

GCE

Health and Social Care

Advanced Subsidiary GCE **H103/H303**

Advanced GCE **H503/H703**

OCR Report to Centres June 2014

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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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CONTENTS

Advanced Subsidiary GCE Health and Social Care (H103)

Advanced Subsidiary GCE Health and Social Care (Double Award) (H303)

Advanced GCE Health and Social Care (H503)

Advanced GCE Health and Social Care (Double Award) (H703)

OCR REPORT TO CENTRES

Content	Page
Units F911 - F925	1
F910 Promoting Quality Care	5
F913 Health & Safety in Care settings	7
F918 Caring for Older People	9
F920 Understanding Human Behaviour	11
F921 Anatomy & Physiology in Practice	13
F924 Social Trends	16

Units F911 - F925

General Comments:

All centres, including accredited centres were moderated this session. Furthermore the sampling rules were updated which meant more candidates per unit were asked for. These two factors combined meant there was an increase in numbers moderated this session and patterns and trends were easier to spot.

While the majority of centres presented portfolio work in a well organised manner significant numbers of centres did not complete the mandatory unit recoding sheet (URS). Candidate numbers and centre number were often missing. Annotation ranged from a single circled mark to comprehensive notes. Many centres did not use assessment evidence recording sheets (AERS), those that did submitted these alongside the URS. AERS aid both accurate assessment and the moderation process, these are not compulsory but very helpful and are found on the community section of OCR's website.

The vast majority of centres produced evidence in line with the specification. There was variability in the quality of work submitted for different units.

Comments on Individual Units

F911 Communication in care settings

AO1a should focus on the different types of communication and how and why these are used in different settings. AO1 is meant to be generic and examples should be given from a wide range of settings, across health, social care and early years. AO1b focuses on how the types of communication used in different care settings, value and support people. AO1b does not refer to the values of care but instead examples should be given of how communication types value and support people eg. a school report often is written or computerised. This supports the parents/carers as it is tangible, reassuring, and hopefully accurate. More candidates blended AO1a and AO1b. In AO1c candidates are expected to include the three values of care identified in the specification, as factors which may enhance or inhibit communication.

AO2, AO3 and AO4 should have related 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 which was not always completed well. The values of care should have been addressed in a different way in AO2 than in AO1 and there should have been no repetition. In AO2 candidates should have discussed how practitioners from their setting would apply the values of care.

In AO3 candidates were expected to research two theories of communication and then show understanding of how these provided guidance about how to effectively communicate and how they can affect people who use services or practitioners. Not all candidates gave a wide range of sources (at least four).

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 candidates discussed the difficulties in defining health and went on to consider positive, negative and holistic definitions. Facets of health were sometimes included. AO1d requires candidates to describe two ways in which quality of health can be affected by ill- health. Some candidates incorrectly conducted primary research for this, others unnecessarily described different illnesses/ disorders. The best work considered issues such as reduced income, reduced mobility, restricted access to social events, coping with pain and how these affected the individual. Some candidates used appropriately

used a PIES perspective. AO2b requires candidates to show an understanding of the implications of a current health promotion initiative. Some candidates produced extensive descriptions of the initiative itself rather than emphasising the implications of the initiative, whether these be real or potential.

AO3 requires candidates to research and carry out a small scale health promotion initiative. Candidates were expected to use both primary and secondary research, in order to plan their campaign. A number of candidates did not appear to have used the guidance on what the plan must cover in the specification.

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

F914 - 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 should include health, social care and early years.

AO2 often requires candidates to apply their knowledge to an individual, setting or service. Candidates should be encouraged to sign post this to the moderator.

AO3 marks are for research and analysis and a number of candidates had only used a limited range of sources and references within the body of the work. Many candidates counted two or three text books, as separate sources rather than as one source.

AO4 requires candidates to reflect and evaluate. To enhance the quality of the evaluation, candidates would have improved their marks if they had used different perspectives.

Very few centres opted to enter via the OCR Repository.

F919 Care Practice and Provision

For AO1 a number of candidates incorrectly focused on explicit settings rather than generic and applied to the planning of services in the local area. This focus disadvantaged candidates as they were unable to meet the requirements of the assessment criteria. Candidates were expected to select two demographic factors carefully to ensure that there was sufficient evidence to show how they have actually influenced the planning and provision of services.

Those candidates that included a description of the process of the planning of services in the local area generally achieved good marks. In a number of instances candidates only produced a diagram which did not provide 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 were expected to consider explicit examples relevant to the planning and provision of services in the area considered. Influences should have been considered in terms of both positive and negative impact.

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

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

In AO4 candidates were expected to 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 use services.

The best work was seen where AO4 had been completed before AO2 and AO3 as this 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 have been signposted (a total of 8). In the best work candidates discussed in depth a 'pattern', covering the age span 0 – 8 years. The patterns of development were better addressed through the use of continuous prose rather than relying on a tabular format. In AO1B a number of 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 the method.

AO2 When considering factors that influence development, candidates were expected to provide a comprehensive explanation about a wide range of factors (at least four). The best work for AO2c was a detailed comparison of a child's development against the norms for each area of development from birth to eight years.

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

AO4 Evidence 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

This unit was covered well and evidence clearly addressed the assessment criteria.

AO1 Candidates should produce a description of three types of mental illness and their possible causes. Furthermore the resultant health needs for each mental illness must be considered. Candidates are required to demonstrate an understanding of the complexity of isolating causes for each illness.

AO2 Most candidates introduce a case study of an individual with a mental health illness at this point. Candidates need to focus explicitly on the long and the short term effects of a mental illness. Candidates need to cover the effects of the mental health illness on family and society.

AO3 A wide range of sources of information should be used and a bibliography included. A range of sources would be three sources of information and a wide range, four sources of information. Candidates should research several preventative/ coping strategies and make a clear link to the case study. Candidates are required to analysis the roles of the practitioners/ individuals that could provide support.

AO4. Candidates should be encouraged to use a range of sources to provide an evaluation of the concepts of mental health.

F925 Research methods in health and social care

AO1 Candidates were expected to include a comprehensive explanation of the purpose of research. To gain high marks, three different methods of research needed to be explained in-depth.

AO2 Candidates are required to explain the rationale for the chosen research area. Aim and objectives should be identified. In the best work candidates included reasons for selecting the topic reinforced by with reference to secondary data. Ethical issues were discussed and applied to the chosen research showing the importance of ethical considerations when carrying out research. Candidates were expected to cover sources of error and bias that relate to the chosen research in AO2c.

AO3 Candidates needed to justify their chosen research methods in A03 making clear links to the research topic. The best answers included a balance of relevant primary and secondary sources of data used appropriately. Evidence needed to be presented comprehensively, appropriately and in a coherent format. Analysis as expected to be detailed and comparisons made between the various sources.

AO4 Some candidates produced a comprehensive evaluation which referred back to the aim and objectives. Some candidates explicitly covered the issues of validity, reliability and representativeness in the evaluation which achieved high band marks. Some candidates gave detailed descriptions of strengths and weaknesses and demonstrated coherence in the evidence. Realistic recommendations for improvements were given and were thoroughly justified.

F910 Promoting Quality Care

General Comments:

Overall candidates performed well on this paper with the vast majority attempting all questions. Candidates were in the main able to interpret all questions and show awareness of the key command words used. In particular candidates showed a good understanding of how staff can be supported in care settings (question 1c) and how agencies of socialisation can influence attitudes (question 5b)

Some common problems though were; candidates often evaluated instead of outlining in question 4b; candidates wrote about advertising procedures for question 4c - the question clearly stated interviewing procedures; some candidates were not able to gain the higher band in some questions where quality of written communication was assessed. Often candidates used additional paper when this was not necessary, e.g. they had already achieved full marks for that question and/or just repeated points they had already made.

Comments on Individual Questions:

Question No.

Q 1(a) Very well answered the question and mark scheme allowed for any suitable likely effects of abuse on a person, where candidates lost marks this was normally due to them giving examples of abuse instead.

Q 1(b) Nearly all candidates were able to identify the values of care and give appropriate examples of their use. A few gave very vague examples or just redefining the words, e.g. 'rights and beliefs give people rights and respect rights....'

Q 1(c) Candidates performed well on this question and noticeably better than in previous years. Common valid answers included training and meetings and on the whole these were well explained.

2 (a) Not many candidates achieved the full two marks for this question, often because they just re wrote the scenario they were given or occasionally stated that the staff should not overrule the parents' wishes. Better answers tended to focus on the idea that the child was too young to give consent/ make a conscious decision on their own religion.

2 (b) Quite a few candidates appeared to misunderstand the focus of this question linking to scenarios around a dead person or a person with mental health needs.

2 (c) This question was poorly answered with a significant number of no responses or candidates just repeating the word advocacy.

2 (d) On the whole most candidates could identify benefits of a confidentiality policy although some candidates gave disadvantages so lost time. Others focussed on describing when confidentiality can be broken, rather than benefits. Some wrote about PIMET(the components of a policy) it may be candidates need to learn not to use PIMET whenever they see the word 'policy.

3 (a) Nearly all candidates gained the one mark here, only main error was saying the Disability Act rather than Disability Discrimination Act.

3 (b) Barriers were usually identified so two marks at least were given. If the barrier was physical then candidates usually got a mark for the example. The examples for other barriers often did not relate to disability. Also a few candidates were not able to achieve marks for major misspelling/ unclear spelling of psychological.

3 (c) Well answered with most candidates being able to explain why legislation designed to protect people with disabilities may not be effective. Lost marks tended to be due to little explanation or just list style answers.

3 (d) QWC was a barrier here to some students obtaining the top level 3 band. Many covered a large number of effects often with little analysis. A significant number of candidates suggested that many people with disabilities are to be self-harming and committing suicide with relatively little argument for this being the case.

4 (a) Very few candidates scored 2 marks- most got indirect wrong e.g. still talking about it being 'behind their backs, not too their face'. Some did not relate it to sex discrimination and did race, or disability. Candidates need to understand (and have dispelled) the myths associated with the word indirect in the context of discrimination.

4 (b) Relatively few candidates seemed to have detailed knowledge of features of legislation. Some gave advantages and disadvantages, and so evaluated when not asked to in the question.

4 (c) A significant number included advertising as well as interviewing. Some candidates were giving points with no explanation e.g. same questions, mixed panel. The main barrier to higher marks was the answer not being linked to men and/or women.

5 (a) Very well answered

5 (b) A small number of candidates incorrectly gave family as an agency of secondary socialisation. Some answers were too vague, not giving specific detail as to how the agency influences attitudes and just repeated the word 'influences'.

6 (a) A number of candidates misread the question and started with policy statement. Most got 4 marks for the identification but the purpose was often vague. Targets usually gained 2 marks.

6b Mixed responses- some gave the content of a piece of legislation or mentioned a number of pieces of legislation with an overview of each. Weaknesses were given more than strengths.

F913 Health & Safety in Care settings

General Comments:

The standard of the candidates this year was approximately the same as usual, although this is difficult to judge with such a small entry. The spread of abilities was consistent with previous sessions. There was evidence that many centres had used previous reports and mark schemes in preparing candidates for the examination, although there were occasions where this was inappropriately applied.

A large proportion of candidates seemed focussed on the idea that most of what is done for Health and Safety, is primarily in order to avoid being sued.

Comments on Individual Questions:

Question No.

1a (i). The majority of candidates were able to identify at least three of the warning signs given. Quite a few gave “electricity” as the inexact answer to B. Many weaker candidates elaborated on what the sign meant, rather than suggesting an appropriate precaution. Some precautions such as “take special care” were too vague to gain credit.

1a (ii). Generally correct although some candidates still mistakenly write about signs and symbols.

1b. Weaker candidates simply stated what should be written in an accident report, whereas the thrust of the question concerned the reasons for its importance.

2. Most candidates are now quite well trained in carrying out a risk assessment. Unfortunately there is still some confusion about the hazard that electrical sockets present to young children. For a good answer candidates needed to relate the hazard to the special characteristics of the pwus i.e. the lack of understanding of the children. The risk is that they may put fingers or objects into the sockets, leading to possible electrocution. This may be more dangerous if hands are wet. Many candidates were convinced that water splashes in sockets would lead to fires and explosions.

3a Few candidates were able to give a detailed answer. Some were convinced that the Health and Safety Executive was a man who worked on the premises and popped out of his office on occasions to undertake risk assessments etc.

3b (i) A large number of candidates were unable to give the correct answer.

3b (ii) Knowledge about the principles and key features of this legislation was slightly better known, although the central thrust of prioritising was missed by a number of candidates who described “all” accidents and injuries as needing to be reported.

3c (i) and (ii) were generally known, although a few candidates lost a mark by incorrectly attempting to give the full name of LOLER after crossing out the (correct) acronym.

3c (iii) Most candidates could easily identify three steps when moving a person, but very few could explain. Answers offered were frequently not specific enough to gain credit.

4a A basic account was completed by most candidates although few were able to gain marks in the higher band.

4b (i) Identified correctly by most candidates.

4b (ii) Few candidates produced any analytical statements, but simply described features of the legislation.

4c Most candidates were able to give reasonable explanations of the use of PPE. A few became entangled in trying to answer a previous year's question about PPE and spent time considering the disadvantages of its use.

5a Around 50% of candidates answered a question from a previous paper asking for consideration of the importance of holding regular fire drills. This, of course severely restricted the marks available to them.

5b Most candidates mentioned fire-fighting equipment without making any comparisons or value judgements that would have satisfied the command verb of "assess". In addition some individuals wrote about fire retardant furniture and doors, smoke alarms and fire alarms, none of which are fire-fighting equipment.

6a When discussing the impact of policy, it is expected that both positive and negative points will be considered. Very few of the candidates mentioned any negative points, thereby limiting the marks available to them.

6b The answers to this question were generally weak, often repeatedly mentioning how safe and protected everyone would feel

F918 Caring for Older People

General comments

Most candidates entered for the exam attempted most questions. Those who showed that they understood the concepts scored well on all the questions.

There were no candidates who achieved no marks at all. There were still some questions not attempted at all by candidates, notably the question on complementary therapies. Time management appeared good with evidence that candidates had time to finish all questions.

The question on physical effects of disorders of the nervous system was often poorly answered especially if senile dementia was given as the disorder many candidates gave intellectual effects instead of physical, where candidates gave Multiple Sclerosis or Parkinson's as their answer they were more able to give physical effects. There was also some evidence of a lack of understanding of the legislation examined. There was some confusion over what a health care service was.

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

There was poor understanding of complementary therapies

Overall on the evaluate and analyse questions some candidates understood the need to give a balanced strengths/ weaknesses answers with a conclusion but still there were many candidates who only gave strengths and no weaknesses this was especially noticeable on Q3b where the question asked for an analysis of Farrah's family roles.

Legislation continues to prove challenging for a number of candidates. There were some strong answers which were well written with good analysis and evaluation. There were still many candidates who just gave vague answers.

Comments on Individual Questions

1 (a) This was answered reasonably by most candidates.

1(b) Many candidates answered this very well and gave good explanations of the effects of bereavement with good examples.

1 (c) Some candidates answered with two emotional benefits and two social benefits, there were quite a few candidates who got social and emotional benefits mixed up and other candidates who struggled to think of emotional benefits of Basil attending a day centre.

1 (c) Ways were well understood and most candidates linked the way to an understanding of how this could improve social development.

2 (a) (i) Most candidates could identify a disorder of the nervous system. There were a few candidates who gave stroke as a disorder.

2 (a) (ii) This question was mostly answered poorly with many candidates not reading the question and giving intellectual effects of senile dementia. Candidates who chose Multiple Sclerosis or Parkinson's Disease found it easier to identify physical effects although very few candidates could identify five effects.

2 (b) This was answered reasonably well with the majority of candidates achieving level 2 response answers and showing a good understanding of equality and diversity. Clear discussion was needed to achieve Level 3 with realistic links to an older person with a disorder of the nervous system.

2 (c) Many candidates could explain reasons for social isolation of an older person with a disorder of the nervous system. Some candidates struggled to give three reasons.

3 (a) Well answered by most candidates- a few did not link the answer to an economic aspect- eg. 'cannot go on holiday' rather than 'cannot afford to go on holiday as too expensive on a low income'.

3 (b) Understanding of the ways Farrah's family roles are affected by retirement was good but often there was little analysis, with only strengths explained.

3 (c) Some candidates identified roles and explained how they would affect Farrah. Other candidates just explained the actual role in depth but with no links to the effects on Farrah.

4 (a) (i) Well answered with much improved spelling of osteoporosis; rheumatoid arthritis/osteoarthritis; rheumatism.

4 (a) ii Well answered. Candidates understood coping strategies and how they relieve the effects of a musculo-skeletal disorder.

4(b) Candidates generally had a better understanding of the Care Standards Act. Some candidates analysed the Act well and were up to date with current reports of poor care standards. There were many candidates who did not analyse the Act and only gave strengths. There are still some candidates who are getting mixed up with other legislation.

5(a) Candidates understood sensory impairments and linked their answers well to the effects on an older person's ability to communicate.

5 (b) Candidates generally had a reasonable understanding of the NHS and Community Care Act. Some candidates evaluated the Act well. There were many candidates who did not evaluate the effectiveness of the Act and only gave strengths. There are still some candidates who are getting mixed up with other legislation. There were only a few candidates who included a conclusion.

6 (a) Very few candidates could explain what complementary therapies were and therefore were unable to explain how they relieve the effects of illness and disorders in older people.

6(b) Most candidates answered this well but again there were candidates who did not know the difference between health care services and social care services and private and third sector services. So in their answers they just talked about all services.

Also many candidates talked about health care practitioners not health care services, this was accepted but candidates should know the difference.

There were some good answers where candidates had linked their answers to how health care services support an older person with a disorder of the circulatory system.

F920 Understanding Human Behaviour

General Comments:

Candidates were able to demonstrate good knowledge of the psychological perspectives given in the unit specification and the theorists associated with them. Where application of a perspective was required it was important that candidates were able to focus on the specific requirements of the life stage and setting given in the question. Candidates who were able to identify the key features of the different life stages were able to gain higher marks. The purposes of the different settings featured in questions (foster care, day care and an early years setting) were generally well understood and candidates were able to direct their answers to the specific requirements of each.

Candidates who were able to write clearly and concisely were able to make full use of the time available. Those who wrote unnecessarily lengthy answers continuing on to extra pages were likely to rush the final question. Where candidates do need to continue an answer at the back of the booklet they should be reminded to clearly identify the continuation as well as indicating in the main body of the answer that there is a continuation.

Comments on Individual Questions:

Q1(a) Answers included both Piaget and Vygotsky.

Q1(b) Candidates who were able to make realistic suggestions for activities which could be carried out by a childminder and relate them to the ages of children in their care were able to gain high marks. Candidates who took a rather narrow interpretation of 'intellectual development' tended to focus on formal education and testing, overlooking the intellectual needs of very young children.

Q2(a) Answers included both Eysenck and Cattell.

Q2(b) Answers included both Skinner and Pavlov.

Q2(c) Candidates were able to give detailed accounts of the biological perspective which related well to characteristics of personality. The focus of the behavioural perspective was less clearly related to the development of personality, with the emphasis being placed on behaviour. Candidates who referred to the role of both perspectives combining to affect the development of personality were able to gain high marks.

Q3(a) Most candidates were able to identify four factors from those listed in the unit specification.

Q3(b) Candidates who were able to identify the key issues which apply to 'later adulthood' were able to do well in this question. References to GP surgeries and hospitals not having wheelchair access were inappropriate. Candidates who based their answers on health services such as dentists, opticians and chiropody were more able to achieve high marks when referring to cost of paying for treatment/glasses. Reference to dentists not being able to carry out treatment in a person's home were more appropriate than implying that someone who was ill would not be able to be seen by a GP. Candidates who suggested that people in later adulthood might find it 'too much effort' to make appointments and travel to services, or confusion leading to forgetting appointments demonstrated a more realistic understanding of the life stage. Appropriate reference was made to the possibility of being the sole carer of a partner/spouse who had dementia which would make it difficult to leave them or to have them accompany them.

Q3(c) Candidates demonstrating a good understanding of the role of day care were able to relate this question to the potential vulnerability of clients to the spread of infections such as colds and flu or stomach upsets and food poisoning. Candidates who referred to the impact of staff illness on staffing levels and the possible closure of the centre demonstrated an understanding of day care provision. The possibility of complaints and inspection were also mentioned appropriately.

Q4(a) Candidates most frequently used exam pressure as a possible cause of anxiety as were difficulties with relationships, whether with friends or with family.

Q4(b) Candidates who made practical suggestions for the implementation of the humanist perspective were able to gain high marks. Answers which said that the adolescent should be asked what they wanted for breakfast, should be allowed to make themselves snacks when they wanted or should have their dietary preferences e.g. vegetarianism met, demonstrated greater understanding of the focus of the question, rather than simply stating that 'the physiological needs of food, water and shelter should be met'. Candidates gaining the highest marks gave frequent examples of actions or activities which would meet the needs of the adolescent within the framework of the humanist perspective, such as having meals together as a family, helping with homework and being included in family outings and celebrations.

Q5(a) Bandura was the theorist most frequently used. Tajfel and Latane were given by a few candidates. Candidates should be aware that detailed accounts of the experimental work carried out by theorists to support or illustrate their theories do not constitute a 'summary of the theory'.

Q5(b) Candidates were generally able to suggest ways in which the social learning perspective could be used to help young children to develop 'good manners' and to learn how to share and 'play nicely'. Candidates who were able to give examples of good practice in early years settings, such as demonstrating how to carry out tasks and activities, emphasising and praising good behaviour, careful grouping of children and being a good role model demonstrated understanding of the focus of the question. Candidates who gave examples of the 'buddy' system or sitting less well behaved children next to well behaved 'role models' showed good understanding of the practical application of the theory and were often able to then suggest that it is not necessarily the 'good' behaviour which is copied. Candidates who used Tajfel could usefully have referred to the value of grouping children into teams, 'houses' and classes to generate a group identity which could motivate everyone to do well. Candidates using Latane could have illustrated their answers by emphasising the need to include each child in an activity and pointing out the possible disadvantages of group work. Examples of helping children to learn new skills through demonstration were less often mentioned and the idea of 'copying' was occasionally seen to be inappropriate in an education setting. Candidates who identified that children would experience a range of behaviours at home or in wider society which may represent different values to those required in the classroom were more able to give a balanced evaluation of the usefulness of the perspective.

F921 Anatomy & Physiology in Practice

General Comments:

The June 2014 Anatomy and Physiology in Practice paper tested some topics from the specifications that had not been examined previously and many candidates were not prepared for this. Since the specifications were revised for teaching from 2009 it has been a requirement for candidates to study the basic anatomy and types of joint, the functions of a number of components of the neural system and a variety of lifestyle factors such as diet. Candidates did not seem to have the knowledge or skills to respond to the questions that related to these areas. Candidates did not seem to have the knowledge either to cope with the question on the function of gaseous exchange and attempted to answer this question as though it was on the mechanism of breathing. However candidates were able to use their knowledge and skills to answer questions relating to the cardiovascular system and infertility issues which were, on the whole, answered well. The majority of candidates were able to correctly identify structures on both of the diagrams supplied. Candidates appeared to have a good knowledge of a number of dysfunctions but let themselves down by poor comprehension of command verbs in the question stems, for example identifying rather than describing. Some questions appeared misread and the answers provided did not match the question requirement, for example, effects described rather than causes. A large number of candidates had made use of the additional pages provided but had not indicated that they had done so at the end of their initial answer. For the purpose of this paper errors in the spelling of scientific terminology were accepted unless unrecognisable.

Comments on Individual Questions:

Q 1(a)

The majority of candidates correctly identified the first two illustrations of joint types but only a minority correctly identified all four. A large number simply got the last two the wrong way round.

Q 1(b)

The majority of candidates were able to provide functions for the named parts of the brain. The strongest answers were for the medulla and cerebral hemispheres. Answers referring to the cerebellum were often under developed as were those for the corpus callosum. Many candidates referred to the left side of the brain 'controlling' the right side of the body and vice versa in their answers on the cerebral hemispheres but failed to link this to the corpus callosum which they merely saw as a bridge between the two hemispheres.

Q 1(c)

Multiple sclerosis, arthritis and osteoporosis were the most commonly described dysfunctions followed by strokes and Parkinson's. To obtain high marks candidates needed to make informed comments on possible causes and not merely identify them. If the exact causes are not yet understood credit was given for stating this. When candidates did not score marks it was because they described the effects of the condition and not the cause(s). Some candidates even went as far as suggesting means of diagnosis and treatment.

Q 2(a)

Most candidates correctly identified the labelled components of the heart though some referred to the aorta as the pulmonary artery.

Q 2(b)

There were a number of well-developed explanations of blood cell types. When candidates did not get marks it was because they did not explain the functions but merely identified them. Descriptions of structural features did not gain marks unless the structure was linked explicitly to the cells function. There was evidence of confusion over the nature and role of antibodies. Whilst a detailed knowledge of the clotting mechanism is not on the specification most candidates seemed unaware that there is one and that the platelets role is merely to initiate this response and that it is the resulting protein mesh and subsequently trapped red blood cells that in fact plugs any wound and prevents excessive bleeding. A minority of candidates considered blood plasma to be a cell type and therefore lost marks.

Q 2(c)

Good responses demonstrated well developed and accurate comparisons of an artery and vein. This question was answered well and candidates usually lost marks for some confusion, often regarding the nature of the walls of the vessels.

Q 3(a)

Candidates mostly identified the labelled components of the male reproductive system correctly. Leniency was shown in the spelling of the vas deferens and epididymis.

Q 3(b)

Candidates answered this well by providing developed descriptions of possible causes of male infertility. When candidates did not get marks it was because they had simply identified a possible cause and had not expanded their response with detail or a possible reason.

Q 3(c)

The majority of candidates answered this well. There were three possible ways of gaining marks in this question and the mark scheme was devised to reflect this. Candidates could gain marks by providing an in-depth account of the process of in vitro fertilisation describing the various stages and procedures giving reasons and/or accurate terminology, for example named hormones. Alternatively candidates could demonstrate analysis by possibly only outlining the actual process but then exploring the financial cost, success rate, emotional cost, 'risk' of multiple births and ethical considerations. A minority of candidates obtained maximum marks by demonstrating sound knowledge of both types of answer.

Q4 (a)

This question differentiated well. To gain high marks candidates needed to explain why gaseous exchange occurs – in effect why oxygen is needed by the body and why carbon dioxide needs to be eliminated. To gain maximum marks candidates needed to demonstrate some understanding of cellular respiration and its production of carbon dioxide as a waste product. A number of candidates referred to the acidity of dissolved carbon dioxide and the danger this poses to cellular mechanisms. A depth of knowledge beyond that taught at GCSE was not expected. Good marks could equally be obtained by candidates who instead concentrated on how gaseous exchange and the nature of the lungs' alveoli enabled oxygen to enter the blood and be transported around the body and carbon dioxide removed.

Q4 (b)

To gain marks for this question a candidate needed to analyse physiological effects of a named respiratory function. This required candidates to go beyond mere identification but to provide detailed responses. Unfortunately despite studying a unit with the word 'Physiology' in the title too many candidates do not understand this term to mean the workings of the body systems, that is, biological effects. They saw this question as a PIES question with responses concentrating on the intellectual, emotional and social effects of the identified condition. These answers did not gain marks. For those candidates referring to cystic fibrosis marks were awarded to physiological effects other than those directly relating to the respiratory system. In

this condition some candidates lost marks by referring to the quantity of mucus produced rather than its unusually sticky nature.

This question produced a wide range of answers. To get high marks for this question candidates needed to provide detailed and accurate examples of good and bad diets with appropriate nutrients named and the benefits or dangers, usually of an excess, described and explained. To get the maximum marks candidates not only had to refer to general health issues but also to people's general well-being. Some candidates achieved this demonstrating a good working knowledge of dietary issues naming specific vitamins, minerals, LDL, HDL and both soluble and insoluble NSPs for example.

The majority of candidates only referred to 'poor', 'bad', 'healthy' or 'good' diets but not saying what these terms meant. There was often reference to heart disease, obesity and diabetes and sweeping statements about their effect on self-esteem and other aspects of PIES without giving any biological detail as to how diet caused these conditions. Some candidates referred vaguely to minerals and vitamins without specifying any by name. A number of candidates consider alcohol as part of the diet. Other candidates referred to smoking and exercise as part of their answers and lost marks.

F924 Social Trends

General Comments:

There were an abnormally high number of scripts including extra sheets, many failing to use the additional pages already provided, despite instructions the use of additional paper did not correlate with improved marks as many candidates simply reworded their initial response. In many cases the additional answers did not have the question number identified which made it difficult (and sometimes impossible) to credit the answer to a particular question.

Those at the top range of marks had utilised the pre-release material effectively providing contextualised responses and explicit links. Questions requiring research methodology knowledge were answered well in this series but interpretation of the data was not.

There were a range of marks awarded indicating the paper catered for all levels. Differentiation was obvious in the levelled responses among these high scoring candidates.

There was very little evidence of lack of time except in the case of those candidates who overwrote in almost every answer. Centres need to encourage candidates to be concise and not rewrite the question and many did not appear to understand/utilise the command word in the stem of the question resulting in loss of marks.

Many candidates did not read and respond to the wording of the question and/or use the context given but simply supplied all the knowledge they had around a topic, or misinterpreted the question as at 1c, 1d, 4c and 5a.

Comments on Individual Questions:

Question No.

1a, 1b were generally done well, some candidate responses were too vague saying 'better/free healthcare' or 'more men work' which for an 'A' level answer is insufficient.

1c Candidates appear to be increasingly hidebound by stereotypical images that in this case anyone over 55 is disabled, blind, deaf, and arthritic, has no transport or lives in rural locations! Few were able to describe actual/perceived discrimination in the workplace and its effect.

1d this question was done well but occasionally misunderstood by lower mark candidates who described a job interview situation or only discussed generic ethical issues of interviewing.

2a was done very well

2b This required some idea of assessment for top level marks and answers in lower bands were vague in many cases with candidates providing a one sided, somewhat stereotypical view of the instability of relationships in today's society. Large pieces of the pre-release were copied without comment.

3a The majority of candidates provided well explained factors but poorer marks were given for list like responses concentrating on divorce which is not a factor but a potential outcome.

3b There were some very good responses to this question with excellent detail of a variety of services and how they would support the family. However candidates who simply said 'service provision would help' giving generic answers with no reference to types or whether they were

statutory, private or third sector lost marks. Some discussed one sector only e.g. Relate or social services. This was surprising given the pre-release material supplied and indicated poor advice/research in Centres.

4a and b were either done very well or very badly. Candidates who scored poor marks for 4b often gave trends for pre 1970 or for marriage so appeared not to have read the question or simply repeated the question and added 'increased' which is not a description.

4c on the whole a well answered question with many students confidently discussing the societal changes as contributory factors.

5a This question was done well by all candidates who concentrated on problems, not strengths and gave some analysis for top level marks.

5b This question was also well responded to; a few candidates gave list like answers of the research process or did not mention the context as given in the pre-release material. Some of those who remained in level two did not have any idea of correlations in the data or make links to the topic area for the research.

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

OCR Customer Contact Centre

Education and Learning

Telephone: 01223 553998

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Email: general.qualifications@ocr.org.uk

www.ocr.org.uk

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Facsimile: 01223 552553

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