

## **Health & Social Care**

General Certificate of Secondary Education **J406**

General Certificate of Secondary Education (Double Award) **J412**

### **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.

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

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

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

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## Overview

This was the final January series. All future entries will be entered and aggregated in June for the single or double award.

For this series, entries for controlled assessment were very small; again more A911 entries were received than A913. Moderation took place against the assessment criteria for the 2012/2013 controlled assessment and centres should note that the present version will be current in 2014 but will change for candidates entering to aggregate in 2015.

It must be noted that centres must enter the candidates with a controlled assessment assignment that correlates with the year of submission. Assessors should download the most current Unit Recording Sheet (URS) from the OCR website and ensure that it is filled out completely. Without this attention to detail moderators are often unable to see how assessors have awarded marks, or unable to check the sample sent because candidate numbers are not recorded.

Most entries for Controlled Assessment (A911 and A913) were paper-based (component 02). Some centres entered their candidates for OCR Repository (component 01) and then sent work postally to the moderator, It is important that centres use the correct entry code for postal entries (02) and for the OCR Repository (01) for controlled assessment units A911 and A913.

Many assessors annotated in the body of a candidate's controlled assessment work. This was good practice as the moderator could see how marks had been awarded. The teaching of specific skills needs to be incorporated into Schemes of Work so that candidates have the knowledge to undertake the requirements of planning and evaluating required fulfilling the controlled assignment assessment criteria. Where there is more than one assessor marking at a centre, internal moderation is essential so that there is parity in assessment decisions.

The externally assessed units (A912 and A914) had questions that differentiated well. They showed that most candidates had been adequately prepared for their entry. However for some candidates there were some notable gaps of knowledge and it is important that centres give sufficient time to cover the whole of the specification in their planning of the qualification delivery. Centres are advised to ensure that in their general teaching, time is given for candidates to learn technical spellings; this would ensure that quality response answers are given. When preparing for external assessment, candidates need to be aware that they need to clearly indicate if they have added additional information/answers on supplementary pages. All candidates should use a biro pen and not the "gel type" because these leak through the paper and make it difficult for examiners to see clearly the answers given and to award marks.

Specific detail about individual units has been given in the remainder of this report and centres are advised to study the advice when preparing their candidates for future assessment series.

# A911 Health Social Care and Early Years provision

## General comments

A range of different ways of approaching this unit of work were seen. Where candidates showed good practice with the planning in Task 1, they were able to relate to the criteria for Task 5 and gained better marks. In one centre seen, candidates had produced some excellent work and gained good marks in Tasks 2, 3 & 4, but Task 1 demonstrated poor planning with no aims and objectives set and consequently when completing Task 5 candidates could not fulfil the necessary criteria to gain MB2 or MB3 marks and candidates were disadvantaged.

Whilst specific marks are not awarded for QWC (Quality of Written Communication), assessors should be mindful that once the five tasks have been assessed and an overall mark decided, it is important that the mark is complementary to the description of the quality of work for a candidate at a particular level.

Centres are advised to ensure that the correct URS sheet is used when they attach it to the candidates' controlled assessment. The sheet needs to be completed accurately with accurate page references. Comments made by assessors supported the moderation process. It is recommended that the assessor highlights or ticks each section of the band that applies to the work that the candidate has produced; this helps when a best-fit mark applies.

## Task 1

Candidates who clearly stated the service that they would be focusing on, the purpose of their investigation and aims and objectives were able to access more marks in Task 5 when reviewing their work. Within the plan, candidates needed to show where they would access the primary and secondary information and show relevance to the context of the investigation that they were undertaking.

Some candidates were well prepared and produced excellent plans and checklists, particularly those that were in chart form highlighting completion dates, the type of research they were going to use and setting clear aims and objectives. Others did not include a plan or checklist, just an introduction about the service they were going to investigate. A pre-set format of a chart was useful in some instances, however when candidates had itemised each task in the chart it did not provide the opportunity to gain marks at a higher level. It should be remembered that this task is a working document and should be used throughout the controlled assessment, it does not need to be written or completed in one sitting.

## Task 2

Most candidates continued to choose an early years' service and were able to identify and explain how one client group used the service and how their needs were met by the facilities offered. Good use of case studies in this section improved the quality of many portfolios.

Some candidates made clear the service and the client group they had studied. The best responses referenced the different client groups that may use the service but then focussed on one group in depth. Candidates did not gain marks by copying out publicity material or including a location map from the website of the service. Best practice was seen where candidates had clearly and correctly referenced information that had been used that was not their own work.

Good primary research was shown when candidates interviewed a care worker from the setting and were able to describe in detail the needs of the people who use the service ("pwus"). Many candidates were supported with a framework chart which showed the PIES in one column and then how the service met those needs in another column.

When investigating the other services available locally to meet all the client group's needs some candidates attempted to look at the range of other services. However whilst services such as parks and swimming pools fulfil a need they are not providers of health and social care unless qualified. Often research was done as a town trail or through an interview with a care worker. Many candidates just listed all the other "nurseries" that were in the area; this was insufficient evidence as they needed to include health, social care and early years services. Candidates showing how services worked together provided good differentiation. Few candidates were aware that one service does not provide all the needs for a client group.

Some candidates gave a comprehensive explanation of how the service provided equality by giving examples of how it took place in the setting, eg, making provision to take all residents out on outings catering for any disabilities they may have; giving a place to a child who has mobility issues in the reception class; treating a bariatric patient in hospital by providing them with a special bed and extended screens. They also showed how the needs of a diverse multi-cultural population could be met eg, interpreters available; range of literature in different languages; providing opportunities for religious observations.

### **Task 3**

Many candidates identified a relevant piece of legislation but few actually reflected or showed that they understood the impact it had on the quality of service being provided. There were few examples of candidates describing how the setting had fulfilled the criteria in accordance with the legislation.

Most centres appeared to have only taught one piece of legislation which all candidates in the centre then wrote about. Candidates often showed very little understanding on how that piece of legislation had an impact on the quality of service being provided

There was a wide variety in the explanation of barriers and how these prevented clients from accessing both the service and the effects on the individual. Candidates were aware of the many barriers that prevent "pwus" from accessing the help that they need and often wrote about each barrier at length; however they did not apply this knowledge to the service they were investigating.

There was often a lot of generic information (copied without any referencing) on how barriers could be removed. Candidates found it difficult to evaluate how services have procedures in place to address barriers; occasionally opinions and judgements were evident. A limited understanding was apparent of how the removal of barriers empowers clients.

Many candidates were well aware of referral procedures but unfortunately could not access marks at the higher level because the examples given were not relevant to the service being studied. A lot of generic information was included with unreferenced information from text books.

### **Task 4**

This task was generally done well, candidates had been well prepared and the higher level candidates had interviewed a care worker to gain primary information and supported their findings with references to secondary sources.

Some candidates produced a landscape chart to show in one column the day-to-day tasks, in the second column how the health, developmental and social care needs were being met, in the

third column they showed show the skills and qualities being used and why they are important and in the fourth column they showed how the care values were being applied. If this method is chosen, to gain MB3 marks candidates need to ensure that they support the information gained by writing an analysis to show the possible effects on the client if care values are not applied as well as writing an in-depth understanding to show why certain skills and qualities are needed.

Many candidates had undertaken good quality research into possible qualification pathways however they did not access higher level marks because they did not present reasoned judgements and accurate conclusions.

When assessing the quality of work, to award the higher band marks assessors need to ensure that there is a detailed explanation which shows understanding, List-like answers do not show understanding and therefore must only be awarded lower level marks.

### **Task 5**

Candidates needed to analyse how their own skills and qualities would be appropriate for working in their chosen service. Good responses were seen when candidates used the information that they had gained from their investigation and applied it to themselves working in the setting.

Many candidates did not evaluate their evidence against their aims and objectives (if they had written any) and made limited recommendations for future investigations. Some candidates appeared to have run out of time, or had not followed the criteria, or had had no training on how to write an evaluation.

Marks were gained by those candidates who were focused in Task 1 and used, as a measuring tool, their aims, their plans and checklist to review their work. Some candidates had reflected on their plans throughout the controlled assessment, making notes in a separate column on their planning sheet. This was good practice as candidates were then able to access relevant material to form part of their evaluation and make recommendations for future investigations. By making regular notes during the controlled assessment they could give detail and show understating about their own performance and in turn gain higher level marks within this task. The recommendations of what they could do to improve their own performance was noted but varied in quality.

The use of references was variable in the work seen. Some bibliographies tended to be list-like, mostly websites and not referenced throughout the controlled assessment. Often candidates forgot to include their chosen service, the interviews which took place and references to primary sources were limited. To gain MB3 candidates need to comment on how they used the source and how useful it was, there were some examples of this being done well.

# A912 Understanding Personal Development and Relationships

## General comments

The standard of work seen this series would indicate that the delivery of this specification has taken into account the active verbs. Many candidates gave an initial plan prior to answering many of the levels of response questions; candidates were able to differentiate between evaluate and analyse.

To access the higher marks candidates needed to make links between the effects given when answering analysis questions. A number of candidates did not appear to have read their responses and there were a number of instances of repeated answers; repetition can detract, and whilst this does not reduce marks awarded, it can mean that some other key effects are omitted.

There were a number of instances of candidates adopting a 'scattergun approach' to questions that only required a single response. Candidates should be aware that **where more than one answer is given for a one mark question, credit can only be given if ALL answers are correct. One correct answer amid incorrect answers must be marked as wrong.**

## Verbs used within this paper

Verb	Questions where the verb is in use
Identify	3a 4c
Describe	1d
Explain	1b* 1c 2b 4a*
Evaluate	3c*
Analyse	2c* 4b*

\*Questions 1b, 2c, 3c, 4a and 4b are levels of response questions and QWC is taken into account

## Question 1a

This question needed the candidates to **complete the chart on life stages from the information given.**

This initial question was answered well; many were able to score highly. However a common error for some was in stating the ages given within the case study rather than stating the age range for the specified life stage.

## Question 1b

The active verb was **explain. This was a levels of response question.**

Some very thoughtful and well developed answers were seen, but equally some very poor responses were seen. Many candidates were able to explain key emotional effects. For many though it was the reasons behind the effects that were lacking; the consequence of this was not being able to access level 3.

The best responses addressed the aspect of development given within the question; many went off on a tangent and talked about social and intellectual effects. Some made the focus of their answer the children or Susan.



### Question 1c

The active verb was **explain**.

The key error candidates made when answering this question was in not addressing the 'way'. Many only gained half marks due to only giving intellectual effects. Candidates need to be directed that they should 'deconstruct' the question and break it down into the component parts.

### Question 1d

The active verb was **describe**.

Many candidates were well versed in the use of percentile charts and were able to recall how they are used with many giving well-developed answers about comparisons to the norms and looking at checking against the average.

Some candidates chose to answer the question in how to take readings from the chart, rather than the usage.

### Question 2a

For this question candidates were asked to '**choose the correct term to match the definition**'. The majority of candidates correctly matched the terms gender and ethnicity with the definitions.

### Question 2b

The active verb was **explain**.

Some very thoughtful and incisive answers were seen here. The most common responses for the effect on social development were widening friendship circle and communicating with people with shared interests. A few candidates gave negative effects rather than positive.

### Question 2c

The active verb was **analyse. This was a levels of response question.**

Many candidates were able to access level 2 with many focusing in on emotional and social effects. It has already been highlighted within the general comments about candidates' inability to link effects and, for many, repetition within their answers.

### Question 3a

The active verb was **identification**.

The most common answers seen within this question were trust, love physical attraction and respect. The most common error was candidates giving example of relationships within each category.

### Question 3b

For this question candidates were asked to '**give a definition for the terms self-esteem and self-image**'

Many candidates were able to identify the correct definitions by providing a fluent sentence. Some candidates got the two mixed up. Some candidates drifted into giving an explanation using terms such as self-confidence without defining the key term

**Question 3c This was a levels of response question.**

The active verb was **evaluate**.

The majority of candidates were able to comment on all three relationships and were able to give both negative and positive effects. A number of candidates 'reversed' answers, eg. this will raise confidence/this will reduce confidence; credit was only awarded once.

**Question 4a**

The active verb was **explain. This was a levels of response question.**

Candidates were able to express support measures more confidently than coping measures. The most common answers on support were talk, advice, listen and prescribe. The most common answers about coping were reduced stress and being reassured.

**Question 4b**

The active verb was **analyse. This was a levels of response question..**

The most common responses involved emotional and social effects, thus many candidates were restricted to level 2. This was generally a well-answered question.

**Question 4c**

The active verb was **identify**.

Many candidates correctly identified the life events given within the specification.

## A913 Promoting Health and Wellbeing

Entries for this controlled assessment this series were disappointing and many needed mark adjustments because marks had been given which did not follow the assessment criteria.

Whilst specific marks are not awarded for **Quality of Written Communication (QWC)**, assessors should be mindful that once the tasks have been assessed and an overall mark decided, it is important that the mark is complementary to the description of the quality of work for a candidate at a particular level.

All centres attached a URS to the candidates' controlled assessment. Most sheets were completed accurately and with page references. When comments were made by the assessor, this supported the moderation process. It is recommended that the assessor highlights or ticks each section of the band that applies to the work that the candidate has produced; this helps when a best-fit mark has been applied.

Good practice was seen when candidates used a structure to construct their controlled assessment. These candidates had clarity and this enhanced their performance. Annotation within the work enabled the moderator to see where judgements had been made. The controlled assessment is split into distinct areas and where followed, enabled the candidates to make plans for smaller sections.

### Task 1

Most work moderated showed a clear plan for the investigation which identified aims and objectives; many did not, however, show the purpose of their investigation. Within the plan, candidates needed to show where they would be accessing their primary and secondary information. This will not be an exhaustive list and may well be developed as the work progresses as part of their ongoing evaluation. Higher marks were gained when candidates showed sources of both primary and secondary data and related the references to the specific investigation chosen.

Some candidates produced excellent plans and checklists. When a pre-set format for a chart had been used this was useful, however, when the tasks had also been itemised, it did not provide the opportunity for candidates to gain marks at a higher level.

Candidates would be advised to clearly identify who their controlled assessment is focused on and the aims and objectives of their investigation, this will enable them to access more marks in Task 6 when they are reviewing their work.

### Task 2

There were varied responses by candidates demonstrating their understanding of how health and wellbeing changes over time. Some had interviewed different generations and sought their views, some had done it from an historical perspective and others looked pre- and post- NHS. Likewise with showing variants between different cultures many made a comparison between two different countries, whilst others compared two cultures in our own country. It should be remembered that this work should evolve from candidates being taught about different health perspectives and that their response should show this understanding.

The research into the individual's current state of physical intellectual, emotional and social health was generally done well. Most candidates produced questionnaires which were detailed and included open and closed questions, giving the opportunity for candidates to later interpret the information and analyse information required in Task 3. It was disappointing to see that

many candidates did not give the opinion of the individual and their understanding of their own health.

It is important that the assessor clearly indicates the guidance that the candidate required on the URS sheet. If the collection of information or compiling of the questionnaire has been done as a group activity, the assessor must clearly indicate what contribution the individual has made to the controlled assessment and reference must be made to the work of other members of the team.

### **Task 3**

Two measures of health were usually accurately carried out by most candidates. The most common physical measures of health were BMI/height-weight and peak flow. Many had correctly interpreted the data collected, applying the information to the individual and making in-depth comparisons to the norms. Some candidates wasted time by describing generically all the physical measurements of health, no marks were awarded for this. Others did not make reference in their interpretation of results to the individual, eg, age, illness, occupation and lifestyle; which could have had an impact on the physical measurements.

The analysis of the information gathered in Tasks 2 and 3 provided good differentiation. Where this was done well candidates had considered the individual's own understanding of their health. They then looked at the person's health in terms of physical, intellectual, emotional and social needs and also made reference to norms, eg, *units of alcohol consumed, calorie intake, etc.* There was also some reference to the physical measurements of health obtained to give an overview of the individual's health.

### **Task 4**

This section usually commenced with numerous risks to the client, some showing application but others were answered generically. Candidates needed to explain at least two possible risks that were relevant to the individual and then analyse the damage that these risks may cause in the short and long term. List-like answers should be avoided.

When candidates described the factors that had positively affected the health and wellbeing of the individual, a minimum of two factors should be described. Reference to the factors 'interrelating positively' resulted in mixed responses, and provided good differentiation. It should be remembered that a mind map approach to the interrelation of factors is not an explanation; and would best be used by candidates as part of their research.

### **Task 5**

Some candidates followed a logical format and stated how the health plan would improve the client's health over a period of time. These candidates accessed the higher level of marks. Very imaginative health plans were seen but it was questionable whether they had been given too much time to complete these since some were rather extensive. Some candidates lost marks as they did not produce a plan which could be used, nor did it show how someone could maintain or improve their health.

Common areas used for the plan were to improve diet and increase exercise. Where this was done well, candidates developed two specific health targets that were addressed in the plan and explained how the physical measurements of health would improve if the targets of the plan were successful.

## **Task 6**

Some candidates appeared to have run out of time, or they had not followed the criteria, or were unable to write an evaluation.

### **A: about the PHP**

Most candidates drew conclusions about the physical, intellectual, emotional and social effects the plan may have on the individual and those gaining higher level marks were realistic in their suggestions. Candidates who gained higher marks explained why the health plan was relevant for the individual.

The description of difficulties that may be encountered in achieving the PHP was either done well or was marginalized. Some candidates did not explain how two different types of health promotion material could be used to support the targets. Where it was done well, candidates had considered for example: a diet sheet from the internet and attending a weekly weigh-in session; this gave candidate the opportunity to give a comprehensive evaluation and gain MB3 marks. Candidates should not include copies of booklets, etc. in their assessment material as they are bulky and costly to post nor should they waste controlled assessment time making their own promotional material.

### **B: about the candidate's investigation.**

Where candidates had set out clear aims and objectives in Task 1 they were able to refer to these as part of their evaluation. Some candidates reflected on their plans as the controlled assessment had proceeded making notes in a separate column on their planning sheet, this was good practice. By making regular notes during the controlled assessment they could give detail, show understanding about their own performance, make recommendations for future investigations and gain higher level marks.

The use of references was mixed. Some bibliographies were list-like and there was very little evidence of how these sources had been used within the text. Some candidates showed they would have extended their research if they undertook a future investigation.

Candidates need training to reference sources of information used within the context of their controlled assessment. It was good to see more referencing within work and this gives more validity to the bibliography some candidates commented on how they had used the source and how useful it had been.

# A914 Safeguarding and Protecting Individuals

## General Comments

The examination paper consisted of a variety of question styles involving identification, description, explanation and analysis. Where candidates achieved some of the highest marks in the differentiated questions, for example, questions 3, 4, 6, 7, 8, 13 and 17, they used their knowledge to give factually accurate answers with appropriate terminology. Some candidates did not thoroughly understand the various legislations and were unable to distinguish between acts and regulations. Candidates did not seem to have the knowledge or understanding to respond to questions about legislation and need to be encouraged to revise and apply the correct legislation to specific contexts. The levels of response questions in the paper were accessible to all candidates and also provided opportunity for differentiation for the more able candidates to demonstrate depth of knowledge. There was little evidence to suggest that candidates ran out of time.

## Comments on Individual Questions

- 1 Candidates were required to identify four items that must be available in a first aid box. This was answered well with most candidates achieving full marks. Incorrect answers included 'medicine', 'tablets', 'needles' and repetitive answers.
- 2 Candidates were asked to complete the name of the legislation for first aid. Many candidates lost marks for using the word 'act' rather than 'regulations'.
- 3 This question required candidates to outline first aid procedures to treat a graze. This was answered well by most candidates.
- 4 This question differentiated well. Question four required candidates to explain the first aid treatment to a person having an asthma attack. When candidates did not get full marks it was because they did not explain the reasons for the actions but gave a description instead.
- 5 Candidates had to identify one piece of legislation contributing to safeguarding. Many candidates answered this well. Marks were not awarded for 'residential care home', 'CCTV', 'COSHH' or 'RIDDOR'.
- 6 Candidates were asked to describe two situations in a care home where older people need to be safeguarded. Some candidates did not appear to understand the context of this question and therefore lost marks. When candidates did not get marks it was because they described situations such as 'poor mobility' and 'needing help with feeding'.
- 7 This was a levels of response question and good responses at the higher level responded to the command word 'describe'. These responses used specialist terminology.
- 8 This question differentiated well. It was encouraging to see that many candidates were able to explain reasons why staff may ill-treat people in a care setting.
- 9 This question required candidates to state two actions when dealing with a spillage. This was answered well by most candidates. Answers such as 'put out safety signs' or repeated answers did not achieve any marks.
- 10 Most candidates gained marks by correctly choosing 'wear protective clothing' or 'now wash hands'. Answers such as 'boiler suits' or 'clean water' did not achieve any marks.

- 11 Candidates were required to explain two ways in which to clean a day room in a care home. Where candidates referred to the cleaning of kitchens or bedrooms no marks were awarded. Many candidates needed to develop the explanation of cleaning.
- 12 This question required candidates to identify one piece of legislation to prevent the spread of infection. Many candidates answered this correctly.
- 13 This was a levels of response question and good responses at the higher level responded to the command word 'analyse'. These responses used specialist terminology and were able to articulate the importance of washing hands in care settings. When candidates did not achieve full marks it was because they did not show why washing hands was important.
- 14 This question required candidates to state what was meant by the abbreviation HSE. There was a range of incorrect answers such as 'evaluation' 'execution', 'environment' and 'editor'. There were also a number of nil responses for this question.
- 15 Candidates were required to outline the work of the HSE. Where candidates did not achieve full marks it was because they stated that 'risk assessments' and 'keeping people safe' was the work of the HSE.
- 16 Candidates were asked to identify two security features that could be used in a nursery. This was generally answered well, for example candidates responded with 'install CCTV so you can monitor what is going on in the building'. Some candidates confused security with safety and gave incorrect answers such as 'fire alarms to prevent the children from getting harmed' and 'locking equipment away to avoid injury'.
- 17 This question achieved the differentiation intended. Almost all candidates answered this question well making some perceptive assessments with detailed knowledge about the hazards, who might be harmed, and considerations of precautions. Most candidates achieved marks at either Level 2 or Level 3. The question produced good answers where candidates looked closely at the plan. Other candidates needed to answer all three bullet points to secure marks at Level 3. When candidates did not achieve all the marks, this was often because they stated 'anyone' and 'everyone', rather than the correct response such as service users, staff and visitors.

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