

GCE

Health and Social Care

Advanced Subsidiary GCE **H103/H303**

Advanced GCE **H503/H703**

OCR Report to Centres June 2015

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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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Units F911 - F925

General Comments:

Approximately 25% of accredited centres were moderated this session.

Clerical errors have become a major concern, as the full sample is checked, regardless of whether it is required. Many centres made careless mistakes when adding up AO marks and transposing these to the MS1.

While the majority of centres presented portfolio work in a well organised manner it was alarming to find how many 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. More centres demonstrated clearly that work had been internally verified.

Work was generally of a high standard this year. However, in some centres, the assessor considered that a comprehensive response could be achieved through bullet pointed responses or by providing a tabulated format.. Such responses may provide identification of each requirement and possibly incorporate much of the subject criteria, but they seldom indicate a deep understanding or provide a portfolio that is comprehensive, encompassing both coherence and synthesis. Thus the end result was often mediocre.

Centres who achieved the highest standards of work tended to be those who had used AERS as a guide to both the structuring and assessment of work. There were a number of centres having a sizable proportion of candidates scoring 48-50, and who had produced long sets of answers with content that was very well researched using current policy/applications and highly focused on the precise requirements of each strand of the Assessment Objective. It was apparent with such centres that there was excellent understanding of the requirements and that lines of enquiry had been pursued which directly addressed the AO, often using a local dimension and with detailed information on, for example, practitioner roles or organisational practice..

Numbers of candidates achieving low marks was usually the result of a particular Assessment Objective not being completed in its entirety, rather than a low level response throughout all AO's. Portfolios with very low scores often had short and incomplete evidence.

Only a few centres did not follow the recommended specification format that is clearly laid out as a guide to centres in the Assessment Evidence Recording Sheet. The assessment of these centres can be long and tedious in trolling through the wads of 'extra', frequently unrelated, evidence to find the odd 'element' that is relevant.

It is inconceivable that so many candidates limit their chances of a better grade by failing to provide evidence of a wide range of sources of information in AO3 (all units) and by not referencing these within the body of the text. Many candidates still consider that a wide range is ten or fifteen web sites in a bibliography, rather than extending their field of scope to books, videos, newspapers etc. – and referencing in the text.

There is lack of clarity of understanding regarding how sources are categorised so that work is able to clearly display that at least four different evidence types have been used. The best

centres tended to make this very explicit – ‘in an observation I carried out (reference)’ for example.

A further section of many portfolios that is frequently over assessed is AO4 (last section), where the candidate is expected to provide “recommendations”, “justification”, “improvements”, “conclusions”, “benefits”, or “continuation of research”. These are often “supplementary” to detailed former parts of this Assessment Objective and are often not considered as important. In consequence, an odd short half paragraph, or sometimes less, is frequently assessed as MB3.

Many candidates wrote a descriptive account of what had happened in AO4 and failed to evaluate or analyse when it was necessary.

All centres submitted marks through Interchange and received notification of any sample required via an e mail. Centres’ failure to follow the required administration procedures continues to be an issue and it would be appreciated if the following could be adhered to so that the moderator can focus on completing the moderation of the work.:

- Ensure portfolios are sent to the moderator within three days of the sample being selected.
- Where there are 15 or fewer candidates entered, all portfolios must be sent with the MS1s.
- Portfolios must be marked out 50 and not 100.
- URS must be included with the work and completed fully.
- Send only final version of portfolios – previous drafts are not required for moderation.
- CCS160s (Centre Authentication sheets) must be sent with the portfolio work.

Please do not send work in plastic wallets as this adds to the time needed to moderate evidence.

Very few centres opted to enter via the OCR Repository.

Comments on Individual Units

F911 Communication

AO1a focuses 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 has nothing to do with 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 are now blending AO1a and AO1b. In AO1c candidates should include the three values of care identified in the specification, as factors which may enhance or inhibit communication. When this AO was adjusted it was often because factors that influence communication did not always include the values of care and limited examples were provided.

AO2, AO3 and AO4 should relate to a care setting. Many candidates included an introduction to their setting at the beginning of AO2. In AO2b candidates are required to discuss the appropriate use of communication skills when applying the values of care eg. 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 and there should be no repetition. In AO2 candidates should discuss how practitioners from their setting would apply the values of care.

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

AO4b requires two perspectives to be covered in order to meet mark band 2/3. Occasionally the interaction was conducted through an 'activity' which rather confused the issue as the activity was frequently 'described'.

F912 Promoting Good Health

In AO1a candidates need 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 life can be affected by ill-health. Candidates do not need to conduct primary research for this, nor do they need to describe different illnesses/ disorders. Candidates should consider issues such as reduced income, reduced mobility, restricted access to social events, coping with pain and how these affect the individual. A PIES perspective may be appropriate.

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. The use of bullet points and reliance on list-like approaches characterised the poorer work, with broad, vague answering.

AO3 requires candidates to research and carry out a small scale health promotion initiative. Candidates are expected to use both primary and secondary research, in order to plan their campaign. Guidance as to what the plan must cover is given in the specification. Candidates seem thoroughly to enjoy this activity and this is often reflected in their write up. A common weakness in this AO is the absence of pre-set criteria. Candidates need to identify measurable targets they can use to evaluate the success of their campaign against in AO4.

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 specification to ensure that the evidence presented shows the depth of understanding required. In order to cover 'a wide range' candidates must include at least four different examples in the required depth to achieve mark band 3. To meet the requirements range for mark band 2, three examples must be covered. Finally 'a limited range' would be one or two examples at a basic level to meet the requirements of mark band 1.

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 signpost this to the moderator.

AO3 marks are for research and analysis and candidates should be encouraged to use many different sources and reference within the body of the work. Two or three text books count as one source!

AO4 requires candidates to reflect and evaluate. To enhance the quality of the evaluation, candidates are often directed to use different perspectives.

F914: Additional Needs.

Very few moderated.

AO1: Including all PIES examples for each stage of care plan process proved challenging for many candidates.

AO2: A good standard of answering was apparent for most candidates in providing a description of a person; but for many, showing the benefits of partnership working was challenging: the tendency was to describe the process rather than show the way a particular service user benefited.

AO3: Work often lacked synthesis regarding primary sources. Candidates should ideally be able to show the implications of the findings of (for example) their survey - ie link findings to AOc to show ways the SU's quality of life is affected by societal attitudes; many failed to make this connection.

AO4: this was well answered with a good level of understanding shown.

F915: Early Years.

Very few moderated.

AO1: This was very well done overall, with accurate choices for the different sectors.

AO2: Many candidates did not provide detailed skills and alternative qualification. For those that did, the responses were often more akin to GSCE.

AO3: Some answering on how factors affect child development tended to be vague, with an emphasis on describing the factors rather than explaining their likely effects.

AO4: A great deal of effort and imagination was put into this AO with production of innovative as well as appropriate games, activities etc.

F916: Health as lifestyle choice

AO1: Physical effects are still better handled than mental and social. In AO1 there was a lack of diagrams to support evidence. AO1b, the integration of exercise into everyday life and the effects on daily living was frequently over assessed.

AO2: Nutrient and sources were usually done well. In AO2c the needs of an individual were not covered in sufficient detail and were generally weak. Changes to diet were done well, but reasons were often weak.

AO3: The needs of the individual were not always clear. Plans were mostly done well, with some excellent examples. Advice sheets were not always there.

AO4: Both were done equally, either very good for considering both short/long term effects and changes, or very weak.

F917: Complementary Therapies

AO1: Categories, development etc. were done well, with one example included for each;, working alongside orthodox medicine was not always there.

AO2: Usually a questionnaire was used for case study information. Needs were then identified and suitable therapies chosen; this was done well. The role of the practitioner was either detailed or very brief.

AO3: Views of public were done well, with some detailed interviews/questionnaire for practitioners. Comparison was handled well by good candidates.

AO4: Good candidates produced excellent answers for evaluation, comparing all their results and the impact of the case study approach. Weaker candidates found it difficult to link aspects together. Again, the conclusion was done either very well or was weak.

F919: Care Practice and Provision

For AO1 evidence should be generic and applied to the planning of services in the local area, not focused on explicit settings as this restricts candidates' ability to meet the requirements of the assessment criteria. Candidates must select two demographic factors carefully to ensure that there is sufficient evidence to show how these have actually influenced the planning and provision of services. It was pleasing to see that, compared to previous years, centres are making an effort to direct students to show the influence that data has on services, through assessment and planning..

Candidates must include a description of the process of the planning of services in the local area. A diagram does not give sufficient depth to meet the requirements of 'describe'. Moderators are aware of the ever changing nature of services, and candidates will not be penalised for using existing material. When explaining the influence of national and local standards, targets and objectives on the planning and provision of services, candidates should consider explicit examples that are relevant to the planning and provision of services in the area considered. Influences should be considered in terms of both positive and negative impact. Centres are not expected to cover all aspects of national and local standards, targets and objectives; as a minimum requirement they should cover at least one national and one local standard, target or objective. It is acceptable for centres to use an area other than their own if there is a lack of supporting evidence – for example some local delivery plans are more detailed than others. There was a tendency for work to lack examples of local targets.

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

Many candidates structured their work into sections to reflect the service user and service provider sections of AERS. This approach helped them to provide distinct perspectives and make this apparent in their evidence; those not taking this structured approach often produced highly descriptive answering. Detailed research, often of a local service, helped better candidates to provide insights into differing effects.

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 including a detailed bibliography at the end of the portfolio. When explaining quality assurance mechanisms, candidates should refer to services rather than individuals/practitioners.

Some candidates failed to make it clear which two services they were using as the basis of their answer and produced generic descriptions of Quality Assurance mechanisms. There was also a tendency to provide transcripts of interviews in the answering and not use the ideas/understanding gained from these to analyse how the relevant organisation uses QA.

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

Candidates need to choose two services, relevant to meeting the needs of their chosen person who uses services.

Again, some candidates failed to apply content concerning approaches to two particular practitioners from two separate services; some applied the approaches well in evaluating their benefit as used by many different practitioners to their chosen service user, but did not concentrate on two practitioners, as asked for in the AO. With partnership working, the strongest candidates tended to be those who had a detailed understanding of their chosen service user, this service user having provided a very clear 'theme' for their entire portfolio.

It is advised that AO4 is completed before AO2 and AO3 to enable candidates to relate their evidence to the same two services across these assessment criteria.

F922: Child Development

Many portfolios were brimming with evidence, sometimes relevant, sometimes not. It would appear that this unit is a magnet for those wishing to supply 'paper overkill' - providing at least 10 questionnaires when one is sufficient.

Interestingly more than 50% of candidates now provide a case study of a child of 8 years or above.

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. For AO1B, 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.

AO2: This was well answered by many centres, with detailed and nuanced responses showing in-depth understanding of their chosen child. When considering factors that influence development, candidates should provide a comprehensive explanation about a wide range of factors (at least four). It is important in comparing a child's development with norms that a commentary is provided with any tables produced; the best candidates provided detailed commentaries.

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

Again, candidates who had carried out a thorough study of their chosen child produced good answers on how play theories applied to and affected them. Weaker answers tended to

describe the theories and give hypothetical examples, with a lack of evidence of any real application to a case study or known child.

AO4: Some candidates set aims which were vague and this led to weak evaluations; there was also a tendency to omit both required perspectives in their evaluation – the child, own and other adult/typically parent.

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. Most candidates attempted to show the complexity of causes and included the different sorts of causes, showing how these often work together.

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. Those with less assured answering tended to show less depth and understanding, often using a hypothetical context – 'my person would feel' for example.

AO3 A wide range of sources of information should be used and a bibliography included. A 'range' of sources would be three sources 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 analyse the roles of the practitioners/ individuals that could provide support. Some candidates failed to focus on two roles, and because they used a range of different roles their answering lacked depth, though some chose more than two and made a good job of showing the support these practitioners offer. Many answers merged strategies with roles/support in a logical way, showing the strategies applied by different practitioners.

AO4. Candidates should be encouraged to use a range of sources to provide an evaluation of the concepts of mental health. Media portrayals were overall detailed and reflective of student engagement and interest, which came across in their answers. Some however linked recommendations to particular portrayals and did not make wide ranging and general points about how the media should improve its attitudes to showing mental health issues.

F925 Research Methods

AO1 Candidates should include a comprehensive explanation of the purpose of research. Three different methods of research must be explained in depth: questionnaires, interviews and observations, for example. Overall this was well answered, though use of examples could possibly improve answering on research methods as this would help to show understanding.

AO2 Candidates are required to explain the rationale for the chosen research area. Aim and objectives should be identified. Reasons for selecting the topic could be reinforced with reference to secondary data. Ethical issues should be 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 should be covered in AO2c.

Rationales tended to be short and vague, many not linking their study to previous studies/secondary sources. Applications of ethical issues, error and bias were of a high standard overall.

AO3 Candidates should justify their chosen research methods in A03, making clear links to the research topic. A balance of relevant primary and secondary sources of data should be used appropriately. Evidence needs to be presented comprehensively, appropriately and in a coherent format. Analysis should be detailed and comparisons made between the various sources. Evidence was generally of a high standard for this AO.

AO4 Candidates should produce a comprehensive evaluation which refers back to the aim and objectives. The issues of validity, reliability and representativeness should be covered explicitly in the evaluation. Strengths and weaknesses should be described in detail and demonstrate coherence in the evidence. Realistic recommendations for improvements should be given and be thoroughly justified.

F910 Promoting Quality Care

General Comments:

The vast majority of candidates completed the whole paper, noticeably more than in other years. A wide range of responses was shown with candidates showing understanding of how effective legislation is at reducing discrimination in society. There was a noticeable trend of candidates attempting to shoehorn in previously learnt mark schemes to answer questions, no matter the wording or focus of the question. In particular, when asked why values of care are used, candidates often ignored the 'why' and gave example of 'how'. Many candidates were not sufficiently familiar with some of the technical terms and did not grasp clearly what the questions were asking for. Very poor spelling sometimes limited candidates' marks, e.g. the spelling of psychological (sometimes putting physiological instead). Many candidates who used extra sheets did not produce any creditworthy material on these extra pages.

Comments on Individual Questions:

1a i) Answers were mostly correct, but some answers were not linked with a protected characteristic.

1a ii) Fewer correct answers. Wrong answers often focused around the candidate thinking indirect discrimination happened behind someone's back, whilst others gave a general definition rather than example

1b) This was generally well done; loss of marks tended to relate to candidates giving ways not linked to people with disabilities.

1c) Candidates who knew the components (PIMET) did well on this question, although notable number just discussed the purpose of EOPs in general.

2a) Although many candidates gained at least 3 marks, a large number just gave examples of how the values of care can be used rather than why.

2b) Most marks fell in the level 2 mark band. Several "ways" were analysed briefly on the whole, better candidates giving detailed information on a few ways rather than listing many. There was evidence that Ofsted's role was not understood by some candidates.

3a) Most scored 4/4.

3b) Awareness of the legislation was apparent, although some made errors in terms of focusing on the Children Act as a way to stop discrimination and/or evaluating the law.

3c) Many candidates scored only half marks with answers often not linking to children, and generic points about laws being described, some of which are not really relevant to protecting children from abuse. Also many candidates went into great detail about cases of abuse, e.g. Baby P, without saying why the legislation failed to stop the cases of abuse. The question stated abuse still exists and therefore candidates did not gain marks for repeating this fact.

4a) This was well answered although some candidates lost marks by not linking the explanation to disabled children, e.g. 'fear of dentist' or 'disabled children will have English as a second language'.

4b) The vast majority of candidates were awarded 4 marks for this question as they failed to recognise the command word 'evaluate'.

4c) This was a frequently very muddled set of answers: those who wrote about one of the mental health acts were not able to outline them very clearly, and although a lot of candidates claimed to be writing about PoVA it was not often recognisable. Some tried to link in women as an example of vulnerable adults.

5a) Some students did not link to MEGs, or just repeated points about role models, and so lost marks.

5b) This was well answered, with many candidates being able to explain their points.

6) Virtually always strengths and weakness were included, although synthesis was infrequent so answers lacked depth of thought and comment.

F913 Health & Safety in Care settings

General Comments:

The performance of candidates this year seemed lower than in the past. Significant number of candidates made errors in correctly interpreting what the questions were asking for.

The key factor in almost all longer answers was whether or not the candidate had read the wording of the question correctly. Candidates are expected to understand the difference between the various command verbs such as identify, describe, explain, analyse and evaluate.

Many candidates gave only superficial responses. This proved particularly limiting in question 4 where in depth knowledge was required to differentiate between the approaches being asked for in the different parts.

Comments on Individual Questions:

- 1a The majority of candidates were able to identify the two hazard signs correctly.
- 1b Most candidates provided some correct information about biohazards, but many focussed on the danger to people who use services rather than staff as asked in the question.

Fewer candidates could provide a coherent explanation of the danger to staff caused by radiation.
- 1c Mostly correct answers were given for protective measures against biohazards. Few could offer much in the way of protection from radiation other than warning people away with signs.
- 1d Most answers given were correct.
- 1e i The majority were able to correctly identify the Health and Safety Executive.
- 1e ii Most candidates gave answers about the other roles of the HSE as they had apparently not read the question asked, and were answering the question they expected to see or had practised.
- 2a Probably about a third of candidates were unable to give all the correct wording of the name of the RIDDOR legislation.
- 2b Many candidates described features of the RIDDOR legislation rather than saying how safety would be improved by the its enforcement.
- 2c Despite Standard Precautions being listed in the specification, this was surprisingly poorly known by candidates.

- 2d Candidates who understood what was meant by standard precautions made a reasonable attempt at this question. Some were sidetracked and wrote about general safety precautions such as stair gates and CRB checks. Very few linked the precautions to the particular nature of children's behaviour or the setting and so failed to reach level 3. Many answers were quite superficial in linking the precautions to how diseases are spread
- 3a This risk assessment question followed much the same pattern as in previous years. Candidates who approached their answer methodically, dealing with one hazard at a time produced far better answers than those who started with a list of hazards and then jumped between them. This particular plan had slightly fewer obvious hazards than some previous examples which candidates found challenging. Many gave answers which suggested that they were not really applying their knowledge of risk assessment to the specific setting shown. A number talked about hazards from the car parking area as if there were likely to be small children without their parents, as would be true in a nursery, but not in this setting. Those who identified the lack of a first aid box, did not on the whole make the additional link that as the setting was a medical practice, it was probable that some equipment and expertise would be readily available.
- 3b The majority of candidates produced poor quality answers which described the fourth and fifth stages of risk assessment without making any attempt to explain the necessity for their completion.
- 4a Few candidates could identify both pieces of legislation, and many could not give the full correct name of even one.
- 4b The focus of this question was essentially the underlying principles behind the legislation. This was poorly known.
- 4c The majority of candidates could describe the actions a care worker could take to ensure the safety of the person being moved. There was, however a lack of explanation as to how or why these actions would have the desired effect.
- 4d A small minority of candidates were knowledgeable about different types of hoist and their appropriate usage. These candidates scored well on this question. Other candidates described situations in which the use of a hoist might be inappropriate, or the value of hoists to those who would otherwise be forcibly immobilised. Sadly the majority of candidates effectively rewrote their answers to 4c and scored poorly.
- 5a This relatively straightforward question was answered adequately by most, although some wrote more about benefits to people who use services, rather than benefits to staff as asked.
- 5b Many candidates were able to describe fire safety measures, but few made any analytical statements. A few candidates wrote only about fire drills despite these being specifically excluded from the question.
- 6a This question was poorly answered on the whole. Most candidates were able to make only the vaguest comments to the effect that everyone would know what to do. Some talked about fire evacuation policies in some detail yet again. Very few, even of the stronger candidates, gave any negative points as required for an evaluation.
- 6b A wide range of answers was seen in response to this question. Better ones were highly specific and talked about particular situations, showing insight and empathy. Poorer responses often muddled privacy with security.

F918 Caring for Older People

General Comments:

Candidates entered for the exam attempted to answer most questions and utilised the time available appropriately. Those who had studied well and understood the care and lifestyle of older people scored well on all questions. There were no candidates who achieved no marks at all.

Most candidates were well prepared for their examination demonstrating their ability to apply their knowledge and understanding of the questions asked. There were many excellent responses containing good understanding, especially of informal care and of disorders and their effects. There were responses which showed consistent analysis, a clear and sometimes sophisticated style and an ability to consider and judge alternative explanations. It was pleasing to see evidence that some candidates had good application of the concepts to the questions asked.

Candidates achieved higher marks when they considered all of the subject matter and supported their answers with analysis. When candidates did not achieve higher marks it was usually because they did not apply their answers to the case study in the question.

Comments on Individual Questions:

- 1(a) Some candidates just repeated the stem of the question when they needed to define mental confusion, others showed very good understanding.
- 1(b) Good links were shown between mental confusion and communication.
- 1(c) Good understanding of informal care and how they offer support was shown by many candidates.
- 1 (d) Mostly candidates knew the care values and how they are applied. A few candidates need to revise the exact phrasing used for care values.
- 2(a) It was encouraging that many candidates were able to explain the effects of caring on Ryan.
- 2(b) Many candidates showed good understanding of the Carers Recognition and Services Act particularly with respect to assessment, care planning and respite care. There were still many misspellings of 'respite'.
- 3 (a) This was well answered with excellent understanding of the effects of a musculo-skeletal disorders related to dangers these could cause.
- 3 (b) There were many candidates who achieved a Level 2. In order to achieve Level 3 there needs to be a wider understanding of the role of an Occupational Therapist, not just the aspect that involves aids and adaptations.
- 4 (a) This question tested a spread of abilities. Many candidates gave clear identification of the effects of respiratory disorders. Answers could have been improved with more detailed description of these effects.
- 4 (b) Some candidates did not know the meaning of 'sheltered accommodation' and confused it with residential care.

- 4 (c) Good responses included discussion of several positive and negative effects of a move into sheltered accommodation for Chris . The candidates who struggled with this answer were those who did not fully understand sheltered accommodation.
- 5 (a) Caused no difficulties.
- 5 (b) The best answers to this question understood how the context of bereavement could have an impact on a disorder of the digestive system.
- 5 (c) To gain marks for this question, candidates needed to understand the difference between the Third Sector and the Statutory Sector. Those who did, wrote comprehensive descriptions.
- 6 (a) Candidates understood the role of a Physiotherapist and Dietician well. The role of a Health Care Assistant was often not understood well. Those who did not score well failed to apply to a person who had had a stroke.
- 6 (b) This last question was difficult and challenging, as it relied on application of increasing health care needs to the roles and lifestyles of older people. The best responses addressed the specific question asked, considered all aspects of the question in a relevant way and were supported with careful analysis.

F920 Understanding Human Behaviour

General Comments:

Candidates had generally been well prepared for this paper. There were few 'no responses' where the candidate had made no attempt to answer the question. There was little indication that candidates were short of time. Indeed many candidates continued their answers at length on additional pages.

Candidates had good knowledge of the psychological perspectives given in the unit specification and the theorists associated with them, although understanding and application of theories relating to language development tended to be weak. 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, in particular in question 3b which related to 'later adulthood'. However, there were inappropriate references to work, study and child care responsibilities in many answers to this question. Whilst it is acknowledged that there will be some people in later adulthood who are in employment, who are studying for further qualifications and who may have responsibility for looking after grandchildren or great grandchildren, it is more appropriate for candidates to address the more typical situations faced by much older people. Where the purpose of the specific setting featured in questions was clearly understood (such as respite care in question 4bii), candidates were able to direct their answers appropriately; however, many answers were very general in nature. Candidates should be reminded that accurate spelling is important – there is a great deal of difference between a person having a carer and having a career.

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 seldom improved their answers by doing so and tended to be unnecessarily repetitive. It is unnecessary to repeat the wording of the question in the answer or to give an introductory paragraph. Where candidates do need to continue an answer at the back of the booklet they should be reminded to identify clearly the continuation as well as indicating in the main body of the answer that there is a continuation.

Comments on Individual Questions:

1a Most candidates could identify different aspects of self-concept and gained full marks, although several expressed themselves poorly in emphasising that it was 'what other people thought' of the individual rather than what the individual thought about themselves.

1b Answers generally focused on personal attributes such as appearance, popularity and academic ability, although there were some good references to cultural or ethnic background which demonstrated understanding. References to the reasons why adolescents were particularly vulnerable to developing low self-esteem, such as hormonal changes, needing to 'fit in' and 'exam results', were useful in explaining that differences between peers were more obvious at this age. There were a number of references to abuse in childhood, family breakdown and inherited personality traits which indicated somewhat more fundamental reasons for low self-esteem rather than the usual comparisons of material possessions, personal appearance etc.

1c Candidates who were able to make the link between feelings of inferiority and the way this impacted on an individual's view of others appropriately referred to jealousy with many using understandable phrases such as 'wanting to put the 'better' person down' so that the individual could feel better about themselves'. Comments such as 'belittling others' success' reflected understanding, as did the recognition that bullies were often those who felt badly about themselves. Many answers, however, were more of a continuation of 1b, repeating reasons why an adolescent would develop low self-esteem because they thought others were better than they were.

2a Most candidates answered with Eysenck, although with a variety of spellings.

2b The majority of answers featured cystic fibrosis or Down syndrome. There are still some inaccuracies of fact relating to the conditions and many answers contradicted themselves by suggesting that because people with CF 'can't exercise' they will suffer from obesity, whilst also appropriately commenting on difficulties with the absorption of nutrients. Answers relating to intellectual development and Down syndrome often repeated the generalised 'missing school because of hospital appointments and so falling behind their peers', rather than referring to learning difficulties or delayed development. Where other conditions were used there seemed to be greater understanding, perhaps because of personal experience or interest. Where a candidate chose to base their answer on a situation such as 'predisposition to breast cancer' it was appropriate to emphasise preventative measures such as lifestyle decisions relating to diet and exercise, having regular check-ups, or specific surgery, rather than detailing the treatment of the illness.

2c Although many candidates could give an appropriate definition of a phobia, most answers were very general in nature, often simply referring to 'staying in the house' to avoid the object of the phobia. An explanation of the time consuming rituals which could be involved where there was a phobia of spiders, such as remaking the bed every night, vacuuming the bedroom and checking under the bed to make sure that there were no spiders in the room, demonstrated a much greater understanding of the condition, as did references to panic attacks and the 'total control' that irrational thoughts could have on an individual's day to day routine.

3ai Most candidates were able to give an appropriate source of noise pollution, although some were not specific enough, for example just giving 'neighbours' (who may not create any sort of problem) rather noisy neighbours or neighbours playing loud music at night. Disturbed sleep and inability to concentrate on work/study were most frequently given as effects and were more appropriate than 'damage to hearing' in most cases.

3aii Candidates tended to refer to 'factories' as sources of air pollution which was too vague considering the very strict controls and legislation in place nowadays. References to traffic fumes, emissions and smoke were more appropriate. There were some references to pollen, accurately linked to hay-fever, which showed greater understanding, as did fumes from faulty boilers related to carbon monoxide poisoning.

3aiii Sources of water pollution was less well done than the other pollutants and in many cases the effects were poorly expressed. It would be more appropriate to refer to *swallowing* river, sea or swimming pool water (and probably by accident), rather than *drinking* it. This would then make much more sense when giving sewage/rat urine etc as sources of pollution. 'Surfers against sewage' and David Walliams' illness when attempting to swim the Thames would have been useful links. Whilst aspects of water pollution relating to developing countries were acceptable, answers needed to be appropriately expressed.

3b This question was generally poorly answered. Where candidates accurately interpreted 'later adulthood' they were much more able to comment on the potential loss of independence, the likelihood of moving into residential care sooner than would otherwise have happened, hospitalisation or a marked increase in confusion/dementia. Whilst the individual could probably

have managed reasonably well in their own home (which was probably adapted/arranged to meet their needs) following a fairly consistent routine, perhaps with the support of neighbours, they might be unable to cope with the trauma of sudden flooding. References to homelessness/living on the streets/starvation etc would need to be linked more appropriately to devastation in developing countries. Relatively few candidates referred to 'communities coming together' or the support which would be provided by the emergency services or Social Services. Lack of intellectual stimulation was frequently linked to loss of employment, the loss of books or being unable to watch television quiz programmes. In most situations victims of flooding have a great deal to think about and sort out and so intellectual stimulation is likely to be provided by making insurance claims etc. However, a few candidates appropriately suggested that individuals in later adulthood are likely to consider that 'people are more important than possessions' and would be thankful to be safe and supported by family and friends even though they may have lost their home and its contents.

4a Most candidates gave Skinner as a behavioural theorist.

4a_{ii} Many candidates suggested rather inappropriate rewards and punishments in answering this question, as well as there still being general confusion over the difference between negative reinforcement and punishment. The use of sweets as rewards is still frequently given, even for simple actions such as saying please and thank you – the importance of smiles, expressions of approval and verbal praise should not be underestimated. Being 'let off chores' such as putting toys away, tidying up or helping with clearing the table or the washing up were rather inappropriate rewards when trying to focus on the development of social skills. Similarly sending a child to read a book is not a particularly appropriate 'punishment' in any situation. Most candidates recognised that the setting (a children's home) was likely to involve a group of children with carers/practitioners rather than siblings living with parents, although many were unnecessarily negative concerning the level of social skills likely to be demonstrated by the children. Credit was given for answers based on a family setting.

4b_i Relatively few candidates could give a clear and concise definition of respite care.

4b_{ii} Most candidates are now aware of the need to give both positive and negative points in answering 'evaluate' questions. Where candidates understood what was meant by respite care they were able to give good evaluations, usually from the perspectives of both the usual carer and the person being cared for, although this was not a requirement of the question. The particular difficulties of those in later adulthood caring for spouses or partners affected by dementia were included and many candidates were able to clearly express the stresses and frustrations of long term care. References to 'young carers' also demonstrated clear understanding of the demands experienced within families.

5a_i This question was generally well answered, mostly based on Bandura. Most candidates were able to avoid lengthy accounts of the Bobo doll experiments, although they were usually mentioned.

5a_{ii} Candidates who were able to give an account of Chomsky's work on language were generally accurate in their answers. Answers using theorists less directly associated with language development were more variable in quality. Piaget's and Vygotsky's work tended to be appropriately linked to language development, although not always so.

5b This question was generally poorly answered. Whilst most candidates showed understanding of the social learning theory (again usually Bandura), few adapted their own language to use terms such as hearing and copying language rather than seeing and copying behaviour. There was frequent reference to the use of bad language and swearing, often related to teachers and classroom assistants. The imitation of 'bad language' was usually expressed as leading to 'negative' development, although any increase in vocabulary represents a development, it is the skill of understanding the appropriate (or inappropriate) use of particular words which comes

with age. There is still an over-emphasis on children copying everything and anything, rather than being able to distinguish between what and when a child chooses to copy language or behaviour. There were very few examples of specific activities commonly experienced in school which would support a child's language development. Appropriate examples which were given included role play, 'show and tell', Nativity plays, planning, reporting back, suggesting what might happen in stories, making up poems/rhymes etc. as well as just talking (or even arguing) with friends and classmates. Where students had learned that language was 'fully developed and fluent' by 5 years old, they struggled to find any benefits of going to school, although few went as far as the candidate who suggested that attending school would actually be bad for the child's language development since they would be exposed to all sorts of inappropriate language and therefore it would be better to remain at home. The joy of the 'language explosion' referred to in one answer demonstrated clear understanding and was reflected in the image of 5 year olds sharing jokes and finding particular words and phrases funny – a link to the recent advert for a well-known toilet paper where children were asked to complete the phrase 'as clean as' was appropriate in this context!

F921 Anatomy & Physiology in Practice

General Comments:

The June 2015 Anatomy and Physiology in Practice paper differed slightly in appearance from previous years; for example, in an absence of diagrams. This is a result of a drive to avoid previously used questions and has also resulted in changes of wording and perspective. However essentially the format remains unchanged with five questions covering biological knowledge and understanding as well as application to health and lifestyle. The choice of dysfunction remains that of centres but universally used diagnostic techniques and treatments must be covered, for example, endoscopy, spirometry, ECG traces, dialysis and transplants.. Whilst it is essential good practice that candidates see and practice past papers they must not be led to believe that identical questions will arise in the future. Examiners are required to test all aspects of a specification during its 'lifetime'.

Some topics from the specifications had not been examined previously but the evidence is that the candidates were not disadvantaged and many produced reasonable responses for these questions (1, 3b and 4b).

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 were misread and the answers provided did not match the question requirement; for example, describing procedures rather than their effects on individuals.

A large number of candidates made use of the additional pages provided but had not indicated that they had done so at the end of their initial answer. A significant number of candidates had written beyond the lines provided. This must be discouraged by centres as the scanning for on-line marking gives allowance only for the allocated space. It is therefore all too easy for markers not to see work that is worthy of marks. For the purpose of this paper errors in the spelling of scientific terminology were accepted unless unrecognisable.

A lot of candidates are still starting their responses with 'empty'/'mark less' introductions that serve only to waste time and do not gain them any credit, as the statements given either repeat the question or give irrelevant information: for example describing blood vessels and blood components in a question on heart function. A thorough understanding of command verbs and practice of reading questions is essential.

Comments on Individual Questions:

Q 1(a)

Most candidates scored within level 2 and a lack of knowledge was particularly evident about pleural membrane and their function. Many candidates lost marks through missing the key word in the question i.e. 'inspiration', and gave, in many cases, in depth descriptions of both inspiration and expiration. Explanations of expiration were not asked for.

Q 1(bi)

Most candidates did well, scoring 3 or 4 marks; those that lost marks did not restrict their answer to the key point of question, 'function of the bronchi', and spoke about the effects of the illness to PIES instead of what was required.

Q 1(bii)

Most candidates were able to identify a diagnostic test, but a number of those given were inappropriate for the dysfunction chosen. Peak flow test was frequently given although it was

rare for it to be described correctly, candidates frequently muddling it with spirometry. Some candidates who had chosen cystic fibrosis discussed genetic testing and sweat tests. Treatments suggested were usually correct but often very superficially dealt with. A significant proportion of candidates often confused lifestyle changes with treatment options, suggesting avoidance of triggers instead of medication related treatment.

Q 1(c)

This part was answered well with many candidates scoring 3 or 4 marks. Some weaker candidates ignored the question and described the process of gaseous exchange.

Q 2(a)

Many candidates described mechanical digestion in the mouth and could describe some protein digestion in the stomach. Many candidates ignored the question's reference to protein and described digestion generally therefore describing events that had no relevance. The role of hydrochloric acid in the stomach appears poorly understood. Once the food source had reached the small intestine the story became confused and lacked detail. Absorption was only scantily covered. Many candidates described faeces production in great detail.

Q 2(b)

Some candidates answered this question well but many described the symptoms and effects of the dysfunction rather than the causes. For those who had studied coeliac disease there seems to be some confusion over the action of the body's immune system and the 'role' of gluten. And whilst smoking may be considered an inadvisable lifestyle choice it is not the cause of all dysfunctions, as some candidates clearly believe!

Q 2(c)

Most candidates did well on this question and were able to suggest relevant dietary/lifestyle changes to help with the treatment of conditions. Those that lost marks again missed the point of the question and gave details of medical/drug related treatments rather than life style/dietary changes. This was particularly true for those that wrote about IBS.

Q 3(a)

The majority of candidates did well on this question and gave a good level 2 response that described the cardiac cycle and/or the electrical control of the heart. Most had a sound grasp of the basic route through the heart, although in a number of cases it was a 'travelogue' along the route rather than a description of the function. Most candidates mentioned heart contractions but few gave any detail of valve function or referred to the synchronisation of the contractions. Some candidates very successfully and succinctly interwove the electrical co-ordination into the sequence of events within the cardiac cycle. Few answers, however, achieved level 3.

Q 3(b)

A lot of students had learnt well and demonstrated a clear understanding of what the different waves on ECG represent; however their explanations of what diagnostic information these traces provide were generally superficial and often no more than descriptions of cardiac dysfunctions.

Most candidates failed to get higher than mark band 2 as they failed to give a precise account of what high/low blood pressure actually shows a practitioner. Very few candidates could distinguish between systolic and diastolic pressure and few managed to identify them. Many explanations confused these pressures with states of diastole and systole in cardiac control whilst others wrote in detail about how blood pressure is taken, even spelling sphygmomanometer correctly, but gave only superficial suggestions as to the information this might provide.

Q4 (a)

Most candidates identified functions of the kidneys but gave very little account of how the kidney carried them out. Some candidates produced a thorough and accurate account of urine production but made no mention of osmoregulation and as the question referred to functions they could only attain half marks. Those that did explain osmoregulation correctly identified the role of the hormone ADH but got the circumstances for its secretion the wrong way round. Many candidates appear confused over the site of reabsorption and what gets reabsorbed.

Q4 (b)

This was generally well answered, despite some complaints that the question had singled out a particular renal dysfunction. This was not the intention, as 'kidney failure' was used as a generic term not a specific dysfunction. All dysfunctions listed in the specifications can result in renal failure leading to dialysis and possibly a transplant and thus dialysis and transplants are widely used procedures that merit study by all candidates. There is precedent in past papers of questions requiring knowledge of the principles of a number of general medical techniques. In this particular question candidates were not asked to describe the procedures but only their effects on individuals. It was intended to be a PIES question and most candidates recognised this and performed well. Those who lost marks did so due to misreading the question and giving accounts of the procedures instead of the effects. Some effects suggested were those of kidney dysfunction rather than the effects of the procedures themselves. Some candidates continue to answer PIES questions in a very OTT manner!

Question No 5

Answers to this question were disappointing. Quite a number of candidates were only able to achieve marks in levels 1 and 2. A number had obviously learnt how to give a 'PIES' style answer to the effect of exercise and ignored the fact that they were being asked about effects on body systems. Correct answers were often superficial. Few considered any negative points as required by evaluation. A small number seemed to think that saying what happens when you don't exercise was an adequate negative. Many described the immediate effects rather than considering the longer term effects. Similarly many candidates identified dysfunctions that could either be prevented or acquired through vigorous exercise but did not expand as to why or how. A lot of answers seemed just guess work but other candidates had drawn on information that they had learnt about other body systems and were able to apply their knowledge to the concept of the impact of exercise quite successfully.

Whilst it is appreciated that time is of the essence and that there is much to cover in this unit – often to candidates not sympathetic to science- it is essential that these aspects of lifestyle are embedded within the delivery of the unit.

F924 Social Trends

General Comments:

There was a range of marks awarded, indicating the paper catered for all levels, with differentiation obvious in the levelled response questions.

The bulk of candidates were in the 30-65 mark range, with few at the very low end, indicating that there were fewer unsuitable entries. Only a small number of entries gained in excess of 80 marks but those that did showed excellent use of the pre-release material with contextualised responses and explicit links to the themes therein.

It appeared again that a few centres had completed little research or work around the pre-release materials as candidates did not refer to the texts and data when answering even the single mark questions.

Candidates with mediocre marks did not read and respond to the wording of the question - either the command word or strand - resulting in a loss of marks. This was particularly noticeable in questions 1d, 2a, 2d and 3c.

There was no evidence of lack of time to complete the paper except the rare candidates who overwrote on almost every question. Centres need to encourage candidates to write concise answers and to avoid rewriting the question.

Once again some candidates had requested extra sheets instead of using those assigned at the end of the paper, although thankfully less than in the last session. There was a repeat of the problem of candidates using the extra pages and failing to reference these adequately which is onerous for examiners when reconciling the links and checking that all work is marked. This often constituted only a couple of words and in the main did not correlate with gaining extra marks.

Comments on Individual Questions:

Question No.

Q1a was answered well by almost all candidates.

Q1b was generally well done but candidates must learn the terms that identify a trend e.g. rise, fall, increase, drop, fluctuate, peak, trough, etc. and to gain the second mark need to describe it over time.

Q1c Occasional candidates referred to women in general, missing the key word 'mothers' in the question.

Q1d was not well attempted by a number of candidates, who either changed to general parenting responses mid answer or concentrated on couples throughout rather than 'lone parents' as in the question or related their response to separation of couples.

Q2a was an obvious differentiation question, only the very best candidates showing they had studied the pre-release material linking age structure to rates. Unfortunately others were simply supplying all knowledge they had on abortion.

Q2b Responses were indicative of those who had studied pre-release, with few gaining two marks.

Q2c and d were research questions and many candidates had a good knowledge of this but lost marks if they did not link to the context of abortion and the sensitive nature of the process.

Q3a focussed on an easy term that the pre-release should have prompted all candidates to learn, but sadly there were many 'number of people who die' type answers.

Q3b Some good detailed responses clearly linked exercise and eating to heart disease but also there were some vague, generic answers possibly indicating once again a need to use pre-release material effectively.

Q3c was a good question to allow for differentiation. Although a good number of candidates had knowledge of experiments as a research tool, few related their answer to its problematic nature in social research. Generally this was the only 'no response' question on the paper - this applied to only a few candidates.

Q4 (a) was well answered.

Q4 (b) was a well answered question in the main, with candidates clearly understanding current thinking around the differences in achievement by gender, although there was occasional stereotypical statements about 'naughty boys' and also some linking to FSM which was not in the strand of the question.

Q4 (c) Those candidates who scored well on this question had understood and analysed the links with FSM and material/cultural deprivation and in some cases gave excellent comments about young carers.

Q4 (b) and 4 (c) were mixed up as candidates did not read and answer as they were asked.

Q5 (a) and b had a majority of responses that showed good understanding of the increase in babies born to these particular mothers.

Q5 (c) many candidates provided lengthy detailed discussion about service provision, well linked to the question except where the answer concentrated wholly on statutory services; centres would be advised to ensure candidates were fully aware of all three areas of service provision.

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