

**GCE**

**Health and Social Care**

Advanced Subsidiary GCE **H103/H303**

Advanced GCE **H503/H703**

**OCR Report to Centres June 2017**

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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.

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## Units F911 - F925

### General Comments:

This year, as in previous, there was variation in standards of marking as well as in the completion of summative assessment sheets. Those centres with the best understanding of the full demands of the assessment objectives (AO) tended to mark to more vigorous standards than those with a lesser understanding. Those centres whose work was leniently marked usually had not given sufficient attention to the precise requirements of each strand within an AO; nor had they understood the level of depth required. A significant number of centres did not appear to understand the aspect of AO's which required a 'wide range' of sources to achieve within the top mark bands. Top marks were awarded for work which did not evidence the use of at least four types of source. Centres should interpret 'wide range' to mean four different types.

Regarding completion of assessment paperwork, quite a few centres failed to include details of page numbers on paperwork; there were also centres who did not attach the unit recording sheet (URS) securely to coursework. For work which was very closely structured around the AO's on the assessment evidence recording sheet (AERS), annotation often seemed to be a waste of teachers' time. Headings and comments on the URS provided suitable guidance for the moderator. It was often helpful, however, in showing up evidence where different aspects of an AO were merged in one synthesised answer.

There were large numbers of clerical errors this year. A few centres did not have a URS, only AERS. There was also evidence of centre's using half marks. Occasionally incorrect candidate work was uploaded by centres and correct work had to be requested.

As with previous years, the quality of candidate work and quality of marking were strongly linked. Those centres, whose marking was accurate, also tended to produce work of good quality and high marks. There were a small number of centres, however, that, based on their understanding of the demanding nature of the AO's – the need to apply knowledge and understanding to an independently chosen context, to analyse and evaluate - under-marked candidate work. As with previous years, the centres and candidate work producing the best quality responses, addressed the precise requirements of each aspect of each AO directly with relevant and detailed content. Responses were well synthesised in terms of the use of sources and well structured; evaluations were well balanced, incorporating both negative and positive content in equal measure, and thus genuinely evaluative rather than descriptive. Referencing style was consistent across the whole portfolio in these strong responses and bibliographies were provided for each AO, while both of these were used effectively to show the reader the way, a wide range of sources had been used.

By contrast, weaker candidate work tended to have content which did not focus as much on the requirements of the AO's, was short and often inaccurate in terms of SPAG. Evidence was poorly presented (illogical use of headings, large gaps between paragraphs and sections of work and copious use of bullet points were a feature); it was not fully or consistently referenced – often failing to provide references for anything other than websites and not many of these – and lacked a bibliography.

As noted last year, high levels of accurate teacher direction were features of high scoring centres and candidates; this meant a tendency for a cohort to use the same case study or piece of legislation for example in the content of their answers. Teachers' high level of understanding of the demands of the qualification, built up over many years, have, together with the pressures of performance management in schools, led to strong, directional delivery at the expense of students' independence in their production of their assignment content.

### Comments on Individual Questions:

### F911 Communication in Care settings

AO1: Some excellent answers. Different types of communication done well. Some combined types with examples of how people are valued and supported by the different types of communication using sub-headings for each type e.g. written etc. Some centres still used Care Values to answer this section, rather than considering care values in detail as both inhibiting and supportive factors. Factors were well explained.

AO2: Excellent answers made use of placement and the best candidates could provide detailed evidence from their own observation of a chosen practitioner using four different skills and the reasons for using. These enabled candidates to also provide excellent examples of appropriate use of communication skills to show how people are valued and supported using the care values and skills. Some centres seemed to have directed candidates to answer AO2 generically, giving examples of skills used and then explained care values with limited reference to use of skills to show how people are valued and supported.

AO3: Some excellent answers, with candidates using detailed reference to observations of the theories used in their chosen setting. Weaker answers relied on 'text book' describing the theories. Weaker work was unable to show effectively how the theories affect service users and practitioners and did not base AO3 on a chosen setting, making limited and generic applications to show effects. Some centres struggled to show the four different types of sources needed for top marks in this AO; some clearly in bibliography had sub-headings for websites, books, primary, leaflets etc.

AO4: Many excellent answers providing detailed records for their interaction, including aims and objectives, reasons, skills to be used, feedback etc. Weaker candidates had limited records. Generally, skills/factors/values of care done well, better candidates also discussed theories used. Some excellent evaluations with clear evidence of reflection, analysis and conclusion, realistic improvements suggested and evaluated from the perspective of a service user/provider. Weaker work was heavily descriptive with limited reflection; some centres did not pick up on the need to evaluate from the perspective of a service user/provider.

AO4c – work which had records in the form of peer reviews, detailed teacher observation or witness statements were able to present more of a comprehensive evaluation about their interactions as their conclusions tended to be evidence based.

### F912 Promoting Good Health:

AO1: Stronger candidates gave their own interpretation of the different concepts of health; this part of AO1 was well done. Some candidate work included consolidating concepts of health and wellbeing and factors affecting health with primary data and questionnaires. This demonstrated good practice, as it enabled candidates to analyse knowledge more purposefully and gave them good grounding to show comprehensive understanding about health and well-being. There was a tendency in describing factors to lean heavily on sources and to produce bullet point lists, which while providing comprehensive answering, were lacking in depth. As with most years, the section candidates tended to lose marks on was the models answer; only the best candidates were able to explain effectively how the models themselves provide different explanations for why people ignore health promotion messages. Centres need to reflect carefully on this demanding aspect of the AO and guide candidates appropriately, allowing them to then produce their own explanations and interpretations of the ideas offered in class. Examples of ill health tended to be done very well, especially when based on primary sources.

AO2: Roles and skills with reasons were done well by many candidates, often those who had interviewed relevant practitioners. Weaker ones relied on bullet point lists of roles and skills and their answers were heavily reliant on internet sources with a lack of synthesis. Centres appear to have got better at showing reasons for preventative measures, though few are linking them to government initiatives. Centres that performed best in AO2 tended to be ones where the teacher had clearly given thought to matching up roles, measures and initiatives before delivery,

supporting candidates to produce a carefully synthesised answer where the different aspects of the AO supported each other.

AO3: Compared to last year, candidates appeared to have had better direction regarding the requirement in AO3 to have a wide source range in the actual planning as oppose to delivery stage. Many centres showed evidence of a questionnaire to find out what their target group already knew before planning their campaign. A pre campaign questionnaire cannot be used as a source of information unless the data generated informs the planning of the campaign. Some candidates produced really detailed plans; the weaker candidates provided limited explanations of the reasons for components in planning and lack of overall detail in their planning.

AO4: Most centres ensured candidates produced data or details regarding outcomes of the campaign; nearly all the work included descriptions of how the plan was implemented. Better candidates were able to draw conclusions from their data regarding their target group and include reflective comments rather than one sided approvals of their performances; they included negative as well as positive comments and explained their recommendations in detail. Overall, although the effects of the campaign has only 4 marks allotted to it, there was a tendency for candidates' content to focus on this aspect – a lack of balance given that their own performance aspect was worth 6; this meant often they lost marks on this AO.

F914: Additional Needs:

AO1: A and B were often blended together. There was generally good understanding of three causes of additional needs shown and the needs of the person using services, with clear reference to PIES. Care management stages were also done well but only better candidates could explain how evaluation procedures lead to the modification of individual plans to meet changing needs of user.

AO2: A case study was introduced and causes and effects identified. Two suitable practitioners chosen and tasks, skills and qualities identified. Only better candidates could compare the differences of the two practitioners meeting needs. Partnership working was clearly explained by candidates, again better candidates explained benefits in detail.

AO3: Primary and secondary sources were used by many, but not always four different sources. Models were done well with able candidates comparing the differences in the support provided. Attitudes and values of society were also covered well; most had positive and negative ways.

AO4: A and B were often blended together. Barriers from the specification were covered and applied to case study, generally done well. Methods of support/aid explained clearly, able candidates evaluated impact on users, both positive and negative ways.

F915: Early Years:

AO1: A and B were often blended together. Types and examples done well, able candidates had detailed description of examples. A suitable policy was chosen by many, but then applied to one example from each type, rather than just one example, hence many did not cover AO1c in depth.

AO2: Excellent answer from able candidates. Comprehensive explanation of three features, daily tasks on day-to-day basis. Three skills and qualifications done well, able candidates explained pathways in own words. Values of care applied well to practitioners, again able candidates showed thorough understanding and a range of examples.

AO3: Factors done well by most, weaker candidates brief. Most had primary and secondary sources but not four for wide range. Referencing was poor. Again, strategies were brief from weaker candidates; able candidates could explain how they were used to aid learning which was missed by weaker candidates.

AO4: Able candidates had detailed plans with methods, timescales etc., clearly justified and explained impact on PIES. Weaker candidates had brief plans and limited reference to impact. Able candidates produced thorough evaluations, drawing valid conclusions about the impact of the activity on the child's development with thoughtful recommendations for improvement. Weaker candidates had little link to impact and basic improvements.

F916: Health as lifestyle choice

AO1: This was done well by many. There was clear understanding of the positive effect of exercise on individuals' physical, mental and social health. Diagrams were used, but not all labelled clearly. Excellent examples of how exercise can be integrated into everyday life. Able candidates could draw conclusions on the effects on daily living, both positive and negative. Weaker candidates were unable to do this.

AO2: A and B often blended together. There was evidence of excellent understanding of the nature and function of all macro- and micro-nutrients, including main sources of each. Roles of water/NSP also detailed. Not all candidates introduced a case study in AO2 and were therefore unable to refer to an individual in AO2c. Detail varied, needs were identified and changes suggested. Justification varied in depth.

AO3: A wide range of sources were not always evident. Exercise programmes tended to lack detail. Better candidates described types of training and provided clear evidence that the programme was devised specifically for an individual, taking into consideration aims, time available, lifestyle needs etc. Safety factors were generally done well.

AO4: Equal emphasis was placed on both evaluations, however, quality varied. Able candidates drew conclusions on the effectiveness of both, benefits to the individual with reference to positive effects both long and short term. Changes and advice for the future were comprehensive showing evidence of reflection and reasoned judgements. Weaker candidates found this difficult.

F917: Complementary Therapies:

AO1: A and B often blended together. Categories were clearly identified, but development and purpose tended to be lacking detail even with able candidates. Examples from each category were done better. Candidates identified where each therapy was used and how it worked alongside orthodox medicine explaining similarities/differences. Only able candidates showed depth and understanding in using information to draw final conclusions.

AO2: A case study was introduced by many and questionnaires used to collect information. Two suitable therapies were identified; only able candidates made it clear how therapy was suitable for case study due to their lifestyle beliefs and physical, emotional and social needs. Able candidates produced excellent responses to show how the service user's needs were met using information collected and describing in detail the influence of lifestyle/beliefs on the suitability of the therapies. Weaker candidates lacked depth and were vague. Role of practitioners generally covered well by most candidates.

AO3: A and B often blended together. Primary and secondary sources were used. Views of public were clear but views of healthcare practitioners not as obvious as the same questionnaire was used and result combined in graphs. Only able candidates produced a comprehensive analysis of the results to show similarities/differences between views of public/practitioners using different age groups, social class, male/female etc. Weaker candidates produced brief answers and were vague.

AO4: Again, able candidates produced excellent responses. All candidates used information collected to compare how well complementary therapies/orthodox medicines met the needs of the case study. Able candidates also considered the impact of the service users approach to life, lifestyle and beliefs and considered how the service users experience compares to other

people's experience. Weaker candidates found this difficult. Strengths and weaknesses were identified by all, but only able candidates could draw conclusions on the extent that the complementary therapy could work with or replace orthodox medicine.

#### F919 Care Practice and Provision

AO1: The best answers showed a high level of integration between the different elements of this AO – showing, for example, how the data they had described in part A was used as part of the planning process in B and then providing answers on targets that were on the same aspects as the data from A. Weaker candidates failed to show the stages in the planning process and also did not distinguish in their answering between national and local targets effectively. Overall candidates have got much better at showing the way that data and targets influence planning and provision with well researched local examples.

AO2: As with previous years, the best answers were those which structured their content around the requirements specified in the AERS. This allowed them to make the different perspectives – on provision, on service users and on providers, clear and supported analysis. These candidates tended to provide generic answering re the effects on provision, considering the national perspective; then for section B they focused on their chosen service user and services they used, choosing a relevant policy/legislation. The majority of centres showed a lack of variation in content – all or most of the cohort using the same policy/legislation.

AO3: Again, in common with previous years, weaker candidates did not explicitly state the two services they had chosen as the basis for their answer. Indeed there was a marked tendency to fail to distinguish between the services at all in some cases and provide highly theoretical answers with lack of application to a chosen setting. Vague answering was also prevalent in not making it clear what the name of the service was and in failing to use organisational sources; this then led to a lack of a wide range of different kinds of source. Overall, the standards of referencing and bibliography varied greatly; many candidates failed to reference books, articles, video sources and other non-website sources appropriately, simply giving an internet link rather than giving the full title, author etc.

AO4: Most candidates produced detailed case studies to provide a context for their answering. Work on approaches was supported by these case studies and though weaker candidates' work was heavily weighted to theory, overall the evaluation of approaches used by two named practitioners was good. Many centres are interpreting partnership working solely in the context of their chosen service user; this often led to lack of variety in analysis of the process in AO4B. There was a tendency for the evaluation of the benefits of partnership working to be done better than the analysis of the process itself, though again most centres had not paid close attention to the wording of the AERS and evaluated in the context of their chosen service user only.

#### F922 Child Development

AO1: Many candidate answers lacked comprehensiveness and balance – not all giving careful consideration to the need for answering to be 0-8 years and across each of PIES. Some included language as one pattern within intellectual, rather than considering it separately. Typically work demonstrated greater comprehensive description when it was presented in continuous prose as opposed to tabular format. Where work was presented in tabular format it was difficult for candidates to meet the command verb 'describe'. Some work was clearly just 'stated' or 'identified' in brief bullet points.

It was pleasing to see many answers evidencing careful synthesis of sources to produce descriptions that showed the continuity in the way infants develop. Monitoring work was well done though often structuring was messy with a tendency to include more than two methods, mixing up answering on growth with monitoring of it.

AO2: As in previous years this was well answered by most centres; for weaker candidates the tendency was for theory to outweigh application to child and also for that application to fail to show effects and be largely descriptive. Stronger work merged A, B and C, so that a factor was

considered in theory, applied to the child, effects discussed and examples to show comparisons with norms used; typically such work also included tables and explanations regarding the need to compare with norms.

AO3: Overall well done, a wider source range than in many other units and AO's across the qualification. Many had primary evidence, such as interviews and observations and tended to reference these and add to the bibliography very clearly, a reflection of their confidence in using these sources within this AO. Many included detailed examples; overall the answering to show examples was better than the answering on theory, as in the previous year's work.

AO4: This AO was generally well done, with lower marked work failing to explain choices in the plan effectively and to provide detailed reflections from child and parental perspectives. Answering on recommendations was overall very well done.

#### F923: Mental Health Issues

AO1: This was very well done by candidates overall; sources used were well synthesised and the complexity of causes was shown through consideration of a variety of different types of sources.

AO2: This was also well done overall by candidates, though answering across a cohort tended to focus on one or two different chosen service users only, reflecting strong teacher direction. Weaker candidates tended to ignore the need to distinguish short and long term effects and to apply theory i.e. 'knowledge of the effects' to their chosen person; this often led to highly descriptive case studies with lack of explanatory approach.

AO3: Candidates overall had a strong basis for their assignments in their chosen case study and applied it effectively to show links to their chosen person in strategies, roles and legislation. Only the better candidates considered the appropriateness of their chosen legislation, making reasoned judgements and used a wide source range regarding strategies.

AO4: Some centres appeared not to have directed candidates on the explicit requirements regarding use of a wide source range in evaluating definitions. Opportunities to, for example, use an interview to explore a practitioner or individual's concept of mental health were not taken by many; concepts answering was very reliant on text book content in many candidates' work. Media portrayals work was on the whole very well done, though the use of examples from sensationalist or unrealistic American media did not support high quality answering and was used by a significant number of candidates. The best candidate work here focused on evaluating the effects of portrayals rather than description. Recommendations for improvements answering proved challenging for many.

#### F925 Research Methods in Health and Social Care

AO1: Answers tended to be rather short – a tendency also noted last year. Weaker work tended to use bullet points to highlight strengths and weaknesses rather than provide in-depth descriptions of types and sub-types re methods. Better work involved candidates explaining different types of a research method. For example, questionnaires were sub-divided into face-to-face, postal and electronic/web questionnaires which allowed for greater description. Purposes work was often very short with lack of depth in using examples to explain purposes comprehensively.

AO2: Most centres appear to understand the value and importance of including references to secondary research in order to explain reasons for choice in the rationale; there was a marked improvement in these compared to previous years. Ethical issues and sources of error and bias answering were overall done very well with most candidates attempting to apply these to their work.

AO3: This was well done, as it was last year. Candidates tended to use a good balance of sources; the tendency of a number of years ago to use nearly exclusively primary sources only and not include a literature review has been addressed by centres; some students described rather than justified their research methods.

AO4: Candidates, whose aims and objectives were not made clear in their study, struggled with this AO. Centres need to be aware of the need to set these even though they do not get awarded marks for them specifically or directly until they become highly relevant in AO4. Better candidates will have stated them in AO2. Overall, as with last year, answers for AO4 tended to be short. Strengths and weaknesses answering was done better than strand A.

## F910 Promoting Quality Care

### General Comments

Overall a good performance, with many candidates responding clearly to the question and recognising the command word used. It appeared that candidates had enough time – a few completely filled the paper and went onto spare sheets, though not to the extent they did last year and there was less repetition, so extended work was generally more focussed on the question.

### Comments on Individual Questions:

Question No.

1ai Many candidates used 'reflect' in their answers which is repetition of the question and so was not creditworthy. Often candidates answered about people who use services rather than service providers.

1aii Responses sometimes lacked specific detail e.g. contact parents, work in teams, keep environment safe. Weaker responses related to working with others, e.g. saying working with other children.

1b Often candidates referred to keeping the nursery access exclusive rather than inclusive e.g. safety measures like CCTV to see who is trying to get into the nursery.

2a Generally well answered. A few candidates referred to contacting the police or trying to find 'Mad Scott' which were not appropriate.

2b Answered with understanding on the whole. A few responses lacked description and just gave identification of possible effects. Some list-like answers given limiting marks available to the lower band.

2c A few got distracted and gave detailed responses about how to maintain confidentiality rather than focusing on the confidentiality policy. Marks mainly credited for trust, feel safe and guidance.

3a Well answered. Most got at least two marks for identification and many got all 4.

3b Answered very well. A few candidates responded about advertising rather than the interview process. Some unrealistic descriptions given of mixed panels, e.g. people of all ages, races etc.

3c Generally very good responses. Quite a few gave inaccurate information about the Sex Discrimination Act stating that it ensured equal pay for men and women doing the same job. Most focused on the Equality Act. Some candidates evaluated when this was not required.

4a Answered well by the majority of candidates. A few did not focus on 'service providers' and gave answers relating to people who use services.

4b The majority of candidates knew the components of an Equal Opportunities Policy and some of the purposes. The purposes were sometimes too generalised and lacked the required detail. A few candidates did not know anything about the EOP and gave random responses e.g. list of values of care.

5a Many candidate added the 's' on the end of Children for the Children Act. Otherwise it was well answered.

5b Most candidates knew four agencies of socialisation. There was some restriction in marks due to repetition of the process e.g. copying.

6a Generally well answered. A few gave information that did not relate to minority ethnic groups.

6b A lot of candidates repeated features of the legislation rather than evaluating the effectiveness of the legislation. Frequently candidates gave only strengths or weaknesses rather than a balanced evaluation.

## F913 Health & Safety in Care settings

### General Comments:

There was no evidence that this session's cohort differed significantly from those of previous years. As the specification draws close to its end, the number of candidates is diminishing. It therefore becomes more difficult to draw any significant conclusions about trends or patterns with such small numbers.

### Comments on Individual Questions:

Question No.

Q 1 (a) (i) Most candidates could recognise the three warning signs.

Q1 (a) (ii) The majority of candidates knew some facts about how the chemicals can cause harm, but few were able to give sufficiently specific details to attain full marks.

Q 1 (b) Virtually all candidates knew the full name of the COSHH legislation.

Q 1 (c) Many candidates simply repeated facts about storage of chemicals without making any logical link to how this protects individuals.

Q 2 (a) (i) and (ii) Examiners were looking for highly specific reasoning about how the PPE items protected both care practitioners and people who use services from cross infection. It was necessary to consider the two different groups of people separately to achieve full marks. Little credit was given for using the wording of "protecting from cross infection" as this was given in the question.

Q 2 (b) Most candidates were able to identify some procedures for disposing of sharps and clinical waste. Few answers contained much detail, and many confused the two different types of waste. Little in the way of analysis was seen.

Q 3 (a) This question was answered well, with clear understanding shown by the majority of candidates.

Q 3 (b) Most candidates were able to identify a number of pieces of fire safety equipment, although in many cases this was a catalogue of different kinds of fire extinguishers. Little assessment was evident of, for instance, the benefits or limitations of different equipment in specific situations.

Q 4 (a) Most candidates were able to identify some relevant injuries, but some failed to be sufficiently clear, for example by stating that **all** fractures should be reported.

## F918 Caring for Older People

### General Comments:

The paper attracted a similar range of marks to those seen in previous sessions. The common difficulty encountered by a significant number of candidates was an inability to give specific examples rather than vague generalisations. The small number of entries does give some limitations to the drawing of conclusions concerning the approaches made by candidates.

### Comments on Individual Questions:

Question No.

Q 1 (a) Most candidates were able to identify two possible physical effects of a musculo-skeletal disorder. Far fewer were able to explain these effects. The original intention of the question was for candidates to show the underlying physical causes of the disorders. Only a tiny number of candidates did this. The mark scheme was therefore amended to allow for answers offering further, consequent physical needs arising from the identified effect. Even with this allowance many candidates could provide only the sketchiest of answers.

Q 1 (b) Virtually all candidates were able to describe aids or adaptations that could support Jane. The few who could not answer this question suggested strange alternatives such as a GP.

Q 1(c) Almost all candidates could explain benefits of accessing a support group, although a few thought the function might stretch to prescribing medication.

Q 2 (a) Most candidates were able to describe three possible physical symptoms of a respiratory disorder. A few deviated into describing social and emotional effects.

Q 3 (a) Most answered this simple question accurately. A small number simply named a sensory impairment such as cataracts.

Q 3 (b) Many candidates could identify three effects of the sensory impairment, but far fewer linked this to how it might affect Sheila's lifestyle. For instance, many candidates suggested that Sheila might no longer be able to drive, yet gave no further suggestion that this might prevent her attending social events or visiting family etc.

Q 3 (c) Two coping strategies could generally be identified, but in many cases this was not expanded with enough detail for the second mark to be awarded.

Q 3 (d) A surprising number of candidates gave answers relating to health care practitioners such as GPs, opticians and nurses, rather than the social care practitioners asked for by the question.

Q 4 (a) Most candidates were able to answer this correctly with many quoting parts of the FAST adverts.

Q 4 (b) This question was not answered particularly well. Some candidates quoted bits of the care values without giving any sort of example of how this should be applied to Trevor. Some became bogged down in confidentiality issues. Others simply gave three answers about situations where Trevor should be given choice.

Q 4 (c) Virtually all candidates were able to identify simple ways that Diana's Alzheimer's could increase the likelihood of potential dangers to herself, her fellow residents or staff. This question

discriminated well across the ability range. More able candidates could give detailed illustrations of specific, relevant situations.

Q 5 (a) Some candidates wrote generically about “community care services”, as if this were one organisation. More able candidates named specific services and described the support they could provide for an individual who was confined to bed and cared for by family members. A number wrote at great length about third sector services, particularly “Meals on Wheels”.

Q 5 (b) The Carers Recognition and Services Act (1995) was poorly known or understood with a few notable exceptions.

Q 6 (a) Most candidates were able to offer some sensible suggestions in answer to this question. A minority wrote only about one of physical or economic effects. Some extreme answers suggested that Peter move into Residential Care almost immediately and prepare for death, rather than considering how he might plan to make the most of his retirement. In general the economic planning was described more thoroughly than the physical planning.

Q 6 (b) Candidates seemed to grasp the idea of role changes, although they were sometimes described in a non-specific way. Few made evaluative comments about these changes. For instance, most answers suggested that Peter could look after his grandchildren. Many answers stopped there and offered no suggestion about how or if this would be positive or negative.

## F920 Understanding Human Behaviour

### General Comments:

Candidates had generally been well prepared for this paper and attempted most questions reasonably well, although question 4b showed the most 'no responses' where a candidate did not attempt an answer. There was little indication that candidates were short of time. Many candidates continued answers onto the spare pages at the back of the booklet or on to additional sheets. Where this is done, it is important that the continuation is clearly identified with the correct question number (on all sheets) and the fact that the answer is continued should be noted. Candidates should be reminded that scripts are marked 'online' with individual answers scanned and so it is not always obvious where additional material is written, such as in spaces below subsequent questions, or in margins. Quality of handwriting is important in avoiding errors and facilitating the marking process, in particular where confusion could affect the whole meaning of an answer. In particular in 1b it was sometimes difficult to decipher whether the candidate had written *nature* or *nurture*. Similarly simple errors of spelling can affect the meaning of an answer e.g. using *career* when *carer* is meant. Candidates should be reminded that it is unnecessary to repeat the wording of the question in the answer and that they should simply answer the question. It is still appropriate to remind candidates to read the question carefully and to answer the question given, rather than a similar scenario which they may have seen in revision papers. Candidates should also take note of the marks allocated to each question, as well as the space available, as these give an indication of the length of answer required. Although it is sometimes beneficial for the candidate to answer questions which they feel more confident with first, care should be taken not to spend an inappropriate amount of time writing answers at length where the marks available do not justify this. It should also be considered that the different sections of the questions, although being free standing, are designed to encourage the development of a thought process.

Candidates generally had good knowledge of the psychological perspectives given in the unit specification and the theorists associated with them. Where application of a perspective was required, it was important that candidates were able to focus on the specific requirements of the life stage and setting given in the question. Candidates who were able to identify the key features of the different life stages were usually able to gain higher marks, such as 3b where there are difficulties in accessing health services which are very specific to adolescents (such as not wanting their parents to know, being 'underage', needing parental consent for some treatments etc.). It was evident that many candidates had studied more than one theorist for each psychological perspective; this is not required and is not necessarily of benefit in this exam.

### Comments on Individual Questions:

Question No.

1ai Generally well answered, although some candidates inaccurately linked nature with the environment in this context and so became confused. Candidates who understood the issue in terms of it being 'human nature' were more accurate in their descriptions.

1aai Generally well answered. Candidates who clearly understood the term nurturing as meaning being cared for and brought up were more able to include appropriate terms.

1 b The majority of candidates struggled to differentiate clearly between fears which had been learned/copied and those that might be 'inbuilt'. Examples of reflex responses shown in babies were appropriate, such as the startle reflex when lowered suddenly or response to sudden loud noise. Candidates who wrote about 'evolutionary fears' and primitive survival responses, such as fear of snakes/fire/falling etc. were able to express themselves appropriately when referring to

the nature side of the debate. Many candidates inappropriately suggested that a child would genetically inherit a fear e.g. of spiders, from a mother. Answers supporting the nurture side of the debate were generally more accurate with many using the work of Bandura and the influence of role models in demonstrating a specific fear which is then copied.

2a Most candidates gave an appropriate answer with many referring to children who were out of parental control and belonging to 'street gangs' or living on the streets. The case study of Genie was used in a number of answers, although this was not always explained in a way which would answer the question.

2b Candidates generally had a good understanding of social learning theory, although those who simply described the theory, often giving detailed accounts of Bandura's Bobo doll experiments did not necessarily answer the question. Many answers were restricted to the use of language and swearing or 'not talking to people' which indicated a lack of understanding of wider 'social skills' such as sharing, taking turns etc. There were various references to children from rural areas having poor social skills and children who were shy and quiet were also deemed, usually inappropriately, to have poor social skills. The influence of role models who demonstrated poor social skills themselves, such as being aggressive and rude, bullying and displaying inappropriate behaviour such as 'burping loudly' was well explained. The effects of rewarding poor social skills such as adults laughing when a child made a rude comment, threw toys, started fighting etc. were well included.

2c Variations of this question have been included on previous papers and whatever the situation or life stage used it is important for candidates to suggest **how** the theory could be implemented, not simply stating that it should be or why it is a good idea that it is implemented. Therefore, in using Maslow's hierarchy, instead of simply stating that a child's physiological needs should be met, or even meeting them by providing food, water and shelter, candidates should give examples, such as providing a balanced, nutritious diet, asking the child what they would like to eat and drink, meeting particular needs such as those connected with religious/medical or ethical issues. Involving the child in the choice and preparation of meals would help to meet the basic physiological needs but would also contribute to providing a 'sense of belonging'. A number of candidates still struggle with spelling *physiological* and use *psychological* in error which changes the whole meaning of their answer. Similarly it is not sufficient simply to state that the child 'needs to feel safe', appropriate suggestions of how this can be achieved in this specific setting are needed. Examples such as the use of a signing in book, staff name badges, CCTV etc. indicate that candidates have perhaps revised from previous questions using other settings and such illustrations are not necessarily applicable to foster care. Many candidates inappropriately included the child reaching self-actualisation and some answers were list-like in simply repeating the stages of Maslow's hierarchy. Some candidates included Rogers' work, generally in addition to Maslow. This did nothing to enhance their answers and in some cases actually confused their response.

3a This question was generally well answered, although the two reasons often overlapped or were repetitive. Most candidates were able to give reasons which were specific to adolescence such as changes in hormonal activity and social activity/closeness.

3b Many answers were of a very generic nature reflecting past papers or the teaching of other Health and Social Care units and were not related to issues specific to adolescence. Where there was understanding of the focus of the question reference to needing parents' support either for making appointments or for transport was compared with the wish for confidentiality and not wanting parents to know that the adolescent was seeking medical advice, particularly relating to sexual health/contraception etc. The need for parental permission for some treatment was appropriately included as well as potential conflict with parents. Issues such as lack of access for wheelchair users needed to be put in to context. Whilst it might possibly relate to a High Street optician, it is highly unlikely that a hospital or GP surgery would not have suitable

access. Similarly 'not being able to afford treatment' needs to be clarified when related to adolescents.

3c Again many candidates relied too heavily on past questions and did not adjust their answers to address the situation specific to adolescents. Those who did understand the focus of the question referred to the loss of school course work and revision notes and the disruption of education, perhaps the need to change schools. There was a great deal of emphasis put on losing contact with friends, not being able to socialise, being 'embarrassed' at not being able to invite friends to their temporary accommodation etc. A few candidates appropriately suggested that friends might invite the adolescent to stay with them so that they could still attend school/socialise etc. Some candidates showed good understanding by referring to the community coming together, the school giving extra support, families supporting each other, staying with grandparents etc.

4a Both Skinner and Pavlov were used. It was sometimes difficult to identify the two features of theory being outlined, with answers being a general coverage of the whole theory. Many answers relating to Pavlov gave detailed (and varying) accounts of his dog experiments. Answers relating to Skinner often gave confused and inaccurate accounts of negative reinforcement and punishment.

4b This question was generally poorly answered and had the highest number of 'no responses' where the candidate made no attempt to answer. Many candidates saw language development as being the use of vocabulary and emphasised the use of the correct words when the infant wanted something. There were still references to giving sweets or a new toy as rewards for saying something correctly and the use of punishment for the incorrect use of language was inappropriately suggested in many answers. It is to be hoped that answers reflected the candidates attempt to illustrate the theory they had learned rather than being an accurate account of how they would interact with an infant between birth and 2 years of age. There were some appropriate references to the use of punishment hindering, or even 'extinguishing', language development. Examples of parents being excited at their babies initial gurgling and babbling, responding with smiles, replies in 'motherese' etc., showed a greater understanding of the focus of the question. A number of candidates included Chomsky's ideas in their answers, although reference to the development of complex language and grammar was less relevant to the age group of focus in the question.

5a There were many good answers to this question, appropriately related to later adulthood. References to the influence of celebrities and the media could have been appropriate if linked to issues of stereotyping 'the elderly' and where issues of personal appearance were more appropriately linked to the effects of ageing on the skin, hair etc. The impact of loss of independence, decreased mobility, sight and hearing were more appropriately explained. Some positive aspects of ageing such as being proud of achievements, family, successful career were also appropriately covered.

5b This question proved to be very challenging with few candidates providing an evaluation of whether having an understanding of theory would help those working with people in later adulthood in residential care. Many candidates gave an account of the theory and also gave suggestions of what constituted good care practice, but few could link the two. Where there was greater understanding candidates suggested that having an understanding of Freud's defence mechanisms would help care workers to identify where a resident was 'in denial' of serious illness and so work with and support them appropriately. Illustrations of regression into 'childhood' were better illustrated by suggesting that the resident might become selfish, self-centred, intolerant of others and impatient rather than reverting to babyish behaviour such as crying when hungry or sucking their thumb, as suggested in some answers. Candidates should also take care with the way they express themselves when referring to caring for residents – it is better to 'help and encourage' a resident to choose what they want to wear or

do, rather than simply 'allowing'. Similarly, 'allowing' residents to have visitors does not quite express the appropriate approach.

Candidates who had a good understanding of Erikson's last stage of ego identity or despair were more able to suggest how this might help those caring for individuals in later adulthood, providing good examples of activities/discussions which could promote reflection or address issues of discontent and enabling carers to understand why some residents might have a more positive approach to their situation than others.

## F921 Anatomy & Physiology in Practice

### General Comments:

The format of the exam remains unchanged, with five questions covering biological knowledge and understanding as well as application to health, lifestyle and well-being. The choice of dysfunction remains that of centres but universally-used diagnostic techniques and treatments, for example, endoscopy, spirometry, ECG traces, dialysis and transplants must be covered. Reference may be made to named dysfunctions, but the question will be phrased so that candidates do not need to have studied the dysfunction in order to answer the question. Information contained in the question will give clues to the focus of the expected response which will be on general biological knowledge and not 'medical' detail. An example of this is to be found in Q.1c. Examiners are required to test all aspects of a specification during its 'lifetime'.

Some topics from the specifications had not been examined previously, but the evidence is that the candidates were not disadvantaged and many produced reasonable responses for these questions (1c, 2b and 5).

Candidates appeared to have a good knowledge of dysfunctions, but there was some poor comprehension of command verbs in the question stems, for example describing rather than evaluating or assessing. Some questions were misread and the answers provided did not match the question requirement, for example, structures identified in Q3a rather than functions given. For this paper, errors in the spelling of scientific terminology were accepted unless unrecognisable.

A lot of candidates are still starting their responses with introductions that do not gain them any credit, as the statements given either repeat the question or give irrelevant information, for example, explaining the symptoms of a respiratory dysfunction in Q.1, rather than simply concentrating on how they may be reduced. A thorough understanding of command verbs and practice of reading questions is essential.

### Comments on Individual Questions:

Question No. 1

Q1(a)

Most candidates knew most of the parts of the respiratory system. Spelling was not accurate in many instances. Several candidates gave oesophagus instead of trachea. Bronchiole and bronchus were frequently interchanged and the bronchioles were often seen as the alveoli.

Q1(bi)

Precision about the separate roles of the two named parts was lacking in a good number of answers. Some described villi in the gut. Some candidates assumed the cilia moved air in and out of the lungs.

Q1(bii)

Most candidates correctly identified smoking as the lifestyle choice that affected ciliary action, although some thought it was exercise.

Q1(c)

This question attracted a wide range of responses. A good number of candidates understood the process of gas exchange well, but few of them could make the link between this and cellular respiration. The majority did make general links between exercise and increased oxygen

requirements and also identified that emphysema reduced the surface area of the alveoli and hence reduced the efficiency of oxygen uptake.

Q1(d)

Asthma and cystic fibrosis were the most commonly described dysfunctions. Candidates describing asthma frequently gave vague answers about inhalers. Where two types of inhaler were specified, there was frequent confusion between the different effects they each brought about. References to avoiding triggers were also vague and were often devoid of any explanation. Answers for cystic fibrosis often gave detail about the cause of the dysfunction and sometimes about identification. None of these facts gained credit. The descriptions of treatment were often sketchy and sometimes included asthma treatments. The use of the word 'physiotherapy' did not earn a mark, as details relating to chest or back 'slapping'/massage were required. References to dietary treatments were allowed for cystic fibrosis.

Question No 2

Q2(a)

Some excellent answers, but many confused offerings. The most frequent errors concerned non-digestive functions being given for pancreas and liver despite the question stem stipulating a digestive function for each identified component. There is confusion over bile with the roles of the liver and gallbladder in its production and storage frequently being listed incorrectly. The use of the word 'secretion' sometimes confused answers further.

Q2(b)

This particular aspect of digestion has not been tested before in detail and very few candidates had much idea about the functions of the parts of the villus. Although many understood that the microvilli increased surface area for absorption, only a tiny number knew which nutrients (glucose, amino acids, salts, water soluble vitamins) were absorbed into the bloodstream and which into the lacteal (fatty acids, glycerol, reconstituted fats and fat soluble vitamins). A frequent misconception was that the lacteal formed some sort of scaffolding to keep the villus upright.

Q2(c)

Most candidates named a dysfunction. Much confusion concerning investigation was apparent. Not all those using IBS as an example realised that much of the techniques used in 'diagnosis' were in fact eliminating other possible conditions rather than specifically identifying IBS as the cause. Nearly all the candidates referring to coeliac disease identified the need for mineral and vitamin supplements as well as avoiding gluten and for those dealing with ulcers it was good to see the majority referred to *Helicobacter pylori* infections. Weaker candidates tended to suggest almost anything.

Question No 3

Q3(a)

This question was frequently misread, so many candidates simply named the parts for which no marks were given. Some answers confused sperm and semen and many candidates think that sperm is stored in the testes. It is produced there but stored and matured in the epididymii which were not asked for in this question. All seemed to cope with the diagram as opposed to the more familiar lateral view. A poorly answered question overall which emphasises the need to read questions carefully.

Q3(b)

On the whole responses were fine, with many candidates getting 3 or 4 marks. However, some answers were rambling, confused and lacking the precision and detail to gain a second mark for each cause. These tended to identify life style choices but did not explain how these affect sperm production.

Q3(c)

Most candidates could gain some marks, largely from descriptions of IVF. High quality evaluations were rare and many did not evaluate at all, merely describing solutions. These candidates could only achieve a maximum of half marks. There were some strange perceptions and evaluations regarding sperm donation which was a common choice, but rarely well understood. There also appeared to be a general misconception that surgical interventions in dealing with blocked tubes in the testes were a standard option rather than being one with a very low success rate.

Question No. 4

Q4 (a)

The vessels of the heart appear to be reasonably well known, although the aortic semi-lunar valve proved the most challenging with many candidates confusing it with the bicuspid valve.

Q4 (b)

Although most candidates recognised that the question was asking for the differences between veins and arteries there was still a surprising number of muddled responses. Some answers lacked precision with references to arteries being thicker than veins.

Q4 (c)

This was a generic question referring to cardiac dysfunction and the best responses came from candidates that referred to a number of dysfunctions rather than concentrating on just one. Far more was known about surgical techniques than medication. A good number of candidates were able to describe angioplasty with references to 'balloons' and stents. Fewer candidates could give a clear description of coronary bypass, many thinking that the 'new' artery would link the heart to another section of the arterial system rather than the section of coronary artery beyond the restriction. Those who leapt straight to heart transplant generally gave only low-level responses. The use of medication was poorly known, although a pleasing number of candidates could both name and explain a range of suitable drugs. Many candidates could list a number of medical treatments, but were either confused or had no idea about the effects of each one. Analytical comments were often not fully developed.

Question No 5

Q5 (a)

The majority of candidates had only a superficial understanding of the function of the macronutrients and generally scored only in Level 1 citing energy for carbohydrates, growth and repair for protein and energy/insulation/protection for fats. The functions of these macronutrients crop up in numerous parts of the specification, as well as in the dietary aspect of lifestyle. There appeared no evidence of candidates having done the coursework unit on lifestyle choices (F916). References to proteins being part of cell membranes, haemoglobin, antibodies, insulin, albumin, enzymes were restricted to a handful of candidates. Carbohydrates were viewed only to be glucose and therefore there was no mention of fibre/NSPs. Similarly, fats were not linked by the majority to the production of sex hormones, for example, nor cell membranes and/or the myelin sheath.

Q5 (b)

This question proved to be a good discriminator between candidates. Weaker candidates were able to write simply about obesity and its link to cardiac dysfunction. Some candidates tried too hard to turn this into a traditional PIES response by examining all the consequences of any dysfunction resulting from an excess. A good number of candidates were also able to link excess macronutrients to other dysfunctions such as diabetes and osteoarthritis. Very few made links between sugars and tooth decay and no-one mentioned hyper-activity or addiction to 'sugar rushes'. Overall, a lack of general dietary knowledge was shown despite the plethora of cookery

programmes and the abundance of food/diet blogger/vloggers on social media. Very few candidates displayed any knowledge concerning the specific effect of excess protein, although some did refer to kidney problems resulting from these organs being 'over used'. Some candidates tried, unnecessarily, to find some benefits of excess nutrients.

## F924 Social Trends

### General Comments:

It is hoped that teachers in all Centres will advise candidates of the following points for future reference.

Candidates should avoid rewriting the question, as this both uses up their time and the available space for responses.

Candidates must look at the mark allocation for each question to ensure they provide enough information to gain full marks.

Once again, although less than in the previous series, candidates had requested and been provided with extra answer booklets (in one instance two booklets, yet had not used the extra pages provided at the end of Q5.) Except in a very few cases the use of the extra pages / booklets did not directly correlate to extra marks awarded, as additional responses were often single or a few words. There were many candidates who did not reference additional answers adequately or in some cases incorrectly. Several candidates did not number the extra work at all, leaving examiners to guess the question or part of question that it referred to. Some handwriting is very difficult to decipher.

The range of marks gained indicated that the paper was suitable for all levels and differentiation was mainly in the levelled questions.

The bulk of candidates appeared once again to be in the mid-range of marks, with very few in the lowest level. However, it did appear that a number of candidates had done little work around the pre-release material, as there was widespread misunderstanding of the data.

The specification requires candidates to ‘interpret and understand data...’ Centres would benefit from completing detailed discussion using the pre-release material.

There was a repeat of candidates who, it appeared, did not read and respond to the command verb in the question or did not give sufficient information to gain 2 marks in some of the shorter responses.

Those candidates with high marks gave detailed answers in response to the specifics in the question and had clearly made good use of the pre-release material. It was pleasing to read clear, contextualised responses to the levelled questions and see that explicit links were made.

There was no evidence of lack of time to complete the paper and far fewer questions with no response.

In all questions there were some outstanding responses from high calibre candidates whose answers were carefully considered and merged extremely well with those on the mark scheme. It was wonderful to read these from excellent, well prepared candidates, who read and understood what was being asked of them. Their extended answers are sometimes remarkable and a pleasure to read and mark.

## Comments on Individual Questions:

Question No.

1.a(i-ii-iii) There were two marks for these questions with the command verb 'describe', therefore, requiring more than a simplistic response which was often the case. Loss of marks occurred when candidates for 1a(iii), for example, wrote 'couple living together' with no reference to a relationship.

1b. Mainly a high scoring question with some good, relevant answers.

1c. In a number of cases poor reading of the data or insufficient wording meant no mark.

1d. There was some misinterpretation of this question, especially if candidates had answered incorrectly to 1c.

1e. Although most candidates recognised legislation led to increased numbers of same sex couples, fewer acknowledged that people lived longer, therefore, increased numbers of later adulthood marriages. Some undeveloped responses limited mark allocation.

2a.(i-ii) As in Question 1 those candidates with few marks did not give sufficiently detailed responses to gain both marks.

2b.(i-ii)

These questions were not answered well although candidates had learned to use terminology referring to trends e.g. dipped, fluctuated, peaked etc. The majority of candidates had not been taught to understand and interpret the graph. It was referring to % of women on the y axis but the x axis was the year they were born. They mostly said the trends were, for example, 'more women were childless in 1975' etc. Instead they were required to identify trends for women born in particular years.

2c. This question was generally answered very well with many candidates providing both negative and positive effects in a balanced response. Those gaining full marks provided a conclusion. A few discussed current or long term societal issues caused by childlessness.

3a. Candidates tended to describe services that could support Mary and Eddie, but few were able to name them, often not saying what the support was. Some candidates simply rewrote about supported living that was provided in Text 2 of the pre-release material. Some had negative, stereotypical views of the elderly and those with Down's syndrome indicating they could do very little for themselves. There was some confusion about what statutory and third sector services were.

3b. 3c. These questions were very well done by the majority of candidates. They gave appropriate and relevant examples. However, a few commented that Mary would be financially better off, but a few also acknowledged that she would lose any benefits previously associated with Eddie.

4a. Some responses were too generic and not linked to London.

4b. Generally there were good answers to this question with many scoring full marks.

4c. There was a good understanding of covert observation, its advantages and limitations in this particular context. Very few concentrated on only advantages or disadvantages, but some did not develop their points sufficiently to reach top band marks.

5a. Most responses were accurate reasons but there was some reliance on contraception and careers.

5b (i). Some candidates referred to other areas on the table rather than the four in the question, so gained no marks.

5b (ii). Overwhelmingly candidates did not read the question correctly and answered Northern Ireland instead of a region in England, so consequently got no marks.

5c. Those candidates who mentioned the context of the research gained high marks. Some gave good generic responses about the process of using questionnaires but did not mention researching the problems of unemployment for these families, so their extensive knowledge was not able to be rewarded.

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Facsimile: 01223 552627

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