' or 'kill' viruses instead of their correct use on bacteria and other susceptible micro-organisms.

- 2(b)** The majority of candidates were able to describe the causes of a respiratory dysfunction, providing a good range of causes in their answers.
- 2(c)** Where many candidates gave good descriptions of their chosen diagnostic techniques, some did not understand the true purpose of using peak flow to measure forced expiration. A noticeable number of candidates also confused the process of peak flow with that of spirometry.
- 3(a)** Generally answered well with many candidates being able to accurately describe the major functions of the digestive system.
- 3(b)** This question was generally well-answered with one digestive dysfunction identified. Explanations of how it would be diagnosed were often accurate. Those candidates who were less successful were usually unable to describe the general principles of the diagnostic technique chosen. The process of endoscopy was often poorly described, with candidates describing the insertion of a camera rather than the fibre optic scope with the camera attached. Explanations of other process, such as biopsy using the scope, often lacked detail and accuracy.
- 4(a)** Most candidates were able to describe how their chosen dysfunction could be diagnosed.
- 4(b)** There appeared to be some misunderstanding of the term 'lifestyle'. Many candidates gave responses that related only to PIES and did not link their responses to forms of lifestyle activity.
- 4(c)** Many candidates could explain how their chosen dysfunction could be treated, but the information provided by some candidates was at times limited in detail. Comments such as 'treated with drugs' or could have 'surgery' were offered as a complete answer by some. By not saying what type of drugs or what surgical procedure, candidates were restricted to the lower mark levels as they had only identified the process.
- 5** Performance in this question was, at times, poor. Candidates' answers were generally focused on the effects of a renal dysfunction on the person who uses services. A number of candidates gave basic explanations of how their chosen dysfunction was caused. A noticeable number of candidates did not respond to the first part of the question and moved directly into describing the effects. Where candidates were restricted to the lower mark levels, it was often because of their limited understanding of the cause of the dysfunction.

## F924 Social Trends

Many centres appeared to have used the case study and researched the topics effectively. This was evident from those candidates who achieved high scores.

Those at the top of the range showed clear knowledge and understanding of the unit specification requirements, the pre-release topics and research methodology, providing well-balanced answers and explicit links to the context of the question. There were very few 'No Response' answers and little indication that candidates had insufficient time to complete the paper. However, there continues to be a number of candidates who persist in using extra sheets without referencing their answers. Generally, those candidates who used additional paper did not score additional marks.

Questions asking for trends seemed to gain fewer marks than we would have anticipated, mainly because there is a tendency to simply repeat 'facts' from the data. For example, in Q1(a) many responses were, 'there were more children on the register in England'. This tended to apply to all questions involving candidates identifying trends from data supplied.

Candidates must read the question carefully and ensure they respond by providing the information asked for, not what they know about the general topic. This was particularly evident in question 1(d) where many either wrote detailed text about Every Child Matters, or about reporting abuse.

Questions requiring knowledge of the research methods showed again that many candidates understand the methods, but there continues to be 'catch-all' answers offered and which are not worthy of credit.

### Comments on individual questions

- 1(a), 2(a), 3(b),** facts rather than trends given, a trend must show change.
- 1(b)** A number of candidates were confused by the word 'agency' and put parents/carers or simply said NSPCC or Child Protection Agency as a straight lift from question.
- 1(c)** Most candidates identified and described two functions of NSPCC. Those who did not score marks stated 'support', again a lift from question.
- 1(d)** Generally well-answered although there was a strong focus on abuse towards children rather than overall safety work. Many candidates wrote about all ECM components. Some listed a number of factors, but ignored the command verb and offered no analysis.
- 1(e)(i)** and (e)(ii) most candidates could identify advantages and disadvantages of this type of observation, with some having a scattergun approach, may be valid, reliable, ethical, etc. Centres are advised that, where this approach is taken by candidates, no credit is given.
- 2(b)** The stem of the question specifically asked about young men remaining at home. It was often misinterpreted and answered generically; a majority of candidates did not link their response to 'young men' and gave answers that equally well were correct for women, especially that young men would have university debts. Some said returning home after divorce when the question asked for those who 'remain' at home.

- 2(c)** Generally this was well answered although it was difficult for some to give two advantages and two disadvantages of sons living at home.
- 3(a)** Well-answered.
- 3(c)** There were a significant number of poor answers; many candidates stated that as homeless, it is difficult to find or that centenarians die, with little knowledge of problems of predictions.
- 3(d)** Answered very well overall, most candidates able to identify and discuss issues of having centenarians in the family. Some wrote help with childcare which was not credited as 100 year olds would not be anticipated to look after young children.
- 4(a)(i)** Generally well-answered.
- 4(a)(ii)** Performed less well, with a limited number of candidates scoring 2 marks.
- 4(b)** The stem of question listed family types and said they were widely accepted in society, however many candidates repeated the question at length; listing then describing the family type and saying it was accepted. Those who scored highly gave clear reasons for this acceptance, linked to changes in society.
- 5(a)** The stem of question asked how method could be used and this was largely misunderstood. The identification of suitable method was very good, but many evaluated it, not realising this was required for 5(b), instead of how to use it in the context given. Many scored only low marks for this reason.
- 5(b)** There was much repetition of responses given in 5(a) and many could explain the relevant factors. Generally this question was well answered by many candidates, more making explicit links to the context than in previous series.

There are still a number of instances where candidates wrote the continuous prose answers in bullet point format rather than the essay style that is required.

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