

Health and Social Care

Advanced GCE H503/H703

Advanced Subsidiary GCE H103/H303

Examiners' Reports

June 2011

H103/H303/R/11

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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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Chief Examiner Report

During this session there was evidence of 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. However, there was also some evidence of candidates who had not been given the guidance required in order to fully meet the assessment criteria.

Candidates achievements within the externally assessed units was generally pleasing 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. Units F910 and F918 performed well at AS level and I was very pleased to see that a few candidates gained outstanding achievement in F920 and F921 at A2 level. Detailed feedback on the performance for each of the externally assessed units, along with the Principal Examiner's advice for improvement is given later in this report.

Candidates are still not recognising the requirements of the command verbs in questions which restrict their ability to access the marks available. Valuable marks were lost by identifying/describing when the question asked for an explanation or giving positive information only 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. The legibility of handwriting on some papers made it difficult for examiners to decipher the answer given so they could not award marks. Tiny handwriting should be discouraged to help alleviate this issue. Poor spelling and grammar also made the awarding of top level marks difficult in levelled response questions. Candidates must understand the literacy of the unit to ensure they can answer the questions accurately and ultimately achieve success. Glossaries of key words and reinforcement of correct spelling is recommended to support candidates when revising.

The majority of questions required candidates to 'apply' their knowledge and were not based on straight 'recall' of knowledge. 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 slightly different wording 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:

- Helping candidates to improve the way they approach the command verbs 'discuss', 'explain', 'describe', 'evaluate' and 'analyse'.
- Practicing questions by using previous question 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.

The quality of the work completed for the portfolio units continues to demonstrate a very good level 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. F914 and F917 seem to be the least popular units, although some candidates entered for these units gave an excellent insight into the assessment criteria.

A small number of centres are not providing candidates with clear guidance about the evidence required to ensure all assessment criteria are met within each unit. Centres are advised to refer to the amplification sections of the specifications for each unit and also 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 gives 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. It is important for centres to send representatives to training sessions to ensure that they fully understand the assessment 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.

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.

Centres are reminded that past papers are an effective aid to support with revision for the externally assessed units. Both papers and mark schemes can be downloaded from <http://www.ocr.org.uk/qualifications/type/gce/hpsc/hsc/documents/index.html>. Additional support material, including CD-ROMs containing live exemplar portfolio work, 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.

Units F919, F922, F923, F925

General Comments

Portfolio work submitted this session clearly demonstrated a range of standards in work. 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 the requirements of mark band 2 range three examples must be covered. . Finally 'a limited range' would be one or two examples at a basic level to meet the requirements of mark band 1.

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

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 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.

Unit 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 candidates' 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 planning process 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.

Unit F922 Child Development

In AO1 candidates must actually describe the two chosen patterns for each area of development in children, from birth to eight years to demonstrate their own knowledge and understanding. This refers to describing the progression of each pattern from one milestone to the next. Milestone charts do not lend themselves to mark band two or three quality work. Many candidates were able to explain the importance of two 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 should introduce a case study or profile of a child aged 8 or over. There were a few candidates who chose a child less than 8 years old and this makes it difficult to compare progress made against the milestones. They 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.

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 There was evidence of comprehensive planning of the learning aid/ activity.

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.

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.

AO1 Candidates must ensure they explain the resultant mental-health needs of each of the three types of mental illness. 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.

To start AO2 candidates should give an introduction to their chosen person who uses services. They should 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 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.

In AO3 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.

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 included.

In 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. A range of positive and negative examples of the media's portrayal of people with mental-health needs must also be evaluated. 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 are 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.

In AO2 candidates should then choose the subject area for their research. 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.

The rationale should 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.

Throughout their evidence for AO2 candidates must show that they understand the impact ethical issues and 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. Candidates should 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.

The analysis of the findings from all their sources of information must be detailed and relate directly to the aims of their research project. It is also important for conclusions from their findings to be presented logically so that they clearly demonstrate their understanding.

In AO4 candidates need to use their 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 need to consider the 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

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considered to be basic. Recommendations for improvements and continuation of the research must be realistic and detailed.

F910 Promoting Quality Care

General Comments:

There was a wide range of abilities demonstrated in candidates responses and many candidates were clearly prepared for the paper. Questions that were similar to those in previous sessions produced sound responses (though often based on memorised list). Less familiar questions were not answered as well, suggesting that some candidates struggled to apply their knowledge if the wording of the question was different.

Time was used effectively and there were few NR which was pleasing. Quite a few candidates used extra pages which were unnecessary and generally did not gain any extra marks. Questions which focussed on legislation were not answered well as candidates appeared to have learnt generic answers and could not apply to the specific piece of legislation in the question.

Comments on Individual Questions:

- 1(a) Well answered with most candidates gaining full marks.
- 1(b) Most could identify the agencies but found it more difficult to describe the influence, instead repeating the question in their answer, i.e. writing 'influence' instead of describing 'how', using other appropriate terminology.
- 1(c) and 1(d) Candidate's responses to these questions were often muddled. 1c seemed less problematic with answers such as training and meetings but in 1d some candidates were unclear about the term monitor.
- 2(a) Good knowledge of the Care Values but many candidates did not give practical examples of what could actually be done for Joan, answers were too vague.
- 2(b) Candidates clearly knew the criteria for this question and applied their responses well, covering both advertising and interviewing. The explanations for interviewing were more comprehensive, and where students achieved Level 1 it was because of the lack of expansion, or just identifying one aspect without giving an explanation. There were fewer candidates that appeared to just list responses.
- 3(a) Well answered on the whole, but some did not gain marks as they did not put 'serious 'crime or just put 'at risk'.
- 3(b) Clear links were made to vulnerable people in descriptions of the barriers correctly identified by most. Some candidates were unclear about who is a 'vulnerable adult'.
- 3(c) Weak responses overall that were not related to vulnerable adults. There was often no evidence that the candidate knew the chosen act at all. Comments were often general but rarely specific to the act. Generic answers that candidates had learnt were not relevant to legislation such as POVA or the Mental Health Act.
- Many candidates did identify POVA but then could not outline the content. Some discussed the Sex Discrimination or Race Relations Acts which were not relevant to vulnerable adults.

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- 4(a) Surprisingly this was poorly answered with many candidates still not knowing the difference between direct and indirect discrimination. Some answers were too vague, such as 'name calling' but not relating this to a base of discrimination.
- 4(b) Some candidates answered this very well, being able to explain, using relevant terminology the long term effects of discrimination. Those in lower bands either listed points or did not explain them fully enough or just wrote vague answers such as 'being depressed'.
- 4(c) Well answered with some detailed explanations and good use of terminology.
- 5(a) Candidates found this hard to answer as they could not give specific examples of financial barriers.
- 5(b) Very good understanding was shown, particularly in relation to adaption of facilities and provision to enhance communication. The quality of language and depth given limited some candidates to Levels 1 and 2.
- 6(a) Some candidates were unable to name an appropriate piece of legislation or incorrectly gave the 'Child Protection act' or 'Child line'. Those that were able to correctly name a piece of legislation were able to give a basic outline of the act. Candidates need to use more specific terminology. Many candidates evaluated rather than just outlining the act.
- 6(b) There was quite a lot of repetition to 6a and many limited themselves by only writing about the positives so could only achieve a sub-max of 6 marks. Few had enough detail and could adequately evaluate and draw a conclusion.

F913 Health & Safety in Care settings

This year's paper produced a wide range of performances from candidates. Once again there was a common theme of significant numbers of candidates failing to read questions correctly and thus answering a different question from the one asked. There was some evidence of a small number of candidates with literacy levels below that which might be expected of AS level candidates.

Question 1. The majority of candidates knew three roles of the Health and Safety Executive, which is not surprising given the regularity with which this question appears. Many are still writing that having a qualified First Aider is an essential of First Aid provision; not appreciating that this is only the case where the setting has large numbers of employees or is particularly hazardous. The content of accident reports was fairly well known, but many struggled to give three different reasons for the items, often focussing solely on the likelihood of legal cases. Many were unable to identify pieces of information that must be made available by the employer. A number suggested the Health and Safety Law poster, which is one means of giving this information rather than the information itself.

Question 2. The hazard signs were reasonably well known, with biohazard and corrosive known least. Some candidates are unable to give an explanation which is not so vague that it could just as readily be applied to any of the other signs. Most could identify the relevant legislation relating to signs, but few were able to give key features of the legislation. Background colours of signs were well-known.

Question 3. The Risk assessment was performed quite well by the majority of candidates. As usual, those who did not focus on one hazard at a time, often became confused and did not obtain high marks. Descriptions of the lack of Fire Extinguishers and/or First Aid boxes usually failed to give sufficient detail to explain precisely how they were a hazard and to whom. Few candidates failed to score in at least the second mark band. Few candidates were able to explain the benefits of regular risk assessments to people who use services. Most could only give vague answers about feeling safe and secure or having confidence.

Question 4. Virtually all candidates could identify a piece of equipment to move a service user, and the majority could identify a relevant piece of legislation, although some had difficulty with correct abbreviations or missed out part of the full title if this was used. Few candidates were able to give key features of the legislation, offering virtually a list of procedures to be followed before moving someone. Most candidates correctly identified COSHH and were able to identify some improvements in safety as a result of it.

Question 5. Many candidates were able to identify systems to safeguard security and privacy, but fewer were able to give sound explanations. A number of candidates had not read the question carefully and did not relate their answer to a Residential Home, and a few actually described systems in a nursery. Most candidates could give positive points for the use of PPE with fewer giving any negatives. Those who did give negative points were often unable to explain them clearly.

Question 6. The majority of candidates did little more than describe or just list fire-fighting equipment. Little analysis was seen. Some candidates wrote at length about various types of alarms, failing to address the question asked. The last question also required an analytical approach to the problems likely to be encountered in the chosen setting. Many candidates did little more than list standard evacuation procedures and suggest that the people who use the service might be more vulnerable in some undefined way.

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Overall there was little evidence of candidates running short of time. A number wrote on additional sheets of paper while ignoring the blank pages provided in the examination booklet.

F918 Caring for Older People

General Comments:

Candidates entered for the exam 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. There were no candidates who achieved no marks at all. There were not as many 'no' responses as in previous sessions', usually all questions were attempted.

Teachers had prepared candidates thoroughly for their examination with the majority confidently applying their knowledge and understanding to the questions asked. Candidates had a good basic grasp of practical issues but they were not always appropriately applied to the questions. There was evidence that candidates had learnt the mark scheme and applied it irrespective of the question. It is important that candidates apply their responses to the information given in the question stem and the question if they hope to achieve level 2 and 3 marks. There was also evidence of lack of understanding of the 2 pieces of legislation examined. Candidates need to understand the content of each piece of legislation in the specification so that they can evaluate strengths and weaknesses of the act and apply appropriately to meeting the needs of PWUS.

Technical terminology was generally used more consistently although some continue to struggle to spell technical words correctly. Answers show more understanding of the principles of health and social care in OLDER ADULTS rather than general H&SC comments. Candidates had a fair grasp of the concepts examined but they could not apply their knowledge to the dysfunction studied. Candidates need to understand the literacy of the unit to enable them to answer the questions accurately and ultimately achieve success. Spelling of the dysfunctions was particularly poor. A glossary of key words and reinforcement of correct spelling is recommended to support candidates when revising.

Examination technique was lacking for some candidates. Not reading the question thoroughly before writing the answer created problems for a few candidates and limited their ability to access the marks available. There are no marks available for repeating the question or the question stem. This type of response also takes up valuable lineages 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 ask them to evaluate. This significantly limits their ability to access the marks available.

Comments on Individual Questions:

- 1(a) Generally well answered. Some candidates did not give 'economic' responses and referred to social or emotional instead which did not score marks. There must be reference to money within the response to be awarded marks e.g. merely stating 'downsizing house' would not score any marks.
- 1(b) Financial issues were included as lifestyle changes which were not relevant as it is the result of the financial changes that affect lifestyle. Roles were often included in these responses, which needed to be linked to lifestyle to gain marks. Candidates often lost marks due to the lack of explanation being evident.
- 1(c) Many candidates did not overtly mention the new roles or changes in role so could only achieve level 1 marks. Explanations of the emotional effects varied greatly with some being excellent and others weak. Many candidates either gave the role or the emotional effects, not both.
- 2(a)(i) Most candidates accurately identified a relevant disorder of the digestive system. A few misunderstood the body system and gave the wrong disorder.
- 2(a)(ii) Many candidates knew the physical effects of the disorder of the digestive system, however they did not give a description by indicating the severity or they were non specific (e.g. pain instead of severe abdominal pain).
- 2(b) Some candidates considered coping strategies as only support provided by professionals rather than what the PWUS can do for themselves to relieve the effects of the disorder. Generally the question was answered well with many gaining level 2 marks.
- 2(c) Answered very well but sometimes the response was a repeat of the previous question. A few candidates confused the roles of practitioners e.g. the role of an occupational therapist with that of a physiotherapist.
- 3(a)(i) Generally well answered, as most candidates were able to identify a disorder of the nervous system. Centres should note that since the revised specification was introduced 'Stroke' has been reclassified to a disorder of the circulatory system and is no longer accepted as a response for the nervous system.
- 3(a)(ii) Answered well with candidates identifying relevant social effects of the disorder and many were able to explain the effects given. Where candidates lost marks was mainly due to a lack of explanation.
- 3(b) Some candidates answered well and others seemed to be totally lost giving muddled responses. A few responses did not link explicitly to daily living activities and consequently gained no recognition. Forgetting to wash and how to prepare meals was the most common response.
- 3(c) Candidates seemed to find it difficult to fully analyse ways a home care assistant should consider individual rights and beliefs when caring for an older person who has a disorder of the nervous system. Many gave descriptive answers which excluded them from the higher level marks. Centres should encourage candidates to include more detail on fewer examples in order to access the higher level marks. In a few responses candidates did not seem to be aware that the question was about care in own home and wrote about care in a hospital or residential home.

- 4(a) Well answered by the majority of candidates who clearly described physical effects of a disorder of the circulatory system. A few identified only and did not give explicit detail e.g. 'pain' which was too vague to be awarded a mark.
- 4(b) Generally well answered with many candidates giving falling and harm when cooking or bathing. Some went off at a tangent by talking about people breaking into the house which was not relevant. Explanations were often weak or non-existent. Answers were sometimes vague concerning dangers but not linked to Sophia's dysfunction.
- 4(c) The Carers Recognition and Services Act 1995 was not understood by a significant number of candidates who gave generic answers or referred to the wrong legislation which was not worthy of any marks. Some candidates referred to carers' allowance which is not covered by this legislation and therefore not relevant. There was limited detail given about the services provided to support Rigor. 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(a) Candidates did not always understand the concept of community care services and named professionals rather than the services they work for. Those who referred to services gained good high-level 3 marks as they demonstrated thorough understanding. Many candidates only achieved level 2 marks as they discussed how support was provided in the community. Charlie's disorder of the respiratory system (i.e. breathlessness and fatigue) was rarely applied to responses.
- 5(b) Candidates generally understood ways workers at the local day centre would promote equality and diversity when caring for Charlie. A few candidates totally separated equality and diversity which is not required in order to answer the question. There was evidence of confusion between promoting equality and diversity and promoting individual rights and beliefs as candidates repeated their answer to Q3b; unfortunately they could not be awarded the same marks twice. There were few good examples of day-to-day tasks included and many responses lacked depth of analysis as candidates gave lots of examples of ways with little additional information.
- 6(a) Few candidates were awarded high marks .. Candidates gave relevant examples, relating mainly to sight and hearing impairments, but did not give sufficient depth to analyse them. The ways sensory impairments could affect an older person's ability to communication was generally limited and candidates did not always consider that communication with other people was required.
- 6(b) Few candidates actually evaluated the effectiveness of the NHS and Community Care Act by covering both positive and negative aspects. Most were able to outline the content of the Act, although a few actually thought it was two separate pieces of legislation covering the NHS and Community Services. Those with balanced positives and negatives gained reasonable marks. There was limited application to meeting the needs of older people with sensory impairments. Practitioners were listed along with aids and adaptations but the importance of this act applied to this group of PWUS was not answered well at all. To score full marks a conclusion should have been drawn.

F920 Understanding Human Behaviour

General comments

Candidates had generally been well prepared for this paper, although some aspects of the specification, which was amended in 2009, such as the effects of flooding as an influence of the physical environment and the hospice as an example of a care setting, were less well covered, perhaps because there were no related past questions for candidates to revise from.

There were few candidates who could not identify an appropriate theorist for the perspectives used. Most could give clear, brief outlines of the theories as required. Many candidates, however, still find it difficult to apply the theories they have learnt to practical settings using appropriate language. In question 5, for example, most candidates using Freud's theory referred to children who became 'fixated' during the oral stage as sucking their thumbs or becoming smokers, but few could give practical examples of the care which a child may have received which would result in the 'fixation' occurring.

It is still appropriate to remind candidates to pay particular attention to the 'command verbs' in the questions. Many candidates wrote lengthy explanations (often onto additional pages) in answer to 2a which asked candidates to *identify* four influences of the physical environment. A list of four appropriate influences was all that was required. Where candidates do continue their answers on the pages at the back of the answer booklet it is essential that they indicate that the answer is being continued, so that the examiner can find the continuation. Scripts are now marked on-line and so it is not evident until the last question is being marked that the later pages have been used. It is also evident that candidates who give unnecessarily lengthy responses to what are intended to be short answer questions run short of time when it comes to the later questions which have higher marks. It is appropriate to remind candidates to look at the marks available in planning their answers and the use of their time.

In question 2b candidates were required to *evaluate* the effects on members of a family of having to leave their home because of serious flooding – evaluate questions require both positive and negative points to be made. Although it is sometimes difficult to think of positive outcomes to such traumatic situations, the support of friends, family and the wider community, offers of practical and emotional help, working together with others who have also been affected would all be appropriate examples.

The quality and accuracy of candidates' handwriting caused some difficulties in marking this paper, particularly in question 2b relating to the nature/nurture debate. In a number of instances it really was not clear which the candidate was referring to – it might be useful for some candidates to be encouraged to write these key words in capitals to prevent confusion. There were also candidates who by a simple 'slip of the pen' used the wrong term in an answer which otherwise demonstrated good understanding.

Candidates should be encouraged to read their answers through carefully to be able to correct simple errors of spelling and of expression, such as omitting the word 'not', which changes the whole meaning of an answer.

Comments on individual questions

- 1(a)(i) Mostly correct with the majority of candidates using Eysenck
- 1(a)(ii) The majority of candidates were able to give clear and concise outlines of 1) the inherited/genetic aspect and 2) the personality traits.

- 1(b) There was quite a lot of confusion about this issue with a number of candidates inappropriately linking the term 'nature' with 'environment'. Other candidates expressed nature as being 'what you get from your family' and went on to refer to primary socialisation with 'nurture' being related to secondary socialisation. Few candidates mentioned that outcomes are likely to be the result of interaction between nature and nurture. Candidates who did demonstrate good understanding did so by using appropriate examples such as 'intelligence' where it may be seen that we are born with certain abilities but these are then developed through education and experience. Obesity was also used appropriately in questioning whether overweight/obese parents have overweight/obese children because of their genetic makeup or because of the family's eating habits.
- 1(c) Candidates using cystic fibrosis as their example were more likely to be able to explain the effects on physical development although there was still a great deal of confusion. Much of what was written was out of date, particularly with reference to not being able to take part in physical activity and life expectancy. Similarly candidates using Down Syndrome were inaccurately pessimistic about individuals being unable to do any exercise and so becoming overweight and eventually being unable to move. It might be useful for candidates to watch some coverage of the 'Special Olympics' to gain a more balanced view.
- 2(a) There was some confusion with socio-economic factors and some candidates gave overly long and detailed answers, but generally the question was well answered.
- 2(b) Few candidates gained top level marks. Those who did were able to give a balanced answer with some good examples of possible positive outcomes as well as demonstrating understanding of the impact of the situation on different members of the family. Whilst for marking it did not matter whether the candidate based their answer on a third world disaster or a more local situation it was important for the answer to be consistent. Thus outbreaks of cholera and dysentery would be appropriate in the former example but less relevant to the various situations which have been experienced in Britain. The impact of missing school for a few days was often exaggerated, as well as the impact of children being unable to go to school because their uniforms had been ruined. The majority of candidates referred to losing touch with friends and family without considering that friends and family are likely to be the most important people in offering help and support. A few candidates were able to express the emotional aspects of the family being safe and together (or injured and separated) and that the wellbeing of the family was far more important than possessions. The role of the wider community in offering practical help (food, shelter, clothing etc) was also mentioned by a few candidates.
- 3(a) Most candidates answered correctly, with the majority using Piaget.
- 3(b) Most candidates were able to give a detailed account of Piaget's theory but many gave unnecessary detail about the later stages of development which were not relevant to a nursery setting. The emphasis of the question was on the use of the theory; candidates gaining higher marks were able to give clear and appropriate examples of the theory in practice, including actual examples of age related toys and activities rather than simply stating that toys and activities should be age related. Candidates using Vygotsky tended to be able to apply the theory in more practical terms, perhaps because they tended to write less about the theory, but also because they were able to give more appropriate practical examples of children benefitting from playing in groups, practitioners talking with the children, demonstrating jigsaw, shape sorters, playing with playdough etc.
- 4(a) Mostly well answered, both Skinner and Pavlov were used.

- 4(b) Outlines were mostly appropriate although there was some confusing overlap in candidates understanding of the two theorists work.
- 4(c) Few candidates demonstrated any understanding or knowledge of a hospice setting, with most seeming to answer the question which has been on a previous paper relating to the emotional needs of an elderly person receiving residential care. The very positive ethos of the hospice movement was a key issue in this question. Even where understanding of this perspective was lacking, there were some worrying references to the poor levels of care and the negative/bullying/patronising attitudes of staff towards residents which could be expected, with answers revealing an extremely negative view of residential care. The links with self concept were perhaps more indicative of young people's concerns, with reference being made to staff 'laughing at/making fun of/ridiculing residents, as well as staff calling residents names/telling them they are stupid/ugly etc. It is perhaps worrying that Health and Social Care candidates are unable to appreciate that being 'cared for' may have some positive aspects such as not having to worry about shopping, cooking, looking after the house as well as the fact that most people who need to go into care have probably been dependant on others (probably members of the family) long before the actual move into care, which in many situations comes as a relief that professional care will now be given.
- (5) Most candidates used Freud's theory but few gained high marks since the tendency was to take the 'write everything I know about Freud' approach rather than answer the question. Relatively few candidates gave practical examples of the care a child might receive in early childhood, referring simply to the theoretical terms of fixation, oral gratification etc. Where candidates were able to illustrate their answer by referring to children being praised/encouraged/rewarded for successful outcomes during potty training or parents who expressed disgust/anger/horror at a child's interest in their faeces were more able to demonstrate their understanding of the issues involved. Candidates who used Erikson's theory were more likely to be able to express themselves in practical terms, perhaps because the language of the theory itself is more 'user friendly'. Thus candidates were more likely to write about babies developing trusting relationships if they were fed whenever they were hungry, if they had plenty of 'hugs, cuddles and attention' and how being left to cry is likely to lead to a more negative outcome whereby the baby is likely to find it difficult to trust others later in life. Similarly candidates were more able to relate the 'self control v shame and doubt' stage to issues of toilet training.

F921 Anatomy & Physiology in Practice

General Comments

This session's questions were based on five of the six systems in the current 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.

On this occasion, most candidates have read the question stem with accuracy and attempted all of the questions. The only exception to this was in question 1 where candidates had to identify major structures in the brain and then identify their correct function. It was noticeable that a minority of candidates were not prepared for this type of question. In a small number of cases the legibility of some papers, poor spelling and poor grammar made the awarding of marks difficult. The use of English in this paper was at times noticeably poor with scientific spellings still being a major problem for many candidates. Candidates were not penalised providing that the word was understandable and matched any description given. This, however, did not stop some candidates mis-matching the dysfunction to the system.

The general standard of answer was reasonably focused across the paper. Responses were found to be less accurate in questions that required a discussion or an explanation; here candidates often provided descriptions which lacked depth and understanding. 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 their answers was also a problem for some candidates who, on occasion, were disorganised and failed to express themselves by using incomplete sentences, weak explanations and poor descriptions. Some candidates started their response with an irrelevant introduction which often just restated the question. For them, this used up time and did not attract any credit. Some candidates reproduced everything they knew on the subject, relevant or not; in a scatter gun effect. In some instances, rather than commenting on the diagnosis as requested, they continued by commenting on the treatment and then the effects.

The questions that were set at pass level carried the 'identify' command word. 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. As expected the majority had little or no problem in accessing these questions

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

Across the questions 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. The candidates were also asked to either discuss or explain the effects on the systems. Candidates generally wrote in a coherent manner giving facts connected to the question but often using vague comments such as 'serious effect', 'helps in the diagnosis, affect their health' 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 'discuss', 'explain' and 'describe'.
- Practicing questions that require discussion or 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 and avoiding the 'scattergun effect' of telling all that they know on any one system.
- Training so that candidates can avoid repeating the question at the beginning of their answer.
- Making sure candidates are familiar with, and know the meaning of, the technical terminology used within the unit, the underpinning knowledge and its application in context.

Comments on individual questions:

- 1(a) The component parts of the brain were not accurately identified by many candidates. When they did have difficulty it was obvious that the required knowledge of the system was absent. A noticeable number could not identify any of the structures on the diagram.
- 1(b) Descriptions of the purpose of the component parts of the brain proved difficult for a number of candidates as did the spelling of the names and functions. A noticeable number could not provide functions for any of the structures.
- 1(c)(i) This question was generally well answered and candidates described a good selection of suitable dysfunctions. Where they provided more than one description they were credited according to the accuracy of both descriptions.
- 1(c)(ii) This question was answered with varying degrees of accuracy. Many candidates gave vague descriptions of diagnostic methods that had little detail within them.
- 2(a) The heart diagram question was answered accurately by many candidates with many receiving full marks for this question.
- 2(b) This question was attempted by most candidates. Where they scored low marks it was usually because their descriptions were underdeveloped. Many tended to identify the type of cell but not describe its purpose. In this session a noticeable number of candidates also gave descriptions of plasma which was not part of the question. The reason for this might be that they confused the word 'platelet' and 'plasma'.
- 2(c) This question was attempted by the majority of the candidates. Spelling was generally poor and where candidates were unsure it was obvious that they were using their best guess as to the differences.
- 3(a) This question was attempted by virtually all candidates. Where they scored low marks it was usually because they had not learned the male reproductive anatomy adequately. Those candidates who had, generally scored full marks for this question.
- 3(b) This question was answered accurately by many candidates with many receiving full marks for well developed reasoning.

- 3(c) This question was attempted by the majority of the candidates. Where they scored low marks it was usually because their descriptions were underdeveloped. Many tended to cover only the basic events in IVF with little or no detail of the process
- 4(a) This question was attempted by virtually all candidates. Where they scored low marks it was usually because they were unable to describe the structure and equally unable to describe its function in a lucid manner.
- 4(b) This question was attempted by the majority of the candidates. Where they scored low marks it was usually because their explanation of the process was underdeveloped. Many tended to concentrate only on the physical process of respiration rather than how the gasses exchange.
- 4(c) This question was attempted by almost all of the candidates. Responses varied from those who only described the effects of a name respiratory disorder to those who were well prepared and provided a sound developed discussion of a variety of effects.
- 5 The final question was accessed by the majority of the candidates. Many candidates provided a sound discussion of the causes of infertility in both men and women with both reason and effects. A number of candidates did not achieve high marks because they only described the causes without any focus on how it came about. Those who gave a basic discussion of two causes for both men and women were still able to access 50% of the marks. With many candidates scoring higher where their responses were well organised, focused and not repetitive.

General

Where low marks were recorded it appeared to be the result of a lack of specific knowledge, a lack of examination technique and a mis-application of the knowledge required for that system. Lack of clarity of expression often contributed to a lower mark. Successful answers and good practice were reflected in responses that were factually accurate and successfully applied to the question.

Throughout the paper candidates were not penalised for poor spelling where it did not detract from the accuracy of their answer. However, poor application of technical vocabulary did pose a problem for a number of candidates. This occasionally occurred where they provided incorrect spellings or totally misnamed structures.

Some candidates had a tendency to use a limited range of diagnoses and treatments across all dysfunctions. On occasion they failed to match an appropriate diagnoses or treatment to the named dysfunction.

However, across the submitted responses many candidates made a very good effort and were rewarded in line with their knowledge and their responses.

F924 Social Trends

General comments

Candidates applied their knowledge and understanding to the majority of the questions set on the paper well. There was obviously good use of the data provided in the pre-release by most candidates and research around the topic areas appears to be increasing, with an awareness of the most up-to-date information emerging.

Some candidates tend to offer 'catch all' answers to any question referring to research, not understanding the key terms in practice especially, reliability, validity, generalisability, representativeness, etc.

All centres need to develop candidates' ability to write concise responses to short questions and avoid re-interpreting or re-writing the question. However, there also needs to be some thought to interpretation of the command verb to ensure high marks are secured by the best candidates. Centres do seem to be teaching candidates to use the prerelease material more effectively in that there are more responses that show reading around the focus areas to provide answers that generate more of the higher level marks.

There was an increase in the numbers of candidates who used extra sheets, in some cases up to 5 pages. Most of these were unnecessary, not warranting more marks and indicated that they had not really understood the question. Of the others, some only needed the space because of excessively large writing.

Comments on individual questions

- 1(a) Most knew that contraception was an obvious response and could explain, but too many used abortion as the next most obvious answer and ignored other more realistic responses.
- 1(b) Few candidates achieved full marks. Most gave vague answers and did not recognize per 1000 women per year. Candidates need to know correct definitions.
- 1(c) Usually well answered with a large number of candidates understanding the government needed to respond in a variety of ways, health education, personnel, training, moving funding etc. There were some list like responses where candidates failed to write in essay style format which is required from a 9 mark question.
- 2 Generally well answered in that many candidates understood the main reasons for childhood appearing to be under threat but failed to give a balanced view and focused too heavily on the negative side of the argument. Some candidates used overly complex examples, poorly explained, instead of sticking to more straightforward answers.
- 3(a) Most candidates scored 1 mark for numerical/numbers not providing further definition.
- 3(b) Most answered this question very well understanding the question and gaining full marks for 2 reasons, clearly explained.
- 3(c) This question was answered well by the majority of candidates who clearly knew the reasons why in-depth interviews are used by social researchers. However, occasionally disadvantages were offered showing candidates had not read the

- question. Fewer candidates than previously failed to link the answer to the context of the question in this instance, women's experiences of childbirth.
- 3(d) A good range of ethical problems was offered by most respondents. Error was failure to reference to theme of the question 'family life', or to develop with examples, for those who missed top levels.
- 4(a) Question was answered well by most candidates. A few misread the question and answered as if the ethnic minorities were living in third world countries, clearly not referencing the Fig 2 on pre-release material.
- 4(b) Candidates overwhelmingly gave child benefit as the first type of financial support. This indicated they did not understand the difference between targeted support, which is means tested, and universal benefits. Few candidates knew the correct names for the financial packages available and just said 'benefits'.
- 4(c) The candidates seemed to understand the question but of those who did not gain high marks, many too often wrote generically, and information was not linked to economic aspects of family life. Again some mix and match of catch all answers referring to validity and reliability.
- 5 Generally well answered by most candidates. Only errors were failure to respond to the command verb and give a balanced answer, or not understanding the term 'museum piece' indicating lack of preparation in exam centres. Some candidates spent a lot of time talking about the variety of forms of family to be found in contemporary society, some failing to give reasons that would link to the nuclear family becoming a 'museum piece'. The more able candidates clearly understood the question and had a range of knowledge to offer which was well argued, scoring higher marks than in previous examination series on the final question.

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