

Health and Social Care

Advanced GCE H503/H703

Advanced Subsidiary GCE H103/H303

OCR Report to Centres

June 2012

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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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Overview

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

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

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

Candidates achievements within the externally assessed units were generally good with some achieving A* in the A2 units. Candidates have improved their achievements at both AS and A2 levels. The full range of grades was achieved across each of the units. The legibility of some candidates' handwriting has created a number of difficulties for examiners. It is also sometimes difficult to follow candidates' answers where they have been continued on to the back pages of the answer booklet. If the candidate cannot fit their answer on to the lines provided for the question they should clearly state that the answer is being continued.

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

Candidates must ensure they apply their responses to the information given in the question stem rather than giving a purely generic answer. Responses to questions which ask for extended responses rather than a point by point listing of facts lacked depth in the information given. Listing points learnt from previous marks schemes without explaining/discussing the answer given only enables candidates to achieve Level 1 marks. Higher level questions which expected candidates to discuss, evaluate and analyse, gave opportunities for candidates to give detailed and well-reasoned answers demonstrating the depth and breadth of their knowledge and their comprehension of the context of the question. Where low marks were recorded it appeared to be the result of a lack of specific knowledge, a lack of examination technique and a poor application of knowledge. Lack of clarity of expression or repeating the same information in a slightly different way also contributed to lower marks. Successful answers and good practice were reflected in responses that were factually accurate and applied to the context of the question. Candidates were rewarded for quality of written communication in the levelled response questions. Centres should ensure that candidates are fully prepared for their external assessments by:

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

Units F911–F925

General Comments

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

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

The vast majority of centres produced evidence in line with the specification.

Many centres appeared to benefit from advice and guidance given at Inset and through coursework consultancy.

Comments on Individual Questions

F911 Communication in Care Settings

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

F912 Promoting Good Health

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

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

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

F919 Care Practice and Provision

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

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

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

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

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

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

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

Optional Units (F914–F917, F922–F925)

Entries for all GCE optional units were lower than the mandatory units. The Assessment Evidence Recording Sheets (AERS) have made a big difference to the focus of portfolios and there was less irrelevant material included. Unfortunately the size of the portfolios still continues to be a problem and many were far too big. Candidates should be encouraged to be concise and emphasis paid to the command verb used in the AERS.

Centres must follow the amplification sections of the specifications to ensure that the evidence presented meets the depth of understanding required. In order to meet 'a wide range' candidates must include at least four different examples in the required depth to achieve mark band 3. To meet a range three examples must be covered to meet the requirements of mark band 2. Finally 'a limited range' would be one or two examples at a basic level to meet the requirements of mark band 1.

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

Centres not following the required administration procedures continues to be an issue and it would be appreciated if the following could be adhered to so that the moderator can focus on completing the moderation of the work:

- Ensure portfolios are sent to the moderator within three days of the sample being selected.
- Where there are 10 or less candidates entered, all portfolios must be sent with the MS1s.
- Portfolios must be marked out of 50 and not 100.
- URS included with the work and completed fully including:
 - centre numbers and candidate numbers
 - page referencing
 - comments
- only send final version of portfolios – previous drafts are not required for moderation.
- CCS160s (Centre Authentication sheets) sent with the portfolio work.

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

F910 Promoting Quality Care

General Comments

Candidates performed well on this paper, many had been very well prepared by centres and had taken on board advice from previous sessions. Many candidates read the command words carefully and were able to reach the higher levels in the mark scheme. However some candidates relied too much on past questions and learnt responses and were unable to adapt what they had learnt to different styles of question or when the focus had shifted. Candidates should be encouraged to look at different ways a question could be answered so they have the confidence to tackle any question.

Comments on Individual Questions

- 1
 - (a) Generally well answered
 - (b) Few candidates were able to define 'need to know' but gave examples instead of a definition.
 - (c) Well answered but some did not gain the additional mark if they did not go on to describe, give an example of a scenario.
 - (d) Most candidates were able to identify the Early Years Values of Care some lost marks by only writing 'welfare of child' and not putting in 'is paramount'. Occasionally examples were too vague, eg treat children equally. Some candidates were still referring to Rights and Beliefs which is not an Early Years Value of Care.
- 2
 - (a) Well answered with candidates referring to learning norms and values from the family. Some candidates just mentioned that parents could influence children which was too vague.
 - (b) Many candidates relied on identifying agencies rather than explaining the processes and therefore did not access the higher levels. There was a great deal of repetition about imitation and role models but this was linked to behaviour and not specifically to attitudes and prejudices.
 - (c) Candidates tended to describe rather than analyse the long term effects and so did not access Level 3. This is an example of where in previous papers they only needed to describe but this time they were being asked to go into more detail.
- 3
 - (a) On the whole this was well answered but there were some repeats of communication examples rather than looking at a cultural barrier.
 - (b) Very well answered.
 - (c) There were many excellent responses about physical adaptations and Braille, hearing look systems but there was not much analysis of any other ways. Some candidates did not focus their answers on people with disabilities and gave generic answers. Many did not say why disabled people in particular should have transport provided.
- 4
 - (a) Most candidates were able to identify the 5 components of an Equal Opportunities Policy but were not always able to explain it as clearly. However many candidates gained full marks on this question.

- (b) Generally well answered.
- 5 (a) Very poorly answered, many candidates related it to discrimination and gave examples rather than a definition.

(b) Some candidates gave memorised responses or generic responses, eg system of redress, feeling safe without expanding the point into a good explanation.

(c) Some candidates misread the question and looked at the benefits for people who use services or the organisation and not practitioners.
- 6 (a) It was surprising to see that many candidates outlined the Race Relations Act and not the Equality Act which would be more appropriate to teach as it is more relevant. It would be advisable for candidates to pick two or three features and to go into more detail about what they mean/cover.

(b) This was answered very well by many candidates and there was an attempt by many to go into more detail, and to not just list previous answers from mark schemes. This allowed them to access the higher levels. Candidates seem more confident to discuss weaknesses rather than strengths. Some had still memorised a response and so listed points but did not give much detail about them. Most attempted a conclusion even when they had only given few points.

F913 Health & Safety in Care settings

The somewhat reduced entries this year were spread over a wide range of abilities. There was some evidence that note had been taken of previous suggested improvements, but there were still a considerable number of candidates who seemed to be unprepared for the thrust of the questions. A worrying preoccupation was the wish to bring all responses related to any legislation down to the idea of blame, suing and compensation.

Question 1a) was generally well answered. Key features of RIDDOR were not known clearly by many candidates. Few understood the underlying principle behind the legislation.

Information to be included on an accident report form was well known, but many of the reasons given were unclear and/or repetitive. Identification of the steps to be taken before moving and handling was reasonably well known. Poorer answers had not realised the importance of the word **before** and focussed on steps to be taken during the manoeuvre instead.

The risk assessment answers produced the usual range of responses. Once again, those candidates who approached this question in an illogical way usually confused themselves and became muddled. Candidates who considered one hazard at a time were by far the most successful. Some candidates are still demonstrating a lack of experience at interpreting plans when they assume that all doors shown are wide open and therefore hazardous simply by dint of being there. The vast majority of candidates made no real attempt at evaluation of the fifth stage, and restricted their comments to the positive aspects only, thus limiting their marks.

Most candidates could state precautions to reduce the spread of fire, but fewer were able to explain them. A minority focussed on increasing time for evacuation and thus limited their mark considerably. When asked to consider how a fire evacuation policy could be amended to match the needs of the people who use services in a care setting, a number of candidates did little more than regurgitate standard procedures.

Dealing with clinical waste and instruments was not well known or understood. A number of candidates misread clinical for chemical and proceeded to write about COSHH legislation. Detail was rather hazy in most cases, and frequently digressed into preventing cross infection in relation to people who use services.

Once again, few candidates understand what is meant by standard precautions. Many wrote at length about the use of PPE and changing it between patients.

Security in care settings was identified accurately, but explained very little. Those who did attempt an explanation frequently made incorrect statements eg having CCTV prevents anyone harming residents, and having CRB checks means that no-one will abuse the residents. Sadly, these statements are wildly inaccurate and display a lack of understanding of the purpose and limitations of security measures.

The role of the Health and Safety Executive was poorly understood. Many candidates seemed to think that the HSE was one individual within a care setting who oversaw health and safety matters.

F918 Caring for Older People

Candidates entered for the exam attempted to answer all questions and fully utilised the time available. Those who had studied well and understood the concepts scored well on all the questions.

There were no candidates who achieved no marks at all. Time management was very good with evidence that most candidates had time to finish all questions.

Most candidates were well prepared for their examination demonstrating their ability to apply their knowledge and understanding of the questions asked. Candidates had a good basic grasp of practical issues but they did not always use this to answer the evaluative sections of the questions. It is important that candidates apply their responses to the information given in the question stem if they hope to achieve level 2 and 3 marks. There was also some evidence of a lack of understanding of the legislation examined. In depth questioning to show physical effects of ageing was very variable and many candidates need to take time to understand these.

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

- 1 (a) Well answered by most candidates.
- (b) Many candidates identified lifestyle changes, there needs to be more understanding in explaining these changes.
- (c) Answered very well by most candidates who could describe more than one role. Evaluation using both positives and negatives was well done.
- 2 (a) Poor spelling of senile dementia; Alzheimer's Disease; multiple sclerosis. Also many candidates did not know the name of a disorder of the nervous system and therefore lost marks in Q2b as were describing the wrong disorder.
- (b) This was a wide ranging question and candidates were able to look at the physical, intellectual, emotional and social impacts of a nervous disorder. Many candidates achieved good marks here.
- (c) Many candidates understood the care value of individual rights and beliefs but struggled to gain level 2 and level 3 as the question asks for a link to how a health care practitioner would use this care value. To achieve these higher levels candidates need to give examples of practitioners and how they would use this care value.
- 3 (a) (i) Well answered but again poor spelling of osteoporosis; rheumatoid arthritis/osteoarthritis; rheumatism.
- (ii) Well answered. Candidates need to use accurate terminology – brittle bones not weak bones.
- (b) Candidates showed very good understanding of coping strategies.

- (c) Candidates showed very good understanding of practitioners and their roles with good links to how they would support an older person with a muscular – skeletal disorder.
- 4 (a) Answered well – good understanding of physical effects of circulatory system – full marks were awarded for sentences.

(b) Some good answers showing accurate understanding of sheltered accommodation but generally many candidates were confused between sheltered accommodation and residential care and they need to learn the difference. The role of warden only understood in a few responses.

(c) The Carer’s Recognition and Services Act was understood by candidates but many answers lacking depth of understanding.
- 5 (a) Most candidates identified the ideas involved in equality and diversity but candidates need to learn more examples with good explanations of how these are applied in a residential home.

(b) Candidates generally had a limited understanding of the Care Standards Act. This is surprising as currently there has been a great deal of media coverage about standards in care. The best candidates gave excellent examples for instance relating to care environment/training of staff/staff- user ratio/quality of food/risk assessment.
- 6 (a) Most candidates found this question difficult and struggled to explain the physical effects of sensory impairments linked to communication. The analysis lacked depth and understanding.

(b) Candidates found this question difficult and did not know third sector services. The understanding of private services was better. They also named some services without explaining how they would support Mario’s care needs.

To achieve the higher mark bands candidates must show thought and understanding of how an older person’s quality of life is actually affected. This understanding would come from case study work and visiting older people in different care settings.

F920 Understanding Human Behaviour

General Comments

Candidates were well prepared for this paper and demonstrated a good knowledge of all aspects of the specification. There were few instances of candidates using inappropriate psychological perspectives or theorists. The standard of handwriting has caused some difficulties for examiners, as has the continuation of answers on the pages at the back of the booklet. It would be helpful if centres could remind students to clearly indicate where an answer is being continued and to label the continuation with the question number.

- 1 (a) Most candidates gained full marks.
(b) Most candidates identified respiratory problems linked to damp conditions and injury linked to poor maintenance, gaining full marks.
(c) Most candidates appropriately explained travel/transport difficulties and costs. Many candidates recognised that adults on a low income were likely to be in poorly paid employment which would not allow paid time off, or were in multiple jobs and so could not afford the time to attend medical appointments, such as regular screening/tests or check-ups. Candidates needed to identify which services had to be paid for, such as dental work, rather than generalising that people could not afford 'treatment'. The cost of prescriptions was appropriately explained by some candidates who understood that 'low income' might not give entitlement to exemption from charges.
- 2 (a) Most candidates identified Maslow.
(b) Candidates accurately outlined two features, although many candidates found it difficult to summarise the information clearly and concisely.
(c) The concept of 'respite care' was generally poorly understood. Where candidates recognised that the focus of the question related to a temporary break from care being provided by the family, they were able to clearly explain the benefits and possible worries for both the family members and the individual being cared for, using terms appropriate to the humanist theory chosen. A number of candidates used Rogers theory to good effect.
- 3 (a) Generally well answered.
(b) Candidates were generally able to explain the basic theory of the behavioural approach, although many tended to use examples more appropriate to an education setting rather than residential care. Where candidates used Skinner's work there was good explanation of the shaping of behaviour relating to 'good manners'. The use of sweets as rewards is still inappropriately predominant in answers and there is still a great deal of confusion about the use of negative reinforcement and punishment. Candidates who used Pavlov's theory related this appropriately to establishing routines although most restricted this to mealtimes as a direct application of Pavlov's experimental work.
- 4 (a) (i) Most candidates gave the biological perspective. Candidates who had not read the question carefully named theorists.

- (ii) Most candidates gave the social learning perspective.
 - (iii) Most candidates identified Eysenck but with a wide range of spellings.
 - (b) Most candidates gained full marks.
 - (c) Candidates who used Erikson's theory were more able to give a clear analysis of how the care a child receives in their first year could affect their future development, probably because the terms used by Erikson (trust v mistrust) were self-explanatory. A few candidates used Bowlby's work to good effect. Candidates found it more difficult to express themselves clearly when using Freud's theory and many covered childhood beyond the first year. Candidates using Freud tended to repeat the theory rather than using it to analyse the effects of the care given.
- 5
- (a) Most candidates used Bandura's theory. Many gave extensive accounts of Bandura's experimental work with the Bobo doll, but did not give an appropriate outline of the theory he developed as a result of his work. Candidates using Tajfel and Latane gave appropriate outlines of the relevant theories.
 - (b) This question proved to be very challenging and many candidates found it difficult to evaluate the use of social learning theory in residential care. There were some very disturbing suggestions of the use of punishment with older people 'to make them behave'. It is to be hoped that candidates were perhaps artificially trying to adapt Bandura's work to the context given, rather than being able to recognise that what they were suggesting would, at least, be unethical. References to residents observing others washing, getting dressed, taking medication etc and then copying the behaviour were inappropriate. Candidates demonstrated greater understanding of the use of the theory in suggesting that carers who were cheerful, happy in their work and demonstrated a positive attitude were more likely to provide 'positive role models' both to the residents and to other staff. Where senior members of staff were attentive in meeting clients' needs, using praise and encouragement, they would be 'rewarded' themselves by being liked and respected. This would then set the standard for other staff to imitate, which in turn would establish an overall positive atmosphere which would benefit clients. Candidates also showed understanding in suggesting that Bandura's work would not be useful because older people had 'already learned how to behave', 'had established their own value systems' or were 'set in their ways' and so were less likely to copy others. Candidates who used Latane's work could have used the concept of 'bystander apathy' to good effect in suggesting that staff may not attend to an individual's needs because they were waiting for someone else to do so. Tajfel's work was appropriately used by some candidates in suggesting how new clients could be integrated into a social setting.

F921 Anatomy & Physiology in Practice

General Comments

As in previous sessions lack of understanding of the overall aim of the question did not contribute to low achievement. Only a few candidates failed to read the question stem with accuracy, with most candidates completing all of the questions. The accuracy of the candidates' knowledge was a noticeable problem in their responses. In a small number of cases the legibility of some papers, poor spelling and poor grammar made marking more difficult.

The use of English in this paper was at times noticeably poor with scientific spellings being a major problem for many candidates.

Questions were based on the six systems in the unit outline and the associated underpinning knowledge. The majority of questions required candidates to apply their knowledge and were not based on straight recall of knowledge. Short answer questions and diagrams were used to help stimulate candidate responses and increase accessibility.

Responses were found to be less accurate in questions that required an explanation and assessment; here a noticeable number of candidates provided only descriptions. Only a few candidates failed to provide a correct description of their chosen dysfunction for the named body system. The diagrams relating to the body systems were answered well by most candidates.

Poor examination technique when formulating answers was also a problem for some candidates who on occasion failed to express themselves by using incomplete sentences and weak explanations.

Question 2b & 4b attracted varied responses from candidates. Here candidates had a tendency to give weak descriptions of the processes and often provided outlines of the order in which the processes took place rather than what actually occurs. Overall candidate's lack of accurate knowledge of the physiology of the system often limited their mark.

In question 5 a number of candidates demonstrated difficulty in understanding what was required from this question. Instead of explaining the causes and then assessing the effects they moved directly into the assessment and missed the causes completely. Overall the assessments were carried out well but their understanding of how their chosen dysfunction was caused, was often very limited.

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

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

Centres could help to improve candidate performance by:

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

- Improving the techniques used by candidates when answering the question, for example, sentence construction and accurate spelling.
- Making sure candidates are familiar and know the meaning of technical terminology used within the unit and the underpinning knowledge.

Where low marks were recorded it appeared to be the result of a lack of specific knowledge, a lack of examination technique and a failure to read the question stem with accuracy. Lack of clarity of expression occasionally contributed to a lower mark. Successful answers and good practice were reflected in responses that were factually accurate and successfully applied to the question. Candidates were not penalised for poor spelling and grammatical inaccuracies where ever possible.

Observations

- (a) The diagram question was answered accurately by most candidates. Those who did not tended to mix up the positions of the anatomical parts or gave responses related to the anatomy or other body systems.
 - (b) This question was generally well answered by candidates briefly describing the appropriate functions.
 - (c) Candidates generally answered this question well and provided a variety of causes of male infertility.
- (a) This question was also well received by many candidates who labelled the diagram with accuracy.
 - (b) This question attracted varied responses from candidates. Here the candidates had a tendency to give weak descriptions of the processes and often provided outlines of the order in which the process took place rather than accurately outlining the process.
 - (c) Descriptions of diagnoses and treatments were generally sound but often lacked good use of terminology. There was a tendency by some candidates to use the scatter gun effect of telling every treatment they knew which often only amounted to an identification.
- (a) Again descriptions of diagnoses and treatments were generally sound but often lacked good use of terminology. A noticeable number of candidates attempted to describe as many diagnoses and treatments as they could rather than limiting the number and describing them well.
 - (b) The majority of candidates were able to fully develop their explanation of the effects of the dysfunction. Responses were generally accurate but on occasion they contained poor spelling and focused purely on PIES effects and totally missed any of the physiological effects.
- (a) This question was well received by many candidates who labelled the diagram with accuracy. Those who did not tended to mix up the positions of the anatomical parts or gave responses related to the anatomy or other body systems.
 - (b) Here again the candidates had a tendency to give weak descriptions of the processes and often provided outlines of the order in which the processes took place rather than accurately outlining the process. Overall the candidate's lack of accurate knowledge and understanding of the physiology of the system often limited their mark.

- (c)** The descriptions of treatments in this question were generally sound however the methods of diagnosis described were on occasion muddled or inappropriate. Where candidates were obviously uncertain they provided every treatment they had learned. This meant that they were often inaccurate and incorrect.
- 5** A number of candidates demonstrated difficulty in understanding what was required from this question. Instead of explaining the causes and then assessing the effects they moved directly into the assessment and missed the causes completely. Overall the assessments were carried out well but their understanding of how their chosen dysfunction was caused, was often very limited.

F924 Social Trends

General Comments

Candidates applied their knowledge and understanding of the specification in the majority of the questions very well. There appeared to be good use of the pre release material in most cases with an increasing awareness of the most up to date material emerging in the responses.

Sadly there is still a tendency to offer stereotypical answers, in this case – that grandparents are all frail, lacking in energy and about to die very soon. There are still candidates who have difficulty answering within the context of the question asked, tending to provide generic responses giving what knowledge they have without application.

Centres need to further develop candidates' ability to write concise answers, particularly to the short questions. There was an increase in the numbers of candidates who used the extra pages provided and many added supplementary sheets quite unnecessarily. Many of these extended answers did not warrant any extra marks, indicating a lack of understanding of the question. There was inconsistency in the referencing/annotating, if any, of the extra work.

Candidates should be advised not to rewrite/reinterpret the question as a preface to their responses and should ensure they understand the requirements of the command verbs to access the highest marks.

Comments on Individual Questions

- 1 (a) Most candidates easily identified trends but many did not give explanations or only vague ones.
(b) Generally well answered.
(c) Most responses were good but a few candidates did not make the link to grandparents, providing generic answers for any childminder, indicating these candidates need to read the question more carefully to avoid sacrificing marks.
- 2 (a) The identification of trends was good but yet again explanations were not always appropriate or relevant. This was also true of Q3a.
(b) Some candidates did not segregate statutory and private services, and gave vague answers relating to 'more care homes and more money'. High scoring candidates addressed issues like pensions, taxes, reallocation of funding.
(c) There were many very good, high scoring answers. Those who did not get full marks often simply said 'caring/support'.
- 3 (b) Many candidates scored full marks, a few misread the question and supplied disadvantages instead.
(c)/(d) Sound responses showing an increase in knowledge of these terms
(e) A good differentiating question, high scoring candidates linked explicitly to divorce and fully explained usefulness of the method. Some candidates only provided a commentary on questionnaires generally or did not link to divorce.

- 4** **(a)** Most gained full marks; those who did not used benefit culture as a reason for the spike in the figures.
- (b)** Most candidates scored highly giving good clear explanations.
- (c)** Many candidates did not link their answer to multicultural needs. This question differentiated between candidates particularly well.
- 5** **(a)** On the whole a well answered question by the majority of candidates.
- (b)** Some candidates thought the main problems for older mothers, were lack of energy and becoming frail, some gave the issues for mothers only. The majority however were able to give a balanced response and score well.

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