

Health and Social Care

Advanced Subsidiary General Certificate of Education **H103/H303**

Advanced General Certificate of Education **H503/H703**

Report on the Units

June 2010

H103/H303/R/10

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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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Advanced GCE Health and Social Care (H503) (H703)

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Chief Examiner Report

Although OCR has accepted the assessment evidence produced against the old version of the specification for moderation in this series, please be advised that all future submissions must address the assessment requirements of the updated GCE Health & Social Care specification, for first teaching September 2009.

It was pleasing to see the high quality of portfolio work and excellent achievements in external tests, especially the achievements at the new A*.

The performance within externally assessed units was very encouraging in this session. There were improvements in candidates overall achievements at both AS and A2 levels. There was evidence of the full range of grades being achieved across each of the units. Unit F910 performed well at AS level and it was very pleasing to see improved achievement in F920 at A2 level. Detailed feedback on the performance of each of the externally assessed units, along with the Principal Examiner's advice for improvement is given later in this report.

The quality of the work completed for the portfolio units continues to demonstrate a wide range of knowledge and understanding. F911 and F923 both performed particularly well. Higher achieving candidates clearly demonstrated excellent ability to apply their knowledge and understanding to the assessment criteria for each unit. Their evidence fulfilled the requirements of the amplification criteria provided in the specification to a very high standard. The most popular optional units are still F915 and F922. The least popular units are F914 and F917, although the candidates entered for these units applied their knowledge thoroughly demonstrating a high level of understanding.

Unfortunately it would seem that a few centres are not providing candidates with clear guidance about the evidence required to ensure all assessment criteria are met within each unit. There was evidence of significant omissions which reduced the overall quality of the work submitted. Candidates could not be awarded credit for evidence which clearly was not in the portfolios and consequently marks were scaled. Centres are advised to refer to the amplification sections of the specifications for each unit and also to use the Assessment Evidence Recording sheets provided by OCR when assessing portfolio work. It is important for centres to send representatives to training sessions to ensure that they fully understand the requirements of each unit and can guide their candidates accordingly. Detailed guidance from the Principal Moderators relating to each portfolio unit can be found later in this report.

The moderator's responsibility is to confirm the mark awarded by the centre and ensure consistent marking across all centres, therefore, the support of centres in achieving this goal is appreciated to ensure the moderation process can be completed as efficiently as possible. Accurate administration is very important to ensure moderators are able to confirm the assessment decisions made by assessors. Annotation of coursework should be used to indicate where assessment decisions have been made. Only the final versions of portfolios should be submitted, as the moderation process takes much longer where evidence is duplicated unnecessarily. Previous drafts/preparatory work are not required. Extensive research materials, printed off internet pages and unreferenced work should not be included in portfolios as this does not contribute to the overall mark. Where candidates have carried out primary research it is only necessary to include one copy of a questionnaire in an appendix of the portfolio. Please do not send the learning aid for Unit 6 or 13 to the moderator – these are often bulky and difficult for moderators to store. Photographs of the aid/activity are perfectly acceptable as long as the child themselves cannot be identified.

Report on the Units taken in June 2010

Internal standardisation within centres or across consortia should be completed before marks are submitted to OCR to ensure consistent marking across different assessors and that the evidence meets the quality of the mark awarded. Where there is evidence of rank order violations moderators will return work to the centre for reassessment.

Centres are reminded that, although the specifications have been revised, past papers are an effective aid to support with revision for the externally assessed units. Additional support material is available from the OCR Publications department and via the OCR website (www.ocr.org.uk) which contains useful revision guides for the tested units and strand exemplar for a range of portfolio units.

Principal Moderator's Report – AS Units

Units F911, F912, F914, F915, F916, F917

General Comments

The majority of centres presented portfolio work in a well organised manner which ensured the moderation process ran smoothly. The guidance from an expert sheet suggests a logical order of completing and presenting evidence and again many centres appeared to follow these. Please ensure only the final draft of work goes off to moderators.

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. In some cases this resulted in evidence being sent back to centres.

Many centres used the updated Unit Recording Sheets. It was encouraging to see that the vast majority of centres produced evidence in line with the updated specification. All work submitted for moderation from January 2011 will be moderated against the updated specification criteria.

Many centres appeared to benefit from advice and guidance given at recent Inset, it is highly recommended that a representative should be sent to training sessions to up-date their knowledge and understanding of the assessment criteria.

F911 Communication in Care Settings

This unit has not changed much from the old specification and this was reflected in the mostly accurate assessment. AO1 focuses on the different types of communication and how and why these are used in different settings. As in the old specification, 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. AO2 is exactly as it was in the old specification, however, it is worth pointing out that when applying the values of care, candidates are required to discuss the appropriate use of communication skills, for example, when a nurse is applying confidentiality in a situation he/she will adapt their 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 an understanding of how these provide guidance about how to effectively communicate and how they affect people who use services or practitioners. There is a definite change of emphasis here that needs noting by centres. The term "a wide range of sources" should be interpreted as four sources, for example, internet, books, primary and journals/newspapers. AO4 is very similar to the old specification except candidates are no longer required to provide a copy of the transcript. Records of observation are required.

F912 Promoting Good Health

This unit has seen considerable change and feedback from both training events and portfolio evidence has been positive.

AO1 asks candidates to describe what is meant by health and well-being. To do this they are no longer required to consider perspectives of people who use services or practitioners or in fact 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. There are now four task based sections to AO1 and it is strongly recommended that centres use the assessment evidence recording sheets when assessing portfolios. AO1D asks candidates to describe two ways in which quality of life 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.

AO2 is similar to the old specification, however, candidates are required to show 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 involves researching and carrying 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 however the inclusion of pre set criteria is imperative. Candidates seem to thoroughly enjoy this activity and this is often reflected in their work.

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

F914 Caring for People with Additional Needs

There was very little adjustment made to marks by moderators. In AO3B candidates should show an understanding of both the medical and social models of disability and how each would interpret the person who uses services' additional needs. Candidates should draw conclusions to explain why the differences in interpretation would provide different support for the person who uses services.

F915 Working in Early Years Care and Education

This was a very popular unit. Many candidates blended together AO1A, B and part of C. There was a greater emphasis on the purpose of provision. The majority of centres focused on Every Child Matters or EYFS as their piece of national policy and applied it to a statutory service.

In AO3 candidates need to show how they use sources of information rather than just provide a bibliography/reference list. Candidates appear to enjoy AO4 and a wide range of activities were seen. Centres do not need to send the activity to the moderator.

F916 Health as a Lifestyle Choice

In AO1A candidates need to demonstrate an understanding of the positive effects of exercise on individuals' physical, mental and social health. As in previous sessions there is a tendency to focus heavily on the physical effects and mention the mental and social effects. Equal weighting should be given to all three areas. Diagrams included should support the written evidence. AO1 B incorporates two tasks; candidates need to show an understanding of how exercise could be incorporated into everyday life and the effects of exercise on daily living.

Report on the Units taken in June 2010

AO2A and B are generic; however, a case study or client profile should be introduced for AO2C. All dietary modifications suggested should relate to the individual.

Many candidates completed AO3B before AO3A or blended the two together, which is acceptable. There is no requirement to actually carry out the exercise programme but where students choose to do this there is no time frame stipulated.

AO4 places the same emphasis on evaluating the dietary changes as it does evaluating the exercise programme. It is the likely effects of both which need evaluating should candidates choose not to carry each out.

F917 Complementary Therapies

It was noted that the size of these portfolios was reduced. This may have been as a result of changes made to AO1. Candidates need to demonstrate knowledge of each of the five categories of complementary therapies (CTs) and then identify one CT per category to explain where it is used and how it works alongside orthodox medicine. Candidates need to show the similarities and differences between the CTs. AO2, AO3 and AO4 were very similar to the old specification and were completed well by the majority of candidates.

Some 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 using as small a number of documents as possible and not several folders containing many documents. Centres must still send a paper copy of the centre authentication form to the moderator.

Units F919, F922, F923, F925

General comments

Portfolio work submitted this session clearly demonstrated a range of standards in work. Work submitted for the revised specifications clearly demonstrated candidates' ability to apply their knowledge and understanding to the required assessment criteria. Centres must follow the amplification sections of the specifications to ensure that the evidence presented meets the depth of understanding required and also the required coverage of specific numbers within their evidence. 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. Where candidates do not cover the required numbers of examples to meet the higher mark band their marks should be adjusted accordingly. Candidates also need to understand the requirements to meet the requirements of basic, sound and comprehensive. For example, bullet points are only 'basic' and are definitely not in sufficient depth to meet 'comprehensive'.

Centres continue to send portfolios where extensive research materials, printed off internet pages and unreferenced work are included which does not improve their overall result. Please remind candidates that one completed copy of a questionnaire should be included in the appendix of any portfolio and only appended reference materials that are referenced within the main body of the portfolios.

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 MS1s and portfolios are sent to the moderator by the deadline date.
- Where there are 10 or less candidates entered, all portfolios must be sent with the MS1s.
- Portfolios must be marked out 50 and not 100.
- MS1s completed accurately with marks in the mark column and correct lozenges filled in, including the '00' where marks of 10, 20, 30, 40 or 50 are awarded.
- URS included with the work and completed fully including:
 - centre numbers and candidate numbers
 - page referencing
 - comments
- No portfolios sent with loose pages as this makes moderation extremely difficult.
- Only send final version of portfolios – previous drafts are not required for moderation.
- Portfolios annotated clearly so that the moderators can easily find where assessment criteria have been credited.
- CCS160s (Centre Authentication sheets) sent with the portfolio work.

Principle Moderator's Report – A2 Units

Unit F919 Care Practice and Provision

For AO1 several centres submitted work which was applied to specific settings. Evidence should be generic and applied to the planning of services in the local area, not just focused on explicit settings as this restricts the candidates' ability to meet the requirements of the assessment criteria. Candidates must select their 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 also explain how the chosen demographic characteristics/trends are used to assess local needs, they should not just give a description of what the demographic factors are and how they have changed over recent years as their evidence must be applied to how they are used by those responsible to inform the planning and provision of services. Candidates must include a description of the process of 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 relevant to the planning and provision of services in the area considered. Influences should be considered in terms of both positive and negative impact. Interviewing practitioners or people who use services could strengthen the evidence produced.

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. This can be applied to care practice and provision generically or relevant to either of the chosen services for AO4. An overview of the content of the chosen policy or piece of legislation is not sufficient to meet the assessment criteria; candidates must apply their knowledge and understanding to the impact on care practice and provision. Candidates must include both positive and negative impacts, from two different perspectives, eg from the viewpoint of the person who uses services, the practitioner and/or the service. Candidates must reach an overall conclusion/judgement about the effectiveness of the national policy or piece of legislation to demonstrate clearly their application of knowledge and understanding in order to achieve mark band 3.

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. It should be noted that a 'wide range of sources' requires at least four different sources (books and websites count as two sources regardless of the number of each that have been used), 'a range' requires at least three different sources and 'a limited range' one or 2 sources.

Candidates must use the information gathered effectively to analyse a range of quality assurance mechanisms used by two services. It is advised that these two services are those chosen for AO4, although this is not compulsory. They must include explicit examples of the actual use of the chosen quality assurance mechanisms by the two services and explain how the information collected from quality assurance procedures is used by each service and how it helps to inform future practice.

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

Candidates need to choose two services, relevant to meeting the needs of their chosen person, who uses services, which the practitioners work for as just naming the practitioners/care workers lacks depth of understanding. They must then evaluate fully the approaches used by the practitioners working in the two chosen services, including at least one approach for the practitioner in each service to comprehensively analyse how practitioners meet the needs of the chosen person who uses services.

Candidates must evaluate of how the practitioners work in partnership and include appropriate examples of the procedures/methods used by the practitioners when working in partnership.

Candidates need to evaluate the impact of working in partnership for people who use services by referring explicitly to the strengths and weaknesses whilst linking their information directly to meeting the needs of those people.

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.

Unit F922 Child Development

In **AO1** candidates must actually describe the two chosen patterns for each area of development (physical growth and development, intellectual development, language development, social and emotional development) in children, from birth to eight years to demonstrate their own knowledge and understanding. This includes describing the progression of each pattern from one milestone to the next rather than simply identifying milestones across the key stages. When charts are used for initial identification of developmental milestones, candidates must then include extended writing to describe the patterns of development to achieve mark band 2 and 3. Where charts alone have been used the evidence is considered to lack depth and should only be awarded mark band 1.

The revised specification includes an additional requirement in AO1 for candidates to explain two methods used to monitor the development of children. For each chosen monitoring method candidates must cover how it is carried out and used from birth to eight years where appropriate. For example, where 'assessments' is considered, candidates would cover all the assessments made up to 8 years, including early years assessments, teacher assessments and assessing pupil progress.

Candidates must also demonstrate an in-depth understanding of the importance of the chosen methods used to monitor the development of children. This should include what happens where any abnormalities are detected or children are found not to be developing according to the norms or expectations.

In **AO2** candidates must choose factors that have actually affected the child's development and apply their knowledge and understanding by explaining the effects of the factors on the child in relation to PIES. It is not necessary for all of the factors listed in the specification to be covered as these may not be appropriate for the child studied.

Candidates must compare the child's development against the norms for each area of development from birth to eight years, identifying where the child was advanced, delayed or in line with the norms. Best practice suggests that the child selected should be 8 years or over, so that the first eight years of life can be reflected upon. If a younger child is selected, then predictions would be difficult to make about future development.

Candidates must explain fully the reasons for any variations from the norms in each area of development, including all areas where the child's development is advanced and/or delayed. Factors that have affected the child's development could be used to explain these variations.

AO3 requires candidates to show that an appropriate and wide range of different sources of information have been used to research two roles of play by keeping a comprehensive record of the resources used and clearly referencing sources of information within the main body of the text, including a detailed bibliography at the end of the portfolio. Candidates must analyse in detail the two chosen roles of play and make reasoned judgments about how two roles of play can be reflected in the child's development by using a range of appropriate examples for each role, in relation to the child's development.

AO4 requires candidates to choose a learning aid/activity to do with the child studied clearly demonstrating that they have considered the impact on the child's development covering all aspects of PIES and that their choice is sufficiently challenging. Candidates must explain in detail the impact of the learning aid/activity for the child studied in terms of development making explicit references to PIES. They must also include a plan that describes the methods to be used, resources needed, safety considerations and gives timescales for completing each stage of the plan. Candidates must justify their actions when planning, preparing and carrying out the activity. Evidence that the learning aid or activity has been trialled on a child of the age intended should be included. The evaluation of the learning aid/activity should reflect the effectiveness of the learning aid/activity and analyse the benefits to the child studied. The recommendations for improvements to the learning aid/activity should be realistic and demonstrate that informed decisions have been made.

Please do not send the learning aids for Unit 13 to the moderators - they do not have the space to store these and often they are damaged or pieces lost which is disappointing for candidates when they returned.

Unit F923 Mental Health Issues

For this unit it is recommended that candidates start their portfolios with AO4 to give them an insight into the concepts and definitions of mental health and develop their knowledge and understanding which can be applied in other assessment objectives.

In **AO1** candidates must describe three different types and possible causes of mental illnesses, including the symptoms and definitions for each of the chosen three types of mental illness. Each type must be introduced first before candidates use an explicit example of mental illness to describe the symptoms, explain the resultant mental-health needs and relate them to the possible causes of mental illnesses with explicit links to each illness discussed. When discussing the possible causes of mental illness, candidates must demonstrate their understanding of the complexity of isolating causes and how causes of mental-health illness may interrelate.

In **AO2** candidates should first give an introduction to their chosen person who uses services. They should then explain a wide range of effects of mental illness on their chosen person who uses services in the short- and long-term referring to PIES. Candidates must apply their knowledge of the effects of mental illness to their chosen person who uses services, clearly demonstrating a thorough understanding of how each of the effects produces challenges for the service user on a day-to-day basis. Candidates must explain a wide range of specific and general effects (long and short term) using examples in day-to-day situations such as work, education, home life and social activities, referring also to the effects on their family and wider society.

It is important in **AO3** that candidates explicitly demonstrate their research from a wide range of different sources by clearly referencing the sources of information they have used within the main body of the text and including a detailed bibliography at the end of the portfolio. Candidates must analyse a range of preventative/coping strategies that are relevant for their chosen person who uses services, making sure the link is explicit throughout. Analysis of the roles of appropriate practitioners/individuals that could provide support for the person who uses services must include a range of specific examples of the types of support they could provide.

The piece of current legislation chosen for analysis must be appropriate for the chosen individual with explicit evidence of reasoned judgements on the appropriateness for their chosen individual.

For **AO4** candidates must explicitly show that they have used a wide range of appropriate sources for their evaluation of the concepts and definitions of mental health to achieve mark band 3. Their evaluation must include the possible positive and negative effects of portrayal in the media on individuals and wider society together with realistic and informed recommendations for improvements which demonstrate understanding of the main issues associated with the way the media can influence attitudes.

Unit F925 Research Methods

In **AO1** candidates must explain generically each of the purposes of research included in the specification. This section should not be based on the candidates' chosen research project. Candidates should give reasons why each purpose is relevant to the work of health and social care organisations/services. They also need to describe three different research methods. It is recommended that two primary and one secondary method is included. These could be linked to the methods to be used for their research, however, the evidence should generically cover what the research methods are, how they are carried out and possible strengths and weaknesses.

Candidates should then choose the subject area for their research. Best practice suggests that candidates achieve higher results when researching an area that interests them and they are able to access relevant sources of information. It is perfectly acceptable for candidates to relate their research to another unit of work such as media portrayal of mental health, roles of play, quality assurance mechanisms etc. If candidates use the same piece of research carried out for another subject, for example, sociology, it is essential that they ensure their evidence meets the assessment criteria for all assessment objectives of this unit. It was noted in this session that where centres had submitted this type of work there were significant omissions and consequently candidates work was scaled.

The explanation of the rationale for the chosen research area given in **AO2** should state how the research is relevant to a health or social care or early years setting to ensure candidates are meeting the requirements of the banner and justify why the research project warrants investigation. The rationale should also include a hypothesis which can be proved or disproved; alternatively an issue or research question which can be answered could be used. The aims and objectives for the research must be relevant and explicitly stated so that these can be used later in the research when evaluating the success of the research. Candidates must explain the ethical issues which relate to their chosen research area, generic information is not necessary for all possible ethical issues. It is important for candidates to explain how they would deal with the ethical issues that relate to their chosen research. Candidates' explanation of possible sources of error and bias must relate to their research project, including what they would do to reduce any possible sources of error and bias when carrying out their research.

Throughout their evidence candidates must show that they understand the impact ethical issues, sources of error and bias could have on their chosen research area.

For **AO3** candidates must describe the research methods they have chosen to use for their research and fully justifying the reasons for their choice. Reasons for choosing methods of research could also include justification of why other methods were not suitable. Their evidence must actually demonstrate that they have used a wide range of different sources to undertake their research, including a balance of primary and secondary sources, in order to meet the requirements of mark band 3. Referencing of their sources within the main body of the text and inclusion of a detailed bibliography are essential to show that the sources have actually been used.

Report on the Units taken in June 2010

Evidence needs to be presented in an appropriate and coherent format using the information gathered from all sources. The analysis of the findings from all sources of information must be detailed and relate directly to the aims of the research project. It is also important for conclusions from findings to be presented logically so that understanding is clearly demonstrate .

In **AO4** candidates need to use pre-determined aims and objectives from their research project, as outlined in their rationale, to give a comprehensive evaluation of its success. They should refer to what has been completed successfully and why and also give reasons for any aims and objectives that were not met. Candidates do not seem to fully understand issues of validity, reliability and representation and many find it difficult to apply them accurately to their research or explicitly link them to the evaluation. Analysis of the strengths and weaknesses of the evidence often lacks detail, with some candidates presenting their work in bullet points which is considered to be basic. Recommendations for improvements and continuation of the research must be realistic and detailed.

F910 Promoting Quality Care

General Comments

Candidates performed well in this paper with many showing excellent knowledge and understanding. It was clear that some candidates had been well prepared for the skills involved in interpreting the command words and actually answered the question asked. Sound use of technical terminology ensured that these candidates gained marks in the top bands for levelled responses.

However, too many candidates simply relied on memorising past questions and could not adapt this knowledge to the questions if they were phrased in a slightly different way. Candidates must read and interpret the questions to ensure they answer exactly what is being asked.

There were fewer 'no responses' which was encouraging and candidates seemed able to answer all the questions within the time given. If additional sheets of paper were used it would be helpful if candidates could direct the examiner towards the specific continuation page at the end of the question on the paper itself.

A minority of candidates were clearly unprepared and did not have the knowledge or language skills necessary to deal with the demands of this paper.

Candidates responded well to being able to choose legislation appropriate to a particular group.

Comments on individual questions

1(a)

Generally well answered but some lost marks by simply defining direct discrimination rather than giving an example. Some gave an example that did not relate to a specific base such as race, gender, age, disability and so on.

1(b)

Well answered. Candidates would save time by simply identifying four effects in single words. No description was required.

1(c)

A number of candidates were not aware of the term 'redress'.

Many wrote about service providers instead of service users and therefore identified trade unions or employment tribunals which were not awarded marks.

Vague answers such as 'Police' were not awarded marks.

1(d)

Well answered.

2(a)

Generally well answered but some candidates only wrote 'family' and did not develop this by saying the norms/values/attitudes that the family teach us.

2(b)

Most candidates were able to identify three agencies of secondary socialisation but some did not explain how they influence attitudes but merely repeated the question within their answer. They needed to use terms such as role models, conformity, and peer pressure to gain the second mark.

2(c)

Most candidates were able to list a number of ways that an organisation could ensure its staff promotes quality care but they did not develop their points and therefore were in Level 1 or the bottom of Level two.

Candidates should be encouraged to explain no more than three ways but in more depth with the explanation. Listing previous mark schemes should be discouraged.

3(a)

Some candidates had excellent knowledge of this with many gaining the full 8 marks. Some lost marks by only saying 'welfare of the child' and missing out the term 'is paramount'. Some listed the main care values and lost marks as these are different.

3(b)

Some candidates were able to correctly identify a piece of legislation that protects children and young people. Child Protection Act was frequently given and awarded no marks.

Some candidates could outline some aspects of their chosen legislation but overall knowledge and technical terminology was weak. Candidates should be encouraged to look at more recent legislation, for example the 2004 Act as well as 1989 to put it into context.

4(a)

Candidates were able to identify barriers but some did not give examples that related to disability. They need to be specific about the disability in relation to the barrier. For example, 'disabled people do not work' was awarded no marks as a financial barrier as this is too vague and inaccurate.

4(b)

Generally well answered. Some lost marks by writing Disability Act rather than Disability Discrimination Act.

4(c)

Well answered but many candidates remained in Level two because they did not develop their analysis but listed lots of ways without going on to explain why this would promote equal opportunities. Candidates should be encouraged to look at two ways for advertising and two ways for interviewing to gain full marks.

5(a)

Well answered except that committing a crime will be awarded no marks unless the word serious is used as in the specification.

5(b)

Candidates were able to analyse the benefits to service users but some lost marks by not relating this to service providers. Better answers explained how the **pwus** and the practitioners would benefit together and showed cohesion in their answers.

5(c)

Generally poorly answered with many candidates repeating the question or just listing lots of ways but developing none. Candidates must be encouraged to list two or three ways and then explain them in detail.

6(a)

Most candidates outlined the Race Relations Act. A few picked the Sex Discrimination Act which was not relevant to the question.

Some candidates had excellent knowledge and gave clear outlines with sound terminology. Some had very weak knowledge of the legislation.

Some wasted time and lost marks by evaluating the act when the question clearly asked for an outline of the features.

6(b)

Candidates appeared to enjoy this question and gave detailed answers. They clearly knew the reasons and demonstrated good subject knowledge but discussion was not detailed enough to achieve Level 3. The best Level 3 answers interlinked the points and showed clarity in their understanding.

Answers which merely listed weaknesses of the act were placed at the lower end of Level two. Occasionally discriminatory responses were given which should be discouraged and discussed.

F913 Health & Safety in Care settings

The range of response was similar to previous sessions in this paper. There was good evidence, particularly in the risk assessment question, that centres had taken note of previous reports. Basic factual recall was sound in most areas. Where candidates performed poorly on the longer questions, it was often when they misread or misapplied the command verb.

The importance of using primary sources eg studying the Health and Safety Law Poster or looking up which diseases are notifiable under RIDDOR, cannot be overemphasised. There is great value to be obtained from use of the HSE website and its links in preference to reliance on text books

1(a)

The majority of candidates were able to identify the signs. Many gave imprecise explanations that were little more than an amplification of the meaning of the sign.

1(b)

This question differentiated between candidates more than expected. A number of candidates gave two options for the background colour, which was not accepted. The stop/prohibition sign was the least well known.

1(c)

The answer was known by most candidates.

2(a)

A number of candidates are still offering suggestions about location of first aid rooms, etc. which has never been part of the information on this poster.

2(b) 2(c) and 2(d)

Were mostly known correctly.

2(e)

Whilst the majority of candidates could suggest ways of preventing cross infection, fewer were able to explain clearly the reasons for these actions. Few candidates offered overshoes as an answer. It was not accepted this session as overshoes have not been used in practice for some years now and are not listed in the current specification.

3(a)

Candidates' responses to the risk assessment question are improving. More are following the advice given in previous examiner's reports and dealing with each hazard in its entirety rather than jumping around between each phase of the risk assessment. The best answers were concise and dealt cogently with a small number of hazards. Weaker answers often identified a large number of hazards, including some that would not generally be considered hazardous.

3(b)

Very few candidates were able to appreciate the strategic overview required by this question. A number of candidates gave a learned response to a previous question about the value of recording the risk assessment. This scored fewmarks.

4(a) and 4(b)

Both required simple factual recall and were generally answered correctly. Candidates who had not learned the legislation gave apparently random answers for 4b.

4(c)

This question was phrased slightly differently from previous ones about moving and handling. Most candidates could identify procedures to be followed, but fewer could provide a sufficiently clear rationale for the action.

4(d)

Few candidates obtained marks in the highest band as they made no reference to the specific needs of the people in that setting. Weaker answers could have been taken to refer to any setting, not even necessarily a care setting, as they were so generic. Candidates choosing a residential home as a setting should be careful not to imply that all older people require locking up to prevent them from wandering off.

5(a) and 5(c)

Required candidates to give an overview of the key features of RIDDOR and COSHH respectively. These were challenging questions which few were able to answer well. There was little appreciation shown that these pieces of legislation were devised to protect workers in their jobs and to lay obligations on employers to provide safe working conditions for all employees.

5(b) and 5(d)

Required basic knowledge of RIDDOR and COSHH. Most candidates gave sound answers, although some lost marks needlessly by giving imprecise answers such as 'breaking a bone'. Candidates should be encouraged to choose the obvious answers and check the published list of notifiable diseases rather than guessing.

6(a)

Identification of equipment was generally sound, with often less convincing explanations. The key part of the question, which some candidates failed to grasp, was the emphasis on increasing time for evacuation, rather than speeding up the evacuation process itself.

6(b)

All candidates were able to attempt this question. Benefits suggested were mainly fairly generic ones about everyone feeling safer. This was another good differentiator.

F918 Caring for Older People

General Comments

Candidates entered for the examination approached the questions positively and attempted to answer all questions. There was evidence of improved achievement in higher grades with a large proportion achieving success across all grades A-E.

Teachers had prepared candidates well for their examination thoroughly with the majority confidently demonstrating their ability to apply knowledge and understanding to the questions asked. Technical terminology was generally used accurately although candidates continue to struggle to spell technical words correctly. Candidates need to understand the literacy of the unit to enable them to answer the questions accurately and ultimately achieve success. Glossaries of key words and reinforcement of correct spelling is recommended to support candidates when revising.

Time management was accurate as the majority of candidates answered all questions. Not reading the question thoroughly before writing the answer created problems for a few candidates and limited their ability to access all of the marks available. There are no marks available for information given which repeats the question or the question stem. This type of response also takes up valuable lineage so candidates are deceived into thinking that they have given an answer worthy of marks when in actual fact there is no relevant information evident. Candidates must provide a relevant answer to the question asked to ensure they do not lose unnecessary marks.

The key verbs in questions continue to confuse many candidates. They lost valuable marks by describing when they were asked to explain or giving positive information only in questions which asks them to evaluate. This significantly limits their ability to access the marks available. A revision exercise giving candidates a question repeatedly with a changed command verb, starting with identify, then describe, then explain, then evaluate and finally analyse would help to reinforce the changes in information required for each of the command verbs used across the paper.

Improvements were seen in the depth of information given to the levels response questions on the paper which indicated that candidates had a thorough understanding of key concepts of the unit and applied their knowledge and understanding to the situations given very well. It was evident that some centres had prepared candidates' extremely well, whose presentation and achievement were exemplary.

Comments on individual questions

1(a)

Generally well answered. Some candidates did not give social responses and referred to intellectual or emotional instead which did not score marks. There was evidence of repetition with many candidates concentrating purely on 'socialising'. Communication was also a common response even though this is intellectual.

1(b)

Answered very well with candidates demonstrating a great deal of empathy for the situation given. There were a few responses which did not have any indication of the economic aspect, for example, cannot go on holiday, have no food, bills, candidates must refer to the economic impact, which could be positive or negative, in order to gain the mark

1(c)

Answered well demonstrating practical understanding of the ways Misha could have prepared for retirement. A few candidates drifted off track and gave responses which referred to what she could do now that she is retired. Some identified the ways but missed giving any explanation about how the ways could support her in retirement.

2(a)

Answered well with accuracy, although a minority of candidates did not seem to understand what 'daily living' referred to.

2(b)

Most candidates were able to identify three coping strategies, however many did not follow through to explain how the coping strategies could help Michael with his sensory impairment. There was a heavy reliance on the use of aids – for future reference candidates should be advised to use only one example of aids and adaptations as no matter how many different examples they give their response still refers to 'aids and adaptations'.

2(c)

Several candidates did not read the question fully before answering as many named services instead of care workers or got roles mixed up. Meals on wheels and many voluntary services were given as answers which were incorrect. Where candidates had understood the question they answered it well giving plenty of discussion for the roles of each professional care worker. Few candidates referred to Michael's changing care needs.

3(a)i

Generally well answered as most candidates were able to identify a disorder of the circulatory system. Lung cancer appeared few times as did arthritis where candidates had confused their body systems.

3(a)ii

Answered well with candidates identifying relevant physical effects of the disorder and many were able to explain the effects given.

3(b)

Candidates gave lots of correct effects and described them well. Many concentrated on positive effects, omitting to give any negatives so could only gain the sub max marks.

3(c)

Candidates seemed to find it difficult to fully analyse ways a care worker should promote equality and diversity when caring for an older person who has a disorder of the nervous system. Many gave descriptive answers which excluded them from higher level marks.

4(a)

Well answered by the majority of candidates who identified three relevant reasons, however, some missed giving the explanation required and consequently lost half the marks available.

4(b)

Candidates were able to identify lots of 'interesting' aids and adaptations, however, many did not name any at all in their discussion just generally wrote about their effects on the person which meant their response lacked depth of understanding. Again the focus was mainly on positive effects with many not giving any negative effects at all which limited their marks to the submax. A few gave generic information and did not refer to a person with a disorder of the muscular skeletal system which was an essential element of the question.

5(a)

The Carers Recognition and Services Act 1995 was not understood by some candidates who gave generic answers or referred to the wrong legislation which was not worthy of any marks. Higher grade candidates gave detailed, well applied answers. The focus should have been on the carer and not the person who uses services to achieve higher level marks.

5(b)

Candidates generally understood ways workers at the local day centre would promote individual rights and beliefs when providing support for Dale. A few candidates totally separated rights and beliefs which was not required in order to answer the question. Many responses lacked depth of analysis as candidates gave lots of examples of ways with very little additional information. Centres should encourage candidates to include more detail on fewer examples in order to access the higher level marks.

6(a)

Few candidates actually evaluated the effectiveness of the Mental Health Act by covering both positive and negative aspects. Most were able to outline the content of the Act, although there was limited application to protecting an older person with senile dementia. To score full marks a conclusion should have been drawn.

6(b)

Confidentiality was understood well by candidates with many examples of ways confidentiality should be maintained, however, they did not answer the question fully as there was often limited analysis or application to caring for an older person with a disorder of the nervous system evident.

F920 Understanding Human Behaviour

General comments

Candidates demonstrated that they had been well prepared for this paper with the majority of candidates attempting all questions. There were only isolated examples of candidates being unable to identify an appropriate theorist for the psychological perspectives featured. Most candidates were able to give clear, concise outlines of the theories as required. However, candidates still find it difficult to suggest how the theories could be put into practice and to explain how they might be useful to people working in different settings. Only a minority of candidates effectively suggested disadvantages of using the theory referred to and why it might **not** be useful in practice.

Candidates are generally aware of the importance of the command verbs, but it is still worth emphasising the need to consider both 'positives' and 'negatives' when the question asks the candidate to 'assess' or to 'evaluate'. Many candidates lost focus in question 2a (which required reasons why individuals might find it difficult to access health services to be 'identified' and then the effects on their development to be 'explained'), in that they did not answer both parts of the question. It should also be remembered that where the question is expressed as a plural, two examples should be given.

Candidates should be careful to apply their answers to the setting or situation specified in the question. In question 4c, for example, some candidates were clearly writing about residential care rather than day care.

It is also important for candidates to take care with key spellings, one of the most noticeable in this paper relates to the first level of Maslow's hierarchy - physiological needs. There is a significant difference in meaning if a candidate uses 'psychological' by mistake.

Comments on individual questions

19(a)

Most candidates identified Eysenck, with some identifying Cattell.

1(b)

Most candidates gained full marks.

1(c)

Very few candidates addressed negative aspects of an early years practitioner using this perspective, such as the risks of labelling or stereotyping children, inappropriate expectations of siblings or the possibilities of creating a 'self-fulfilling prophesy'. Some good answers explained how teachers would need to plan different activities to meet the needs of children with different personalities and learning styles. Many candidates used appropriate terminology to suggest that the shy/introvert child could be encouraged and supported to gain greater confidence, as well as suggesting how the outgoing/extrovert child could be kept 'on task'.

2(a)

The majority of candidates provided more detail than was required in addressing the reasons why individuals might find it difficult to access health services. It is unlikely that wheelchair users would be unable to gain entrance to a hospital or GP surgery because of steps or stairs, as suggested by many, although they might experience difficulties in using public transport to get there.

More appropriate links included difficulties in getting appointments with opticians because of work commitments and the cost of glasses, resulting in a person failing to have their eyes tested, not wearing glasses when needed especially when driving or parents being unwilling or unable to afford appropriate frames for a child/young person resulting in their not wearing glasses at school. Fears of the dentist and consequent poor dental hygiene or lack of corrective treatment were appropriate suggestions. Aspects of embarrassment/cultural issues might prevent a woman attending for breast screening or a cervical smear test. Older people who found it 'too much effort' to attend for the flu jab might experience more severe effects of the illness should they catch it.

2(b)

This question was generally well answered, although again candidates should take care in making appropriate links, hearing is more likely to be damaged by working/being in a noisy environment for long periods such as clubs/discos or playing loud music, being near amplifiers etc, rather than by living near a busy road. Many candidates appropriately explained how having noisy neighbours can be intimidating and stressful, perhaps leading to arguments and fear. Most candidates made the link between noise and being unable to concentrate when studying

3(a)

Most candidates gained full marks.

3(b)

Most candidates were able to give appropriate explanations, usually based on difficulties in making friends, going to school and being away from parents. There were some clear links made to behavioural difficulties such as the possibility of aggression, temper tantrums and examples of regression such as bed wetting.

3(c)

Many candidates simply wrote about general good practice in looking after children, often using very general terms such as 'being friendly' and 'not shouting at the child'. More appropriate suggestions included talking with parents, spending time at the child's home, establishing a routine, having familiar/comfort items, talking with the child, etc. Some excellent answers included reading stories which addressed the cause of the anxiety, eg starting school, new baby in the family, etc as well as the use of play and particularly puppets/dolls to try and resolve the anxiety.

4(a)

Most candidates identified Maslow.

4(b)

Most candidates gained full marks although candidates should take note that the first level of Maslow's hierarchy relates to 'physiological' needs not 'psychological' needs. This confusion in spelling is significant in changing the meaning in this situation.

4(c)

There were many good answers which reflected understanding of the benefits of being in a group situation for intellectual development. It was more appropriate to refer to discussing what had been read in newspapers or books rather than just reading. There were some very good answers which referred to older people being motivated to read at home and having a purpose in reading/watching TV etc so that they could talk about the news/book at the day care centre. Having discussions, debates, conversations with others were appropriately seen as being intellectually stimulating. Playing bingo and doing wordsearches or Suduko were the more usual suggestions.

5

Most candidates appropriately identified Pavlov or Skinner. Many variations of their researches were given. Some candidates mentioned both theorists and became muddled when they tried to apply the theories to practical situations. Most candidates attempted to suggest how a particular theory might be useful in the early years setting, with candidates linking Pavlov's classical conditioning to establishing routines, good manners etc. Candidates clearly identified Skinner's use of rewards to reinforce behaviour, although there was rather an over emphasis on the giving of sweets when children behaved well or did as they were told. Explanations of negative reinforcement and punishment were often muddled and inaccurate. Few candidates attempted to suggest reasons why the theory chosen might not be useful to early years practitioners. Those candidates who did mention the difficulties in choosing an appropriate reward system, issues of fairness for children who were usually well behaved being overlooked whilst a child who is usually unruly receiving copious praise and reward when they did behave, issues of consistency, immediacy etc. Candidates choosing Pavlov tended to say that it would be unethical to train children in the same way as training dogs.

F921 Anatomy & Physiology in Practice

General comments

This session's questions were based on five of 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.

The general standard of answer was reasonably focused across the paper. Responses were found to be less accurate in questions that required an explanation; here candidates often provided descriptions which were weak in content. Only a few candidates failed to provide a correct dysfunction for the named body system and the diagram relating to the body system was generally 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 and descriptions. Many started their answers with an irrelevant introduction thus wasting time and space.

The questions that were set at pass level carried 'name' or 'identify' command words. More demanding questions carried the 'describe' command word and provided the opportunity for candidates to give extended answers in order to demonstrate the depth and breadth of their knowledge.

In the higher level questions the candidates were asked to explain, providing the opportunity for candidates to give detailed and reasoned answers in order to demonstrate the depth and breadth of their knowledge and their comprehension of the subject or body system.

Knowledge was required for five of the six systems and related to the structure, function, dysfunction, diagnosis and treatment in relation to the systems and their chosen dysfunctions. Candidates were also asked to either describe or explain the effects on an 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 diagnosis', 'affect their life style or emotions' 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 questions, for example, sentence construction and accurate spelling and avoiding the 'scattergun effect' of telling all that they know on any one system.
- Making sure candidates are familiar and know the meaning of the technical terminology used within the unit, the underpinning knowledge and its application in context.

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.

Comments on individual questions

1(a)

The diagram question was answered accurately by many candidates. The component parts of the male reproductive system were accurately identified by most candidates. Where they did have difficulty it was through incorrect identification and poor spelling.

1(b)

Descriptions of the purpose of the component parts of the male reproductive system proved difficult for a number of candidates as did the spelling of the names. A large number could identify the urethra, penis and testes but could go no further.

1(c)

This question was generally well answered and candidates described a good selection of suitable dysfunctions of the male reproductive system.

2(a)

In this question candidates either understood how urine is produced or they did not, there was no middle ground. A number of candidates provided good general descriptions.

2(b)

Many candidates easily identified the diagnosis and treatment of their chosen dysfunction but could not describe the processes well. Where they did they were generally accurate especially in the area of treatment but were much vaguer when it came to describing the diagnostic methods, especially radiological imaging techniques.

3(a)

Candidates could readily identify what was produced by the structure but generally gave vague or wrong answers as to its purpose. The phrases 'digestive enzymes' and 'helps break down food' were not rewarded.

3(b)

Here many candidates understood the principles of endoscopy but had limited knowledge of its values. Most candidates attempted this question and many scored in the mid range.

3(c)

The majority of candidates were able to provide a developed description of the treatment of their chosen dysfunction. Many chose IBS and covered its treatment well; the effects of more complex dysfunctions such as cystic fibrosis were not always answered so well.

4(a)

This question was not well received by many candidates who had no real idea of why steroids are used. As a multi-usage drug associated with all of the systems this came as a disappointment. When describing antibiotic treatment candidates were generally unaware of the fact that they are directed at bacteria and not viruses. Answers were generally vague indicating 'the treatment of an infection' as a response.

4(b)

The majority of candidates were able to provide a developed description of the causes of their chosen dysfunction. Many chose asthma and covered its causes well. The effects of more complex dysfunctions such as COPD or cystic fibrosis were not always answered so well.

4(c)

The identification of diagnostic techniques was again generally sound. There was again a tendency by some candidates to use the scatter gun effect of telling everything they knew which often only amounted to descriptions of how they were carried out rather than the information they provided. Comments on treatments and drugs were often thrown into their response. A limited number of candidates answered this question well.

5

The final question was accessed by the majority of the candidates. There appeared to be no difficulty in understanding the purpose of the question.

Where candidates scored low marks it was usually because their answers were either descriptive or limited and with little discussion. Often those who scored low marks could not explain the physiological effect of poor life style. Their answers proved to be general with no indication of cardio-vascular effects.

Very good answers covered the effects of poor diet, lack of exercise, alcohol abuse, smoking and stress. They also included effects on blood pressure and hypertension, atheroma formation, arterial hardening, cholesterol and LDL/HDL levels. These were often presented in a comprehensive and synthesised manner.

F924 Social Trends

General comments

The overall performance was again an improvement on the last session. Teachers, and therefore candidates, seem to have used the pre-release material effectively to prepare, showing awareness of the data and ability to use the skills learned. There is a significant improvement in the understanding of this unit content.

In particular they understood the problems of the different family types and the way women have achieved greater equality in the workplace.

There was little evidence of there being insufficient time for candidates to fully answer questions, with essay style questions appearing to be increasingly well planned.

Candidates now have a good understanding of the research process with fewer mistakes, but found definitions of terms either confusing or hard to apply to the questions. This resulted in some problematic answers which gave a 'catch all' response especially ambiguity with 'reliable' and 'valid' when applied to qualitative methods of research. Few candidates understood what was meant by 'characteristics' of information in relation to the text provided.

It would be useful if candidates had an accurate glossary of relevant terms with examples to learn.

Comments on individual questions

1(a)

Generally well answered with only a few candidates failing to interpret 'trends'.

1(b)

Many candidates had difficulty incorporating 'practical uses' into their answer. There was good understanding of what the census is but not how governments use its results practically.

1(c)

This question was well answered by the majority of candidates, however the weaker ones wrote about reasons without detail. There is a common misunderstanding that 'single parents' are one person households as if the children do not count!

2

Most candidates could apply the content of the pre release material to answer this question giving a range of examples of services that could be accessed. Some candidates had clearly not answered the question in relation to 'older people' and referenced the example quoted in the text. A good balance of advantages and disadvantages was offered by most candidates but weaker ones lacked detail.

3(a)

Not well answered. A large number of candidates did not know this.

3(b)

Generally candidates did not specify the type of interview or style of questions needed to gain 'qualitative data' so missed this mark.

3(c)

Generally very well answered, only limited by occasional candidates lack of explanation.

3(d)

Many gained full marks and clearly understood the research process and gave additional detail.

3(e)

Well attempted. Candidates either understood the different methods, the strengths and weaknesses or had little idea, some still do not know how to distinguish reliability and validity, so used them both with the same explanations.

Q4(a)

Well answered.

Q4(b)

Well answered but occasionally the same point repeated.

4(c)

Often well done but with some list like responses, lacking detail. Generally the candidates tended to focus on childcare and teenage pregnancy but 'extended family' was understood and applied to contemporary society.

5

A challenging question which clearly differentiated amongst the candidates successfully. There were few if any unfinished responses. Weaker candidates simply gave list like answers stating the ways women now have a place in the employment market. These candidates tended to focus almost exclusively on work and need to be encouraged to provide a balanced answer.

The more able produced arguments from both sides.

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