

Health and Social Care

Advanced Subsidiary GCE H103/H303

Advanced GCE H503/H703

OCR Report to Centres

January 2012

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

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

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

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Any enquiries about publications should be addressed to:

OCR Publications
PO Box 5050
Annesley
NOTTINGHAM
NG15 0DL

Telephone: 0870 770 6622
Facsimile: 01223 552610
E-mail: publications@ocr.org.uk

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Overview

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 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. Performance in the tested units continues to improve, although candidates are discouraged from learning previous mark schemes ‘verbatim’ and listing their answers in the question paper, as this restricts them to level 1 marks. Centres are encouraged to consider the detailed feedback on the performance for each of the externally assessed units, along with the Principal Examiner’s advice for improvement which is given later in this report.

Candidates are still not recognising the requirements of the command verbs in questions which restricts 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 words 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. 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 the 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 give a very useful summary of the evidence required to meet the assessment criteria. There is no requirement for candidates to cover every aspect of the knowledge of the unit in their portfolios, time and effort is wasted in doing so which could be better used in ensuring the evidence presented is more detailed. 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.

Portfolio Units

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 a range three examples must be covered to meet the requirements of mark band 2. Finally 'a limited range' would be one or two examples at a basic level to meet the requirements of mark band 1.

All centres submitted marks through Interchange 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.

The majority of centres presented portfolio work in a well organised manner which ensured the moderation process ran smoothly. Annotation of coursework continues to vary considerably from centre to centre.

All centres used the Unit Recording Sheets and some centre's supplemented these with Assessment Evidence Recording Sheets (AERS). Assessment evidence recording sheets allow assessors to see how many marks certain tasks within an assessment objective have been awarded. These sheets are not compulsory and should be used only in addition to the mandatory URS.

Many centres appeared to have followed guidance given at recent training sessions. It is highly recommended that a representative should be sent to training sessions to update their knowledge and understanding of the of the assessment criteria. Centres were able to direct their candidates to 'the finer points' that differentiates between acceptable and good practice.

It was encouraging to see cross-referencing between units; however, it is best practice to keep units separate and simply photocopy the relevant section. Where photocopied work is submitted, candidates must make sure that it addresses all parts of the exemplification. It may be that extra written evidence will be required to ensure all elements of the exemplification are met.

Very few centres opted to enter via the OCR Repository and for future sessions attention should be paid to the entry code. When centres do submit entries via the repository it is expected that each candidate's work will be uploaded as one document and not several folders containing many documents.

F911 Communication in Care Settings

AO1 focuses on the different types of communication and how and why these are used in different settings. AO1 is generic and examples should be given from a wide range of settings, across health, social care and early years. An area of weakness seen in the evidence submitted is the lack of understanding of how the different types of communication can help to value and support people who use services. When considering factors which can inhibit/enhance communication, candidates should include the three values of care listed in the specification. Values of care are covered generically here and are applied to a range of different settings.

In AO2 candidates could include an introduction to the setting being used. Many candidates appeared to use evidence collected through work placement and this is acceptable. When describing the values of care used by practitioners within the setting candidates are required to discuss the appropriate use of communication skills. Some candidates were unable to differentiate between communication skills and types of communication.

In AO3 candidates must research two theories of communication and then show understanding of how these provide guidance about how to effectively communicate and how they can affect people who use services or practitioners.

AO4 was not covered as well this session as it has been in previous sessions. AO4a asks candidates to plan an interaction, consider their use of skills and how they can record evidence. AO4 b and c requires candidates to evaluate and suggest recommendations for improvements. If candidates had not planned their interaction well they found it difficult to evaluate.

F912 Promoting Good Health

A few centres submitted evidence which addressed the 'old' specifications. This is increasing difficult to moderate and can disadvantage candidates.

In AO1 candidates need to describe what is meant by health and well-being. To do this they are no longer required to consider the service user and service providers perspective or in fact to conduct any primary research. There are four task based sections to AO1 and it is strongly recommended that centres use the assessment evidence recording sheets when assessing portfolios. AO1 requires candidates to describe two ways in which an individuals' quality of life can be affected by ill health. Candidates can choose to look at an individual with a health condition or to look at two different individuals. There should be no time spent defining the condition, symptoms of the condition or treatment for it.

As part of AO2, candidates are required to show understanding of the implications of a current health promotion initiative. The implications can be potential implications and do not need to be proven through statistical evidence. Candidates need only explain one preventative measure per job role however it is imperative that they explain the reasons why each key worker applies the preventative measure.

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

AO4 asks candidates to evaluate not only the impact of their health promotion campaign, which must include information relating to the measure of the outcomes against the pre set criteria but also their own performance, during the planning and implementation of the campaign. As in F911, candidates did not consider recommendations for improvements in any depth.

F914/F915/F916/F917

Entry for the optional units was very small. Centres are advised to look at the amplification section of the specification and the assessment evidence recording sheets for a break down of what is required. Candidates performed well in F914 and F915. F916 was not particularly well completed. The weak points in the portfolios included; missing out the effects of daily living in AO1, recommendations for dietary improvements in AO2 lacked detail, diagrams to support descriptions not always well presented or in sufficient depth and in AO4 advice for the future and the ability to reflect and make reasoned judgments could have been more comprehensive. F917, AO1 requires candidates to describe the history and purpose of the five categories of complementary health. Candidates often confuse this with individual complementary therapies and relate all of AO1 to specific therapies.

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 process of the planning of services in the local area. A diagram is not in sufficient depth to meet the requirements of 'describe'. When explaining the influence of national and local standards, targets and objectives on the planning and provision of services, candidates should consider explicit examples that are relevant to the planning and provision of services in the area considered. Influences should be considered in terms of both positive and negative impact. Centres are not expected to cover all aspects of national and local standards, targets and objectives, as a minimum requirement they should cover at least one national and one local standard, target or objective. It is acceptable for centre's 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 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 examination with many demonstrating clear understanding of how to promote quality care. The majority of questions were answered. Similar to previous years some candidates spent too much time on short response questions when they had already gained full marks, notably in questions 1(c) and 4(b).

It was pleasing to see candidates understanding how to develop a point and expand their answer giving clear examples.. For weaker candidates it was the lack of developed answers and general confusion that lost marks. Weaker candidates also tended to just list points learnt without explaining them for example in questions 4(b) and 6. .

Sometimes candidates did try and shoe-horn answers into questions, eg describing the components of an equal opportunities policy for question 1(d) and/or listing content of legislation for question 6. Candidates should be prepared to accept that papers do vary and specific areas of the specifications will not always be asked on every paper. In contrast to previous years very few candidates made mistakes in mixing up secondary and primary socialisation (question 5b).

A noticeable number of candidates did perform poorly on question 3b, choosing to name an Act (often POVA) but then saying it 'prevented discrimination in schools' or 'set up services for older people' so they did not achieve any marks.

Comments on Individual Questions

- 1(a) Candidates showed a far better understanding of direct discrimination than indirect. The most common error being stating that indirect was 'behind someone's back'. Other loss of marks came from giving examples not related to race eg no wheelchair access.
- 1(b) Well answered.
- 1(c) Generally well answered with training and meetings well explained. Candidates who lost marks often just listed the values of care and/or discussed pwus.
- 1(d) Answered reasonably well with most students able to discuss at least 2 benefits. Poorer answers tended relate benefits to pwus rather than practitioners.
- 2(a) Many candidates scored full marks, with relatively few just defining the values of care and/or not relating their answers to Sudan.
- 2(b) Candidates were able to identify barriers but often these were not linked explanations linked to minority ethnic groups, eg mobility issues/lack of wheelchair access.
- 2(c) Most candidates effectively discussed translators and leaflets in different languages – but often then went on to give other points not related to minority ethnic groups eg ramps.
- 3(a) Mixed responses given, with better candidates explaining issues such as discrimination in the workplace and/or reliance on pensions/fuel poverty. Some candidates only related their answer to adults or used identified barriers as a way of answering the question but did not link to older people.

- 3(b) Not well answered, with many candidates mentioning legislation but not linking to older people or evaluating legislation. Quite a few candidates made up legislation and then listed generic points eg 'older people act protects them from abuse.'
- 4(a) Well answered with the majority gaining full marks, only a few some gave incorrect names eg disability act, or invented laws eg equal opportunities act.
- 4(b) Generally well answered with most candidates discussing both advertising and interviewing, although many still just listed points rather than explain them, so limiting their marks.
- 5(a) Poorly answered question was not misunderstood; candidates simply were not familiar with the term.
- 5(b) Most candidates were about to discuss agencies of secondary socialisation but frequently talked about agencies influence in terms of changing behaviour rather than attitudes. Many just re-worded the question as their explanation.
- 5(c) Most candidates were able to give a range of effects but some did not then go on to explain them eg mentioning low self-esteem without explaining why this would be the case.
- 6 On the whole well answered, certainly compared to similar questions on past papers. Candidates did give examples to clearly explain their points and used appropriate terminology. Candidates who did not perform well tended to spend time just outlining laws rather than evaluating them. More candidates than in previous sessions are giving conclusions but this alone did not automatically allow them to gain top marks.

F913 Health & Safety in Care settings

Question 1:

The majority of candidates were able to identify all three signs, but much confusion was apparent in the extended answer section. Many candidates were able to give vague suggestions about where the signs might be encountered and what safeguards should be in place. Imprecise answers which could have been interchanged easily for other substances (eg keep out of reach of children) were not acceptable. Part b was known well for the most part.

Question 2:

The simple identification parts were still problematic for a number of candidates. Some candidates offered incorrect or imprecise categories of chemicals controlled by COSHH legislation, offering “acids” for example or “glue”. Most candidates could identify security measures, but fewer could explain them. Inaccurate answers saying that having staff with a CRB check keeps children safe is neither accurate nor correct. A few wrote about safety measures rather than security.

Question 3:

Listing the five stages of risk assessment was well done on the whole. All candidates were able to make some attempt at the risk assessment of the nursery. Those who considered the RA process for one hazard at a time generally did better than those who listed the hazards, then went back and considered who might be at risk, followed by considering the precautions in place for the whole set of problems. Some candidates misunderstood the actual risk from the electrical sockets to small children. Some thought that splashing water near a socket was likely to cause fire. Many identify the fire extinguisher as a hazard, but few identify the risk of people being trapped/inhaling smoke, etc. Fewer wrote about doors opening the wrong way or about access problems.

Question 4:

Most candidates gave a reasonable account for 4a. Some focussed their answers on discussing calling for help rather than the actual evacuation procedure itself. The benefits of holding fire drills were known but generally lacking detail. More able candidates could say more than that it made everyone confident that they would know what to do.

Question 5:

Most candidates could suggest some first aid requirements, but few could provide detail. The majority of candidates knew what details should be included on an Accident Report Form, but few were able to offer any analytical comments.

Question 6:

Most candidates were able to make evaluative comments on the use of PPE, but few included any negative points, thus excluding themselves from the top mark band. Most candidates could outline some personal hygiene precautions, but a few strayed back into PPE and clinical waste disposal, thus ignoring part of the question stem.

F918 Caring for Older People

Candidates entered for the exam generally attempted to answer all questions and fully utilised the time available. There was evidence of improved achievement in higher grades with a large proportion achieving success across all grades A-E.

Candidates were well prepared for their examination demonstrating their ability to apply their knowledge and understanding of the questions asked. Candidates had a good basic grasp of practical issues but they did not always use this to answer the evaluative sections of the questions. It is important that candidates apply their responses to the information given in the question stem if they hope to achieve level 2 and 3 marks. There was also some evidence of a lack of understanding of the legislation examined. Candidates need to understand the content of legislation and evaluate the strengths and weaknesses of the act. Understanding of 'health care needs' as opposed to 'social care needs' and 'increased needs' proved difficult for many candidates.

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

There was evidence of good understanding of the key concepts of this unit. The evaluation of 'moving into a residential care home' and the 'impact of death' in older age were particularly well answered.

- 1(a)(i) Generally well answered; most candidates were able to identify a disorder of the digestive system. Spelling of some disorders could be improved for example 'irritable bowel syndrome' 'Crohn's disease.'
- 1(a)(ii) Many candidates knew the physical effects of the disorder of the digestive system. Answers needed to use correct terminology linked to the digestive system.
- 1(b) Answered very well by most candidates showing good understanding of coping strategies for a digestive disorder. A few candidates did not describe and only identified the coping strategy .
- 1(c) Many candidates answered well showing good understanding of professional care workers and their roles applied to an older person with a digestive disorder. It should be noted that 'Meals on Wheels' are not a professional care worker.
- 2(a)(i) Most candidates named a relevant disorder of the circulatory system. Many candidates identified strokes which are now included as correct responses.
- 2(a)(ii) This question asks for effects of a circulatory disorder and how these effects would make it difficult for Joseph to cope. Many candidates did not describe effects linked to circulatory disorders, but just gave generic effects; they also need to make a direct link of how the identified effects make Joseph unable to cope.
- 2(b) Many candidates did not describe lifestyle changes due to a lack of understanding of the terminology. This limited their ability to access higher marks in level 2 and level 3. Candidates did show good understanding of positive and negative social and emotional effects, but to access higher marks clear links of how these were affected by specific lifestyle changes was needed.

- 3 (a) Most candidates understand how a disorder of a musculo-skeletal system affects daily living. However some candidates gave a correct effect but then did not say how this affected daily living.
- 3(b) This question asks for changing health care needs as a musculo-skeletal disorder deteriorates, many candidates did not understand this question and gave general effects. Many candidates included social care needs which was not in the question. They omitted to focus on the key words of 'changing needs' and 'deteriorates'. This contributed to the majority of candidates gaining low marks for this question.
- 3(c) Answered well where candidates discussed both positive and negative impact on Martha moving into a residential home. Some excellent answers linked Martha's role as a teacher to the move into a residential home.
- 4(a) Generally answered well showing good understanding of hearing and sight degeneration to social effects; however, some missed giving the explanation required and consequently lost half the marks available.
- 4(b) Most candidates did not understand the concept of community care and support services and named professionals rather than the services they worked for. Level 3 marks were awarded to candidates who understood this. Also many candidates only achieved level 2 marks as there was little application to Hamish's hearing and vision care needs.
- 4(c) The NHS and Community Care Act was only understood at a basic level by many of the candidates. Few responses linked to Hamish's particular needs to access higher marks.
- 5(a) Most candidates identified a disorder of the nervous system correctly.
- 5(b) Candidates generally understood ways workers at the day care centre would promote confidentiality for Freda, 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.
- 5(c) Most candidates had clear understanding of the effects on Gerald of the death of his partner. To access higher level marks the answers needed more depth, evaluation and understanding of the impact of death on an older person. Conclusions were given, but often these were just simplistic.
- 6(a) Most candidates identified role changes but links to the effects of a respiratory disorder on the roles was often omitted.
- 6(b) Candidates showed good understanding of aids and adaptations. To achieve higher marks some of their responses lacked depth of understanding on the effects of using aids.

F920 Understanding Human Behaviour

General Comments

Candidates had been well prepared for this paper, with the majority of candidates attempting all questions. There was no indication that candidates were short of time to complete the paper or that any question had been generally misunderstood. There were, however, some instances where candidates seemed to be giving answers which they had practiced to questions from past papers. Whilst it is appropriate to practice examination technique by looking at previous question papers, candidates should be encouraged to consider how the questions might be changed, for example, by using a different life stage, psychological perspective or setting. When considering the different settings listed in the specification candidates should have a general overview of each including an awareness of the age groups catered for, whether provision is residential or sessional and what the particular needs of the client groups are. It is still appropriate to remind candidates to read the questions carefully before starting their answer. Some candidates found it difficult to express themselves concisely within the space available, it should be noted that in general two lines are provided for each mark available, ie a 10 mark question will be allocated 20 lines. Although it is appropriate for candidates to practice writing essay style answers, they should be encouraged to express themselves succinctly, time and space are often wasted in rewriting the question and giving inappropriate introductions rather than getting straight to the point of the answer.

Comments on Individual Questions

- 1(a) Most candidates were able to identify three sources of noise pollution, although a few candidates misread the question and gave 'three sources of pollution' – air, water and noise. Some candidates gave answers which were rather too vague, such as 'people' or 'music', a qualification such as 'people shouting/arguing' would have been more appropriate as would 'loud music'.
- 1(b) Answers tended to focus on disturbed sleep resulting in tiredness/lack of concentration at school and not being able to revise/study at home. References to stress at exam time were also appropriately made. Suggestions that adolescents might not want to go out/socialise were less clearly made. Damage to hearing was really only appropriate when qualified by links to listening to loud music on headphones, or spending prolonged periods near amplifiers or playing instruments such as drums, rather than living by a busy road.
- 1(c) Most candidates named Skinner in using the behavioural perspective and appropriately referred to positive reinforcement by rewards. Many candidates simply described the theory rather than relating it to changes in behaviour during adolescence. The importance of the change in focus from parents to friends was relevant to this question and many candidates appropriately identified acceptance/friendship/inclusion in a group/fitting in as rewards which would provide positive reinforcement for behaviour which might be disapproved of by parents. In this unit the theories of Bandura, Latane and Tajfel are dealt with separately under the social learning perspective and so it was not appropriate to concentrate on the imitation or copying of role models.
- 2(a)(i) Most candidates named cystic fibrosis or Down's syndrome. Candidates who used autism found it difficult use the condition to answer 2(a)(ii).

- 2(a)(ii) Many candidates demonstrated little understanding of the effects on physical development of the genetic condition they had identified. There were frequent, inappropriate references to individuals 'not being able to go to school' or 'not being able to do anything for themselves'. Whilst cystic fibrosis would appear to lend itself to a clear identification of two ways in which an individual's physical development could be affected there were some outdated and inaccurate comments such as 'being unable to do any exercise, which will lead to obesity'.
- 2(b) Most candidates used Eysenck's theory in their explanation of how personality is thought to be determined. There was clear knowledge of the traits identified by Eysenck and the genetic background to this perspective. Some candidates used Cattell appropriately and often gave a more detailed explanation of the use of psychometric testing rather than simply describing traits. Most candidates emphasised the fixed nature of personality traits saying that personality cannot be changed. Few candidates went on to explain that even within the biological perspective it is considered that whilst an individual might be born with a particular set of personality traits, experience, upbringing and education would enable individuals to learn how to respond appropriately to situations ie an 'extrovert' can learn to modify their risk taking, an 'introvert' can be helped to act in more confident way.
- 3(a) Candidates generally found it difficult to give an appropriate answer, often just referring to abuse or neglect, although many were able to describe children who had been brought up by animals. Few candidates commented on a lack of socialisation.
- 3(b) Few candidates linked their answer to stages of language development, doing so would have demonstrated a greater understanding of the processes involved in developing language. Theorists were often appropriately identified but answers tended to be restricted to descriptions of their theories without giving examples. Some answers were concerned with children learning 'bad' language, with not going to nursery or school being given as an example of neglect. Where candidates did understand the focus of the question, reference to lack of interaction, lack of encouragement and fear of punishment were appropriately explained.
- 3(c) Many candidates concentrated on poor educational opportunities when analysing the effects of poverty on a child's intellectual development. It would appear that some candidates were basing their answers on provision in third world countries and where this was made explicit (as in one script which referred to street children in India) suggestions such as being unable to pay to go to school/not having transport/having to work or 'find food' were acceptable. However, often there was no clear indication that this was what was being referred to and many candidates frequently mentioned 'having to go to the local school' with reference to not being able to get a good education. Many candidates are still writing that parents would not be able to afford to send their children to a 'good school' with the added confusion that if they cannot afford to send their child to a private school they would have to go to a public school. More appropriate answers related to living in poor housing, which could be cold/damp/overcrowded which could be linked to increased illness and absences from school; lack of resources such as a computer and internet connection which would hinder studies; lack of space for reading/doing homework etc; poor nutrition and all of the associated links with 'failure to thrive'; parental stress leading to lack of time spent helping children with reading etc; limited opportunities for travel/holidays etc. Some candidates appropriately suggested that parents and children might make positive efforts to compensate for their present situation and strive to do better by making the most of time and opportunities available.

- 4(a) Candidates most frequently used religious differences when giving examples in this question and were able to give both positive and negative influences on self-concept of issues such as diet, dress and gender roles. Candidates tended to be able to define self-concept, although giving detailed explanations of the term without linking it to cultural background and upbringing did not gain marks. Some candidates confused 'concept of others' with 'how others see them' and answers were sometimes quite vague referring simply to children being 'well brought up'. Many candidates gave appropriate references to prejudice and stereotyping.
- 4(b) The majority of candidates were well aware of Maslow's hierarchy of needs but found it difficult to suggest how this relates to meeting an individual's needs in a particular setting. Very few candidates understood the significance of a 'nursing home' as the setting used in this question. Most candidates correctly stated that meeting 'physiological needs' was the first level of the hierarchy, but few expressed this in appropriate terms. The fundamental importance of providing nutritious meals and frequent (and varied) fluid intake was overlooked and the specific requirements of those in a nursing home to be given appropriate assistance with eating and drinking, as well as having medication given accurately was rarely mentioned. Emotional needs were more likely to be met through providing practical care, such as washing and toileting, in a supportive way, although this too was rarely mentioned. Many candidates simply stated that physiological and safety needs would be met, but gave no indication of how. It is most likely that the social and emotional needs of older people in a nursing home would be met primarily through interaction with carers and references to 'one to one' conversations, spending time talking, showing interest, remembering birthdays etc were appropriate. Many candidates suggested social activities which were inappropriate to the setting or the client group.
- 5(a) The theories of both Piaget and Vygotsky were used in answer to this question. Many candidates were able to give a clear and concise outline of the theory chosen, although there was a tendency for candidates using Piaget to go into unnecessary detail about limited aspects of the theory, rather than giving an overview of the main features.
- 5(b) Some candidates did well in this question. To answer this, candidates would need to suggest how and why the theory could be (or might not be) of use to people who work with children attending a children's centre. Where a candidate was unsure of the precise nature of a 'children's centre' it was usually acceptable for them to refer generally to 'working with children'. However, the majority of candidates tended to provide an extension of part a) by giving examples of activities which could be carried out by the children. Candidates who demonstrated understanding of the focus of the question referred to staff understanding how to plan and structure activities to meet children's developmental needs, being able to assess levels of development and monitor progress, and being able to identify children's preferred learning styles. It is likely that a children's centre would provide greater opportunities for mixed age grouping, smaller groups and individual support, although attendance is more often part-time and might be infrequent or irregular, therefore these factors would contribute to the evaluation of the usefulness of the chosen theory.

F921 Anatomy & Physiology in Practice

During this session most candidates generally responded well to the questions. Only a few candidates failed to read the question stem with accuracy and most candidates completed all of the questions. Scientific terms used by candidates were, on occasion, poorly described and caused problems for some candidates. . The diagram questions in this session were answered well.

Knowledge was required for five of the six systems that related to structure, function, dysfunction, diagnosis and treatment of the system and the chosen dysfunction. Candidates were also asked to either describe or explain the effects on the individual or the system.

The majority of questions required candidates to apply their knowledge and were not based on recall of knowledge. Short-answer questions and diagrams were used to help stimulate candidate response and increase accessibility. Candidates generally wrote in a coherent manner, giving facts connected to the question, but often using vague comments such as 'social effect', 'help in their treatment' and on occasion repeated the question stem at the beginning of their answer.

Lack of organisation of answers appeared to contribute to a lower mark. Successful answers and good practice were reflected in responses that were factually accurate with successfully applied knowledge to the given context or question.

Responses were found to be less accurate in question 2(a) where a number of candidates were unable to apply the dysfunction to support and protection. In question 3(a) few candidates understood the functions of the renal system and provided vague and superficial answers.

Centres could help to improve candidate performance by:

- practicing questions that require explanations during controlled conditions throughout the teaching of the unit.
- improving the techniques used by candidates when answering the question, for example, sentence construction and accurate spelling.
- making sure candidates are familiar and know the meaning of technical terminology used within the unit and the underpinning knowledge.
- improved comprehension of the command verbs 'explain' and 'analyse'.

Comments on Individual Questions

1(a) This question was generally well answered.

1(b) Again reasonably well answered.

1(c) This question was well answered and responses were descriptive and accurate. Most candidates could provide differences between veins and arteries with many scoring at least 2 or 3 marks. Common misconceptions were related to direction of flow and the structure. A number of candidates gave vague answers such as 'thinner or wider' without qualifying the response with an adequate comparison.

2(a) Most identified a suitable dysfunction, but in some cases answers were imprecise and lacked detail. Most candidates could only apply the problems associated with their dysfunction to mobility and made no mention of the effects on support and protection.

- 2(b) Diagnosis and treatment was found to be muddled or vague. A number of candidates attempted to describe too many methods and therefore only managed to identify them, thus reducing their ability to score higher marks.
- 3(a) This question proved problematic for some candidates. The responses were often incorrect and often only gave an over view of the purpose of the renal system.
- 3(b) Many candidates could explain how their chosen renal dysfunction could be treated, but a noticeable number only provided descriptions. Candidates' responses often contained information about how it could be diagnosed, which was not a requirement of the question. In general the answers lacked any analysis, application and the practicalities of having the dysfunction.
- 4(a) This question was generally well answered and the responses were accurate.
- 4(b) A diagnosis peak flow was frequently suggested, but the majority showed limited understanding of what was being measured. Candidates often indicated that it measured 'volume' or 'the amount of oxygen or carbon dioxide'. Answers about the provision of a diagnosis were also often weak with many only identifying the help it provided.
- 4(c) Answers about treatment were, on occasion, weak, with many only identifying their selected treatment. Vague comments such as 'using an inhaler' were often given.
- 5 Candidates generally responded well to this question. Candidates answers were generally well developed and their explanations were accurate and to the point. Where candidates did not obtain a high score it was often because of repetition and a tendency to be descriptive rather than explanatory. Those who chose gallstones as their dysfunction appeared to struggle to find enough facts to score well. Lifestyle featured heavily in a number of responses with applications to the health of the individual being weak or added as an after thought.

F924 Social Trends

General Comments

Many centres seem to research and explore the pre-release material appropriately to ensure candidates are familiar with the data and topic areas, thus achieving high marks.

Those at the top levels exhibited a coherent knowledge of the specification, providing responses that were balanced, thorough and explicitly linked to the context of the question stem.

Time was utilised well with the majority of candidates completing all questions.

Questions requiring knowledge of research methodology showed candidates generally knew and understood the methods, the process, their uses and shortcomings, but candidates must use their knowledge within the context given to gain higher marks. Confusion around the definition or meaning of key terms is still a problem. A glossary of relevant terms, with examples, would be useful to candidates.

Comments on Individual Questions

- Q1(a) Many candidates simply said two people living together or two people not married, failing to link it to couples in a relationship not legally recognised.
- Q1(b) Most candidates failed to read the table correctly not noting the 'year of birth' of the women so answers were poor as they did not understand the data. Some candidates simply cannot identify trends.
- Q1(c) This was well answered by most candidates.
- Q1(d) This was answered well by the majority who have learned the process thoroughly. Only limitations seemed to be not identifying open questions and/or not linking to context. A few candidates did not read the question and referred to advantages and disadvantages.
- Q2(a) Generally well answered.
- Q2(b) An issue with this question involved candidates not relating their answers to either family structures or society.
- Q2(c) Not answered particularly well. Some misunderstanding amongst candidates who discussed stability within marriage, others found defining a stable relationship difficult so could not argue instability amongst unmarried parents.
- Q2(d) and (e) These were answered well. Only limitation was not referring answers to society, rather giving advantages/disadvantages to families.
- Q2(f) Well answered.
- Q2(g) Identifications good, some did not explain so did not get second mark eg war with no reference to increased deaths and/or decreased births.
- Q3(a) Generally done well with some good explanations.

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- Q3(b) Some repetition of answers given in 3(a). Most provided good reasons, some giving more for women than men.
- Q3(c) Many vague answers, benefits, childcare etc or referring to any family type not focussed on lone parents.
- Q4(a), (b) and (c) Candidates answered well.
- Q4(d) It was not apparent teaching or research had been done on this topic. Many vague answers or said it was so couples could adopt, very few linked it to inheritance.
- Q5 Generally done well. Limiting factors were not linking to context of question ie division of household tasks, or not sufficiently giving detailed discussion. Occasional candidates are not writing in essay style, but offering only bullet points, which restricted them to the low level.

OCR (Oxford Cambridge and RSA Examinations)
1 Hills Road
Cambridge
CB1 2EU

OCR Customer Contact Centre

Education and Learning

Telephone: 01223 553998

Facsimile: 01223 552627

Email: general.qualifications@ocr.org.uk

www.ocr.org.uk

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Head office
Telephone: 01223 552552
Facsimile: 01223 552553

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