

Health and Social Care

Advanced Subsidiary GCE H103/H303

Advanced GCE H503/H703

OCR Report to Centres

June 2013

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

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

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Overview

GCE H&SC

During this session there was yet again evidence of some excellent achievement with candidates demonstrating a thorough understanding of key concepts of the units and applying their knowledge and understanding to the situations given very thoughtfully. Centres have clearly taken on board the advice from previous reports, the website and support from INSET. Centres are becoming confident with the requirements for both the portfolios and the examined units. There was evidence of some generosity within the course work units. It is important that centres ensure that the work is of a level 3 standard and not judged by quantity. Mark band 3/top marks should only be awarded where the work is succinct and written with clarity and understanding.

Many centres used assessment evidence recording sheets (AERS) (which are available from the Resources section of the H&SC community, via the OCR website) and submitted these alongside the URS. Please can centres note that the URS is there to identify the evidence within the coursework and to justify the marks awarded and is not for feedback for the students.

The vast majority of centres presented portfolios in a logical order, with page numbering included, and clearly identified each assessment objective. It would be good practice for candidates to use header and footers which have their name, candidate and centre number on them in case any work is separated from the original – including page numbers in the header/footer section should also be encouraged. However, there was also some evidence of candidates who had not been given the guidance required in order to meet the assessment criteria. There were still too many portfolios that were bulky and candidates had added unnecessary copies of completed questionnaires, drafts of work, class work and internet research, etc. It is not necessary to send in learning aids as these are bulky, costly to post, and can get lost and most importantly do not attract marks.

Annotation of coursework continues to vary considerably from centre to centre. Accurate annotation is very helpful to both moderators and the centres themselves, as it enables Moderators to quickly and easily find where decisions have been made and immediately locate the relevant evidence, whilst allowing centres to justify the assessment decisions that have been reached for each assessment objective. Where marks are given without any breakdown or annotation, the moderator has to remark work in order to be able to moderate. Centres are reminded to use the Assessment Evidence Recording Sheets (AERS) provided by OCR when assessing portfolio work in order to accurately apply marks to the assessment criteria. There are 'Guidance from an Expert' sheets available for each unit which give a very useful summary of the evidence required to meet the assessment criteria, along with examples of how this could be achieved. 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 carries more depth and detail.

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

Candidates' performance in the tested units is extremely varied, with some notable feedback provided by Principal Examiners later on in this report. The legibility of some candidates' handwriting has created a number of difficulties for examiners and centres are advised to ensure that their candidates use appropriate writing utensils (avoiding gel pens, 'odd' coloured pens, etc). It is also sometimes difficult to follow candidates' answers where they have been continued on to the back pages of the answer booklet. If the candidate cannot fit their answer on to the lines provided for the question they should clearly state that the answer is being continued and then, on the continuation sheet(s), state which question their additional answer is relating to. The number of lines allocated for each question should be sufficient and candidates should be encouraged to use only the allocated space to write in a focused and concise manner.

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

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

F911 – F925

F911 Communication in Care Settings

In AO1a candidates needed to focus on the different types of communication and how and why these are used in different settings. Examples should have been given from a wide range of settings, across health, social care and early years. AO1b focused on how the types of communication are used in different care settings and value and support people. More candidates blended AO1a and AO1b. In AO1c candidates were expected to include the three values of care identified in the specification, as factors which may enhance or inhibit communication.

Candidates were expected to relate AO2, AO3 and AO4 to a care setting. Many candidates included an introduction to their setting at the beginning of AO2. In AO2b candidates were required to discuss the appropriate use of communication skills when applying the values of care e.g. when a nurse is applying confidentiality in a situation he/she will adapt her communication skills accordingly, this may mean his/her tone of voice, volume, posture, eye contact may alter in order to adhere to confidentiality policy. The values of care are addressed in a different way in AO2 than in AO1 a number of candidates just repeated themselves which was not accepted. In AO2 candidates were expected to discuss how practitioners from their setting would apply the values of care.

In AO3 candidates should have researched two theories of communication and then shown understanding of how these provide guidance about how to effectively communicate and how they can affect people who use services or practitioners. Where candidates are asked for a wide range of sources this should be interpreted as at least four different sources.

F912 Promoting Good Health

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

AO3 requires candidates to research and carry out a small scale health promotion campaign. Candidates were expected to use both primary and secondary research, in order to plan their campaign.

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

F914 - F917

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.

AO1 in all units is meant to be generic and when providing examples to clarify thinking, candidates were expected to include health, social care and early years.

AO2 often requires candidates to apply their knowledge to either an individual, setting or service and this needed to be more explicit within evidence.

When addressing AO3 marks are for research and analysis and candidates are expected to use many different sources and reference within the body of the work. Two or three text books, count as one source.

AO4 required candidates to reflect and evaluate. The quality of the evaluation was better where candidates used different perspectives.

F919 Care Practice and Provision

For AO1 best portfolios had evidence that was applied to the planning of services in the local area, not focused on explicit settings. Where candidates focused on explicit settings candidates' ability to meet the requirements of the assessment criteria was restricted. Candidates were expected to 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.

In AO2, the best responses included an introduction of one national policy or piece of legislation. Many candidates worked around a case study and showed 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 needed to choose two services, relevant to meeting the needs of their chosen person who uses services.

In the better work seen AO4 was completed before AO2 and AO3 which enabled candidates to relate their evidence to the same two services across these assessment criteria.

F922 Child Development

AO1 For each area of development, two clear patterns should be signposted (a total of 8). Candidates are required to discuss in depth a 'pattern', covering the age span 0 – 8 years. The patterns of development are better addressed through the use of continuous prose rather than relying on a tabular format. AO1B some candidates produced lengthy explanations of two methods used to monitor the development of children, however the emphasis here is on the importance of monitoring children rather than what the method is and these candidates were unable to access their higher marks.

AO2 When considering factors that influence development, candidates should provide a comprehensive explanation about a wide range of factors. Candidates are required in AO2c to produce a detailed comparison of a child's development against the norms for each area of development from birth to eight years.

AO3 Candidates should be encouraged to include evidence of a wide range of sources being used and reference throughout. Two roles of play need to be researched and related to the child studied.

AO4 Evidence seen could have been strengthened by including clear aims for the activity and timescales for AO4a. Candidates must include the impact of the activity on the child's development.

F923 Mental-health Issues

Where candidates demonstrated an understanding of the complexity of isolating causes for each illness they achieved high marks. In the weaker work seen they did not produce a description of three types of mental illness and their possible causes and had not considered the health needs of each mental illness.

In AO2 most candidates introduced a case study of an individual with a mental health illness at this point. In the better work seen candidates focused explicitly on the long and the short term effects of a mental illness and also covered the effects of the mental health illness on family and society.

In AO3 some candidates had used a wide range of sources of information and had produced a comprehensive and accurate bibliography that was correctly referenced. In the weaker work seen candidates had not researched several preventative/coping strategies and had not made a clear link to the case study. The analysis of the roles of the practitioners/individuals that could provide support was sometimes weak.

AO4. Candidates were expected to use a range of sources to provide an evaluation of the concepts of mental health.

F925 Research Methods in Health and Social Care

In AO1 Candidates were expected to include a comprehensive explanation of the purpose of research. Three different methods of research are expected to be explained in-depth, questionnaires, interviews and observations for example. This was completed well by many candidates.

The best work for AO2 included an explanation of the rationale for the chosen research area and identified an aim and objectives. In better work seen the reasons for selecting the topic were reinforced with reference to secondary data. In some work seen ethical issues were discussed and applied to the chosen research showing the importance of ethical considerations when

carrying out research. Sources of error and bias that relate to the chosen research were covered in AO2c.

In AO3 many candidates could justify their chosen research methods making clear links to the research topic. The best work included a balance of relevant primary and secondary sources of data used appropriately. There was some evidence presented comprehensively, appropriately and in a coherent format. Analysis was not always detailed and comparisons were not always made between the various sources.

In AO4 some candidates produced a comprehensive evaluation which referred back to the aim and objectives. The issues of validity, reliability and representativeness were covered explicitly in the evaluation by some candidates. Strengths and weaknesses were not always described in detail and did not always demonstrate coherence in the evidence. Some realistic recommendations for improvements were given and some were thoroughly justified.

F910 – Promoting Quality Care

General comments

The majority of candidates were well prepared, although there was a general pattern with lack of detailed knowledge on legislation. Some candidates did not appear to understand the command verbs, e.g. the difference between 'analyse' and 'evaluate'.

Many candidates did not appear to be prepared for the variations of questions, for example a previous paper may have asked candidates to evaluate legislation, but in this series candidates were asked to analyse and many lost marks by focussing on the strengths and weaknesses.

Centres are advised to encourage candidates to use the additional lined pages at the back of answer booklets should they require additional space, rather than giving out separate paper/answer booklets. If candidates use additional space, they must state this - e.g. continued on page 14 and ensure that the question is clearly numbered on the additional pages.

Spelling, punctuation and grammar was an issue for some candidates which prevented them reaching the higher levels in longer answers. Poor quality handwriting was an issue on a few of the scripts.

There was no real evidence of students running out of time and it was positive to see fewer 'No Response' answers this series.

Specific Comments

- 1a)** This was mainly done well. A few gave examples of primary socialisation and a few gave examples such as employment/teachers/TV, etc. which were too vague.
- 1b)** Most candidates could explain some ways, but this question challenged some who repeated the agencies and said little about "ways". Many did not attempt any example even when they clearly understood the way. Some gave vague answers that could not be credited. Copying used as an explanation frequently and was only awarded a mark once.
- 1c)** Generally well answered with many candidates gaining full marks.
- 1d)** Well answered.
- 2a)** The majority of candidates approached this question with confidence and many gained full marks. There were a few candidates that used 'rights and beliefs', or the word 'equality' on its own. Often the examples given for anti-discrimination were too vague – saying what not to do rather than what service provider could do. A few candidates wrote about Every Child Matters instead of early years care values. Some gave good examples but could not identify the value.
- b)** Most candidates demonstrated a sound understanding of the purposes of policies but a few candidates did not address the question and instead wrote about the Children Act. There was some confusion with 'policies and legislation'.
- 3a)** Very few candidates knew what victimisation was, most scored zero. Definitions of 'victim' and descriptions/definition of discrimination were the most common incorrect answers. Many candidates missed the link with making a complaint.
- b)** The majority of candidates responded well. The main mistakes were leaving off the word Act or referring to the DDA as Disability Act, others called it the Age Discrimination Act. Some candidates are still making up Acts, for example 'The Sex Act'. It was positive to see many candidates refer to the Equality Act and The Vetting and Barring scheme rather than POVA.

- c)** Many candidates gained some marks from generic responses about legislation, for example, redress, making it illegal. Few showed detailed knowledge. Candidates would have achieved higher marks if they had reduced the number of ways and given a more in depth response. Many evaluated the Act and talked mostly about the strengths and weaknesses rather than detailed features. Those who wrote about POVA or DBA struggled to find different features to write about. Some good answers in relation to the Mental Health Act. The Human Rights Act appeared to be difficult for candidates to write about in any detail.
- 4a)** Most candidates gave two sensible actions. A few got muddled as to who Molly was and wrote about her as the vulnerable person. The explanation of the actions was sometimes vague so consequently lost marks. A substantial number of candidates said 'tell another member of staff' rather than 'tell her supervisor'. Some candidates suggested inappropriate actions – calling the police, organising counselling sessions and using terminology that implied that the resident was to be treated aggressively.
- b)** Generally answered very well. The main issues were not referring to a 'serious' crime or just using the word 'risk' rather than 'risk of harm'.
- c)** Again, often done well, but some candidates named and explained care values or talked about what individual workers should do rather than the organisation. Some candidates confused mentoring and monitoring, some candidates felt CCTV could be used for the purpose of monitoring. Some candidates were unsure of the term 'appraisals'.
- 5a)** Few candidates could give a detailed analysis of the issues disabled people could face in society today. There was little reference to contemporary knowledge or current examples. Most focussed on issues to do with access and people discriminating against this group. Some tried to talk about the effects of the issues – how it would make the disabled person feel which was not the focus of the question. Candidates who gained higher marks concentrated on two or three issues and analysed them in detail. Most gave a brief analysis of several issues which lacked real depth.
- b)** Many did not evaluate the legislation and just gave strengths, possibly with a token weakness rather than a balanced evaluation. Some gave features of an Act rather than an evaluation. Very few gave a conclusion.
- 6)** Many candidates wrote a great deal here but focused on how to facilitate access (often concentrating on adaptations for disabled people). A significant number of candidates appeared to have misread the question and did not evaluate the ways of facilitation which meant they could not access higher marks. Funding and Joint Planning were not well explained. When students did evaluate, most could only mention cost and should be encouraged to think of wider issues to discuss.

F913 – Health & Safety in Care settings

The quality of responses this year was comparable with previous sessions. It was noticeable that significant numbers of candidates appeared to not understand the meaning of command verbs such as analyse and evaluate.

Factual recall in relation to safety signs was generally well known and most candidates were able to offer some understanding of features of the relevant legislation. A definition of 'standard precautions' was not known by many candidates.

The factual questions concerning RIDDOR and reporting produced mixed responses. Answers offered for notifiable diseases were frequently incorrect, and there was a lack of precision in many answers concerning injuries and accidents that must be reported.

Candidates showed little appreciation that the provision of first aid depends on a risk assessment undertaken by the management in the setting. Statements that all settings must have a qualified first aider or a first aid room were not credited.

The question about equipment and procedures to increase time available for evacuation in the event of fire produced a good range of answers. Better candidates were able to give detailed explanations, often referring to the fire triangle in their answers and outlining good housekeeping procedures in their answer. Weaker responses focussed on fire extinguishers and their use and mentioned no procedures other than carrying out fire drills.

The majority of candidates were able to provide some reasonable discussion about the value of holding regular fire evacuation practices.

The Risk Assessment question produced a spread of answers. Many weaker responses referred to children. This restricted access to the highest marks as they were not linking the Risk Assessment to the appropriate client group. Few candidates had much understanding of what a raised flower bed was, leading them to make suggestions about tripping hazards.

Most candidates discussed the benefits of carrying out risk assessments generically. Responses that did not include the value of the recording process were not credited.

Most candidates were able to describe suitable security measures, but few could explain them. Many explanations offered were imprecise, sometimes to the point of inaccuracy. Unqualified statements such as those saying that having staff DBS (CRB) checked prevents abuse of residents, or that CCTV prevents intruders, are not correct and gained credit only for the identification of the measure.

Analysis of benefits of using Health and Safety Policies was weakly answered by the majority of candidates. Many discussed only the benefits to people who use services, and did not mention practitioners at all.

Most candidates identified procedures for dealing with clinical waste and instruments. Many related this to the prevention of cross infection amongst people who use services, thus missing the thrust of the question.

The final question about personal hygiene was misunderstood by some candidates. Many discussed the use of PPE. This was of limited value as an answer unless related to using disposable gloves in situations such as changing nappies or preparing food.

F918 – Caring for Older People

Most candidates attempted to answer all questions. There were still some candidates who did not attempt all questions and there was little evidence that candidates had run out of time. Candidates were able to access the full range of marks available. Those who were able to demonstrate that they understood the concepts scored well on all the questions. Candidates showed much better skills in looking at advantages and disadvantages in relation to 'evaluate/assess' questions.

Typical responses gaining higher marks included some good examples and showed understanding of the application of theory to the lives of older people.

- 1(a) Generally answered very well.
- (b) Mostly answered well although some candidates lacked understanding of lifestyle changes and repeated 'more time available' instead of looking at lifestyle changes in leisure, community, work, social and health.
- (c) (i) Mostly answered well but for emotional effects the answers need to say more than 'upset' as this is too vague.
- (c) (ii) Ways were well understood and most candidates linked the way to an understanding of how this could improve social development.
- 2(a) (i) Accurate answers but there were significant numbers of candidates who were unable to spell some key conditions such as osteoporosis, rheumatoid arthritis, osteoarthritis and rheumatism. Some responses lacked clarity as the type of arthritis was not given.
- (a) (ii) This was answered well and there was good understanding of social effects.
- (b) Generally good understanding of coping strategies with some well-developed answers e.g. to explore more in depth of how the strategy helps to relieve the effects was good to see in many answers.
- (c) The majority of candidates could identify and explain the role of practitioners.
- 3(a) Well answered but again spelling of the physical effects of digestive disorders e.g. diarrhoea, stomach, abdominal were often incorrect. Also some answers too vague e.g. saying just 'pain' and not severe pain. A number of candidates only gave one word responses when the question asked for a description so were unable to access the full range of marks.
- (b) Well answered by many candidates who linked effects on daily living activities.
- (c) There was good understanding of choices and independence but many responses were not analytical.
- 4(a) Answered well with good understanding of emotional effects of a sensory disorder.
- (b) Candidates gave the reasons why Chantal had an increased likelihood of danger when shopping but often did not clearly state what the danger might be.

- (c)** Candidates demonstrated some understanding of the Carers Recognition and Services Act but many did not achieve the higher levels as although they gave good responses about respite care, but the responses often showed confusion over who would be assessed. Payment was often erroneously discussed along with training Angelique to care for Chantal.

- 5(a)** Many candidates demonstrated that they knew who the practitioners and care workers were and what support they give but the question asked for 'services' so candidates could not access Level 3.

- (b)** Many candidates struggled to understand the care value of promoting equality and diversity, giving vague examples instead of tangible examples of stereotyping and discrimination in day to day tasks.

- 6(a)** Many candidates responded well to this question showing good understanding of the impact of dementia and Parkinson's on an older person's ability to communicate.

- (b)** Few candidates knew the principles of the Health Act, with many generic answers which could have applied to any health and social care legislation.

F920 – Understanding Human Behaviour

General comments:

Candidates appeared to be well prepared for this paper, with the majority of candidates attempting all questions and demonstrating sound understanding. There was little indication that candidates were short of time in completing the paper, however, in cases where the last question had been rushed (as indicated by deterioration in handwriting, abbreviated sentences, etc.) earlier answers had tended to be overly lengthy. A number of candidates had taken valuable time and space and repeated the question when they began their answer or explained that in their answer 'they will be writing about ...' rather than getting straight to the point of the answer. A number of candidates still appeared not to have read questions carefully before starting their answer as they had not taken note of the setting and age group specified. It should also be reiterated that candidates are only required to learn **one** theory for each of the psychological perspectives listed in the specification. Some candidates spent time giving a comparison of different theories rather than addressing the focus of the question being answered.

Comments on questions:

- 1(a) Most candidates answered with Eysenck. Accurate spelling of this name continues to cause difficulty. There appeared to be a slight increase in the number of candidates identifying Cattell.
- (b) Most candidates were able to give the general features of the theory chosen, although often these were not always clearly set out as two separate features.
- (c) Cystic fibrosis was the most frequently used genetic condition in this answer, with a wide range of understanding demonstrated. There was a great deal of confusion relating to the ability to exercise, with few candidates being aware that physical activity is positively encouraged and of real benefit to people with CF. Many candidates inappropriately linked 'difficulties with breathing' with 'not able to exercise/do any physical activity' and consequently 'becoming overweight/obese', whereas the effects of CF on the digestive system makes it very difficult to digest fats and consequently to achieve and keep up a normal weight. Where Down's Syndrome was used the effects on physical activity and exercise were similarly overly negative. Candidates should ensure that information about the effects of the conditions used is in line with recent evidence. 'Shortened life expectancy' has in many cases been overcome by more modern treatments (or in the case of Down's Syndrome of treatment actually being provided e.g. for heart conditions). A number of candidates restricted 'physical development' physical activity and exercise, and did not include issues of appearance, growth, fertility, etc.
- (d) Many candidates explained the possible causes of anxiety in childhood. Where this was related to the effects – such as bullying at school resulting in truancy or not attending school, such introductions were appropriate, although the causes of the bullying were not required. Many candidates were able to use 'everyday' terms such as 'the brain shuts down' to clearly illustrate the effects of anxiety when trying to learn or when sitting an exam. Most answers appropriately referred to not being able to concentrate in lessons, not wanting to answer questions in class or not being able to ask for help, which all result in not understanding what is required or how to complete tasks. Taking time off school was appropriately linked to missing essential information and not learning basic skills. Some candidates included social and emotional effects which were not required and a few referred to difficulties in job interviews, not being able to get a job etc. rather than keeping their answer focussed on children.

2(a) The majority of candidates used Skinner, with a marked increase in those using Pavlov.

(b) (i) A limited description of a theorist's experimental work did not provide sufficient information to answer this question – some reference to the outcomes of the experiments was required. This was most notably a difficulty for candidates using Pavlov, in that although most referred to feeding dogs, many were unable to clearly summarise the conclusions Pavlov was able to draw from his observations.

(b) (i) Many candidates found it difficult to use theory in this situation and few were able to address all aspects of the question. Many focused on an educational setting and based their answers on teaching methods such as the use of flash cards and the development of reading skills, rather than identifying the role of 'carers'. Where candidates did appropriately refer to carers responding to the early stages of language development (pre-linguistic/babbling) many found it difficult to restrict the idea of 'reward' to giving attention/showing pleasure/smiling, etc. The use of sweets as rewards for early communication was frequently suggested and would be particularly inappropriate. Many candidates had learned about 'token economy' and usually suggested giving a star or sticker when a new word is learned culminating in not having to tidy away toys/having more play time/buying a new toy etc. for saying a complete sentence. The use of punishment within the context of language development during the first five years was not appropriate. Candidates did not appear to have considered the practical and ethical issues which were implicit in their suggestions. In many cases the actual role of punishment within the theory was also misunderstood. Candidates also experienced difficulty with the concept of 'negative reinforcement'. The act of 'expressing disapproval' and/or 'ignoring' if a child uses a swear word is usually sufficient for the child to realise that the word should not be repeated. The few good answers appropriately referred to parents/carers interacting with their child, smiling, repeating words, showing pleasure/excitement, giving them a hug, encouraging them to ask and answer questions etc. and demonstrated awareness of the stages of language development during the first five years. Some candidates appropriately referred to the case study of Genie, specifically pointing out that punishment is likely to inhibit language development.

Candidates using Pavlov's theory appropriately referred to children developing 'associations' between words and objects/people/consequences as well as developing automatic responses such as in the use of please and thank you.

3(a) No specific knowledge of nutrition was required in answering this question – rather an understanding of the difficulties experienced in later adulthood. Similarly, whilst it is commendable to avoid stereotyping any group of people it is relevant in answering questions on this paper to consider the *particular* issues relating to the age group specified. Thus it is *unlikely* that people in later adulthood are 'too busy working/looking after children/in a stressful job'. It was more appropriate to consider the ways limited mobility/dexterity, reduced appetite, lack of motivation following bereavement, issues related to cognitive impairment and poverty affect nutritional status. Most candidates based their answers on lack of money to be able to afford 'fresh foods' which are 'healthier'. However, it should also be considered that difficulties in going shopping, carrying items home, manipulative difficulties in opening tins and packets, lifting pans etc. will all restrict cooking activities. The general condemnation of 'microwave and ready meals' was misplaced considering the important role played by the meals on wheels service and commercial companies in delivering nutritionally balanced ready meals to people who cannot (or who choose not to) shop or cook for themselves. It is more likely that poor levels of nutrition will be the result of restricted and limited food intake, such as subsisting on tea and biscuits. A few candidates appropriately referred to **poor** care in hospitals or residential homes where individuals are not given the required assistance in eating and drinking. There were some good references to lack of motivation and people

not 'bothering' to make themselves meals, especially following the death of a partner, as well as links made to memory loss in terms of people 'forgetting' to eat.

- (b) Answers to this question tended not to address the particular difficulties which people in later adulthood might face. Being unable to pay the water bills and the costs associated with the provision of hot water (having a working boiler as well as utility costs) were the most straightforward, although the consequent effects of the lack of hot water were less clearly related to the concept of 'personal hygiene'. A number of candidates referred to difficulties of access - upstairs toilets, no suitable shower, not enough room for walking aids etc. and related these to inability to afford adaptations. There were some good references to the effects of people in later adulthood being unable to wash their feet and the consequent effects on mobility because of painful fungal infections. Poor dental hygiene and links to difficulties in eating were also mentioned by a few. Many candidates focussed on the house being dirty/dusty and linked this to health issues such as asthma.
 - (c) Although candidates generally used appropriate settings from the specification, *services* such as physiotherapy, meals on wheels, GPs, etc. were frequently given.
- 4(a) The majority of candidates could answer this well, although there was evidence of some lack of awareness that *everyone* has a cultural background. Where examples were given they were usually related to religious observance, dress and restrictions on smoking, drinking and 'going out'. The particular requirements for women to adhere to strict dress codes and perceived limitations in their lifestyle were commonly seen to result in a lowered self-concept. There were fewer examples given of ways in which self-concept can be enhanced, although there were references to adolescents with a strong cultural identity being seen to be more confident in 'who they are'. References to cultural groups who traditionally hold educational achievement in high esteem were also used to illustrate how this could both increase and decrease an adolescent's self-concept depending on their levels of academic success.
- (b) Most candidates gained some marks by outlining Bandura's theory. However, relatively few developed their answer by referring to the finding that those with low/poor self-concept were more likely to feel the need to copy the behaviour of others in order to 'fit in/be accepted'. Candidates who used Tajfel and Latane tended to state theory rather than suggesting links between an adolescent's self-concept and their consequent behaviour. Where candidates did refer to an adolescent 'choosing' to imitate a role model, the basis of the choice was usually related to the sort of behaviour being observed rather than the observer's level of self-concept. Where candidates did understand the focus of the question there were good references to adolescents being 'true to themselves', 'having strong values' etc. and so not feeling the need to copy the 'smoking/drinking/swearing' of others. Many candidates appeared to have misread the question and gave answers relating to ways behaviour (and copying others) could affect self-concept.
- 5(a) Although the majority of candidates used Piaget there appeared to be an increased number of answers based on Vygotsky. It is important in questions such as this that candidates are able to summarise the main points of the theory used clearly and concisely. This is particularly relevant to those outlining Piaget theory where it is possible to write at length describing the various aspects of his experimental work. Such detail was not required here. Candidates using Vygotsky needed to express themselves accurately, especially when referring to the zone of proximal development, which many candidates found difficult to adequately explain.
- (b) Few candidates achieved marks in the highest level. Many simply repeated the theory outlined in 5(a) in more detail, particularly in giving suggestions for how practitioners could implement Piaget's experimental work in the classroom. In providing an evaluation candidates are required to provide two sides: how the theory is useful or is not useful.

Since the setting specified was a preschool, this would lend itself to 'free play' and 'discovery learning' which would indicate that an approach following Piaget's theory would be useful. However, the need for careful monitoring of individual children's development makes this approach time consuming. There were some good references to the keeping of activity and progress diaries to give to parents at the end of each day/week to keep them informed of their child's progress, which would also help to record specific development in the 'acquisition of concepts'. However, Piaget's work focusses on independent learning and in a group setting this may not always be easy to implement. Vygotsky's emphasis on working with others could easily be implemented in a group setting and thus be useful, although in a preschool setting there may be less variation in the children's levels of development and so the opportunities for children to act as a 'more knowledgeable other' or to work in mixed age groups may be less obvious. Candidates seem to find it difficult to explain that a particular theory may 'not be useful *in this particular situation*' and attempt to suggest that the theory in itself has 'low validity', which is not necessarily appropriate. Many candidates suggested that other psychological perspectives would be more useful, with some giving detailed answers to questions which they evidently would have preferred to have been asked based on other theories.

F921 – Anatomy & Physiology in Practice

General Comments:

During this series most candidates generally responded well to the questions. Questions were based on five of the six systems that were required to be studied in the unit outline and the associated underpinning knowledge.

Only a few candidates did not appear to have read the question stem with accuracy, with most candidates completing all of the questions. The accuracy of the candidates' knowledge was a noticeable problem in their responses. In a small number of cases the legibility of some papers, added to poor spelling and grammar, and this limited candidates ability to gain marks. In some cases, scientific spellings and comprehension of those terms used in the paper appeared to cause issues for candidates. It is noted that many candidates are still unable to spell the word urethra and understand its anatomical position in the renal system. The diagram questions in this series were in general well answered.

Candidates generally wrote in a coherent manner giving facts connected to the question, but often using vague comments such as 'could affect', 'help in their treatment', etc. and on occasion repeated the question stem at the beginning of their answer and provided information that was not relevant to the question.

The general standard of answers was reasonably focused and accurate, especially in questions where they had to describe or explain. In this series it was noted that there was an increased number of candidates who appeared not to have managed their time accurately as they had only partially attempted question five.

Responses were found to be less accurate in questions 3(b) and 3(c) where many candidates were unable to describe two functions accurately and had limited knowledge of how the renal system controls osmoregulation. The remaining questions were answered by most candidates with a varying degree of accuracy.

Comments on Individual Questions:

- 1(a)** This diagram question was generally answered well and spellings were accurate.
- (b)** Again reasonably well answered with many candidates understanding the functions of digestion in the components named. There were however a noticeable number of candidates who referred to the rectum excreting rather than eliminating faeces. A number of candidates struggled with basic digestive function.
- (c)** Most candidates were able to attempt this question. Success was largely related to the dysfunction chosen, with the most detailed answers coming from discussions of IBS and gastric ulcers.
- 2(a)** This was answered with varying degrees of success. There were frequent muddled accounts, including many inaccurate answers which did not differentiate between sensory and motor neurones.
- (b)** Most candidates could describe the diagnosis and treatments but the level of detail was variable which affected marks that they received.
- (c)** Even though this question gave scope for less physiological answers, a high number of candidates were only able to express their answers based on PIES effects. A limited

number made some physiological comment Those who scored high marks gave detailed responses.

- 3(a)** Generally answered well however a noticeable number of candidates could not spell ureter and urethra and often swapped their positions on the diagram.
 - (b)** Generally poorly answered by many candidates.
 - (c)** Responses to this question were generally poor with limited understanding of osmoregulation and its basic effects on homeostasis. Many candidates gave no response at all to this question.
- 4(a)** Many candidates were able to provide a reasonable response to this question. There were also a noticeable number of very accurate and detailed responses which included a sound level of discussion.
- (b)** Many candidates could describe and explain the treatments for infertility, often in great detail. However, the level of evaluation applied varied and was often simplistic.
- 5** Considering the wide scope of possible answers, this question was not generally answered well. Many candidates scored no higher than the middle of Level 3. Effects given were often only described or explained and on occasion were often confused or simplistic to the point of error. A noticeable number of candidates appeared not to manage their time well and were unable to complete the question in full.

F924 – Social Trends

The paper was generally attempted very well with fewer 'No Response' answers than in previous years and no evidence to suggest any candidates had insufficient time to complete the paper. However many candidates did not provide succinct responses and used additional answer space. In many instances these additional responses were not referenced within the original question space, e.g. continued on page 16 or clearly identified by question number as instructed.

Many candidates had used the pre-release material effectively.

The paper allowed for sufficient differentiation with the levelled answers and this was clearly the case in particular among the high scoring candidates.

Questions requiring the identification and explanation of trends and patterns were not answered well, this in part appeared to be due to a lack of understanding of the data or in the case of question 2(c) what the figures related to, giving answers about types of families and not mentioning students in full time education at 17. Some candidates did not appear to have read the title of the table. Answers that did not relate answers to the context of the question and gave only generic answers only achieved low level marks. Those at the top range of marks had utilised the case study materials well showing evidence of reading around the subject; they provided contextualised answers and made explicit links. Their responses showed clear specification knowledge, particularly regarding research methodologies.

Comments on individual questions:

- 1(a)** Generally well answered only few simply saying 'man at home'.
- (b)** Generally well answered - those who did not get full marks tended to repeat themselves.
- (c)** **(i)** Generally poorly answered - many identified the sampling method but did not get further marks.
- (c)** **(ii)** Many candidates gave multiple additional responses using a 'scattergun' approach and did not link to reliability of results using this particular method.
- (d)** Good answers were detailed, well written and balanced; however, weaker responses confused practical and ethical or did not link to context of household task distribution so could not access top band marks.
- 2(a)/(b)** Generally answered well, candidates showed clear understanding of the issues surrounding stepfamilies.
- (c)** Many candidates simply said 'more females in married families'
- (d)** Some varied descriptions that were often quite complicated to unravel.
- 3**
- (a)/(b)** Generally answered well.
- (c)** Some candidates gave facts only and many gave answers relating to text 3 not figure 3 as required.

(d) Often well answered but weaker responses typically did not discuss a variety of ways and concentrated on language alone or did not refer to ethnically diverse population; they instead referred to a growing population.

4(a) Generally well answered by the majority of candidates.

(b) Many candidates said families could not afford doctors or prescriptions with responses that appeared confused about paying for NHS treatment. Some stereotyping of families living in poverty - children lack discipline/are not read bedtime stories/parents drink/smoke/bet, etc.

(c) Candidates showed better understanding of validity than they had of reliability; it is important to relate to context and not just validity of unstructured interviews per se.

5(a) Candidates tended not to identify trends well. Acceptable answers include the terms: increase, decrease, fluctuate, drop, less than, more than, levelled out, etc. and give the two dates or percentage change.

(b) This tended to not be well attempted; many knew little about the voluntary/third sector services, gave little detail, did not manage to name any services and did not structure answers to gain high marks.

Many candidates discussed health services and other statutory services with some discussing the help needed for single mums i.e. children living with just mum when the question asked for services to support single people.

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