

GCE

Health and Social Care

Advanced Subsidiary GCE **H103/H303**

Advanced GCE **H503/H703**

OCR Report to Centres June 2016

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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:

It was apparent, overall, that centres had an excellent understanding of the requirements of the Assessment Objectives (AO's) across all units. Most candidates were able to directly address the assessment requirements in their assignments, the best doing so thoroughly. Across the span of marks, there was little inclusion of answering that was not relevant or which included inappropriately long quotations that had not been asked for. The best assignments were well structured (often with the use of sub-headings adapted from AERS); this supported comprehensive and balanced content. There was consistency in terms of the use of a standard referencing system and bibliography; there was also an understanding of precisely what parts of the unit assessment evidence required the use of a wide range of sources. Candidates also demonstrated better understanding of what was meant by a 'wide' range and attempted to make this use apparent to the reader/marker, using appropriate wording in their evidence, for example, the use of a 'leaflet' source. These strong answers had high levels of grammatical accuracy and displayed confidence in the use of a wide range of vocabulary and terminology. Low scoring assignments were short, lacked logical structure, lacked range and depth, especially when required to produce reflective comment and evaluation, were not referenced or supported by a bibliography and included grammatical inaccuracies.

While it seems there has been an improvement in centres' ability to understand and directly address the requirements of the AO's and so support students to produce mark band 3(MB3) answers (nearly all centres used an AERS sheet), it is arguable that this has been through provision of high levels of teacher-led guidance. The tendency has been for most candidates within a given centre to use, in their assignment, answers from the same case study, policy or piece of legislation and practitioners for example. Although answers themselves are clearly original interpretations, it seems that teachers' increased focus on AO's has led to compromise in terms of independent, student-led approaches to assessment.

Most centres got their work in promptly and with all the correct paperwork. Few centres did not send the additional paperwork (CCS160 and MS1); these were usually included in the sample packet or sent at an earlier stage. Most had unit recording sheets and attached AERS too. Quality of assessor commentary varied enormously. Page referencing and a statement justifying the mark awarded are extremely helpful to the moderator.

There was still overuse of plastic poly pockets and research materials included. In some centres and in more instances than in previous years, there were insecure portfolios without page numbers which inevitably made moderating very difficult. There were fewer double centre entries this year which fits in with the challenges schools are facing.

There has been an increase in the numbers of clerical errors sent this year, both within the sub sample and outside the sub-sample. As well as a substantial increase in the numbers of units with incorrect additions, some errors arose with missing candidate numbers too, which all required chasing up.

Few centres entered on the repository.

F911: Communication

AO1: The best answers provided a separate section in their answer where they specifically included detailed examples of how people are valued and supported by the different types of communication (AO1b), with a sub-section for each type eg written. Addressing the requirement to consider care values was the most challenging aspect of this AO for candidates. 'Text book' style descriptions of the value themselves and examples not linked to communication were again a feature of weak answers. Even otherwise good answers often failed to consider care values in any detail as both inhibiting and supportive factors (AO1c). Some made AO1 specific to one organisation/setting and did not seemingly read the requirements accurately.

AO2: As with previous years, the best candidates were able to provide really detailed evidence from their own observation of a chosen practitioner, often one linked to a work placement. Seeing the practitioner at work for themselves and having an opportunity to talk to them about their skills helped them to produce excellent evidence for this AO. Quite a few centres seem to have directed candidates to answer AO2 generically, giving examples of skills and reasons for a number of practitioners; these answers tended to be less insightful regarding how people are valued and supported by the use of the skills. A few centres based AO2 on observation of a teacher at the school/college of the candidate; secondary/further education teaching is not within the remit of the course.

AO3: Overall answers for AO3 tended to be rather short, with much use of 'text book' style answering in describing the theories. Weaker work was unable to show effectively how the theories affect service users and practitioners and did not base AO3 on a chosen setting, making limited and generic applications to show effects. The better work often drew on detailed observations of the theories in practice, as seen by the candidate in the chosen setting, and these observations were highlighted and referenced as a primary source. Centres struggled to show the four different types of sources needed for top marks in this AO; some had made good use of video evidence as a type of source, as well as books, websites and primary sources. In some centres, several candidates made detailed references both in the text and provided a bibliography in AO1 and AO2 but in AO3 where it's required there was nothing.

AO4: Many answers this year did not provide detailed records in AO4a. Better responses provided a full context for their interaction, including aims and objectives, reasons, floor plans etc. The weaker work tended to merge the records aspect with AO4b. There was also a tendency to merge the description of the factors with the evaluation, with the consequence that the weaker work was heavily descriptive with limited reflection; some centres did not pick up on the need to evaluate from the perspective of a service user/provider.

F912: Promoting Good Health:

AO1: Centres seem to have got to grips with this demanding AO. Most work makes an attempt to provide an original interpretation of the concepts of health, rather than simply using 'text book' or source-led content (AO1a). A few centres have successfully themed delivery of parts of this AO around a case study, applying two factors to the person, as well as describing the factors themselves (AO1b), applying the models to give examples of reasons health promotion advice is ignored with reference to this case study individual (AO1c) and describing their condition/quality of life (AO1d). This approach appears to have helped candidates exemplify and so show their understanding.

Where AERS were not used, centres struggled to meet the requirements of AO1d.

AO2: For many centres there was a lack of variety and student choice, with each candidate doing the same two job roles. Weaker work tended to bullet point the roles and skills for each role; there was a tendency to pay a lack of attention to showing the reasons for preventative

measures; work which focused on showing two measures in detail rather than simply describing a range of measures each role took was more successful. Centres appear to be increasingly aware of the need to show the context for their health promotion initiative, some including data showing reasons for it as well as details about the mechanics of implementation. A considerable number of candidates still investigated more than one health promotion.

AO3: Plans were well done overall, but many centres do not appear to understand the requirements about the use of sources in AO3a. Opportunities to evidence the use of primary sources eg interviews with pastoral staff in facilitating their campaign, were missed. There was a lack of understanding about the requirement that the primary source used cannot be the questionnaire if this was used at the start of the campaign session. If the questionnaire is conducted as a source of research, which then informs the campaign, then it can contribute to AO3a. This would usually mean a period of time has elapsed between pre campaign questionnaire and the campaign itself. Multiple copies of questionnaires included in the body of the portfolio should be discouraged. Some candidates did not have clear pre-set criteria that could then be used in AO4 to evaluate success of campaign. It would be useful when presenting the evidence for the health promotion campaign if more use was made of sub headings, i.e. pre-set criteria, methods adopted and timescales. This would give greater structure and clarity to candidate work.

AO4: Candidates that performed best were those who had produced a detailed set of pre-set criteria in AO3b, as this provided a good basis for the evaluation. Evaluation was at times descriptive and improvements needed to be explained rather than identified – what impact would the improvements have? Feedback forms were not always individually produced and some centres did not include them.

Compared to last year, centres appeared to have done a better job in supporting the evaluations of personal performances required in AO4b. Individual performances were not always evaluated well, some candidates still tended to write about the group performance or other people in the group.

F914: Additional Needs

Not many of these seen this year.

AO1c was often given high marks by assessors, but usually lacked the comprehensive description of different methods to assess, plan, implement etc and instead just went through the stages.

AO2b still attracted bullet points rather than description.

Partnership working tended to lack rigour which was surprising as it was dealt with by centres doing F919 well.

AO4c was not covered well. Candidates gave a diverse range of methods of support, aids and equipment – some very narrow and some much wider. Not many gave a detailed evaluation of their impact on the person who uses services.

F915: Early Years

On the whole undertaken well, but in AO2, many candidates did not provide a comprehensive day-to-day plan or provide detailed skills and alternative qualifications. With those that did, the responses were more akin to GCSE.

In AO4b, of the centres moderated, most did reasonably well, providing thoughtful recommendations, with some interesting activities undertaken.

F916: Health as lifestyle choice

Some excellent written MB3 responses to AO1, but the lack of diagrams included to support evidence was clearly evident.

In AO2 some excellent dietary needs considered but distinct lack of justification for the recommendations made.

In AO3 warm up and cool down done particularly well by the majority using a variety of assessment methods, however, rather mixed responses for the safety sheet in AO3c.

AO4a and b were particularly weak. Evaluations were often not comprehensive and rather 'obvious' almost as though pre-thought through before starting the assignment.

F917: Complementary Therapies

This is another unit that had a low entry. This may be because there is a lot to do in it. AO3 demands lots of primary and secondary research which can be time consuming.

In AO1 candidates sometimes provided a very basic description of categories/example, but were given a high mark.

The case study provided for AO2 often had limited information in it on lifestyle, beliefs etc.

Candidates had no clear understanding of case study needs and suitability of chosen therapies.

Limited description was provided on the role of practitioners.

In AO4 some candidates did not include a conclusion of all the evidence collected.

F919 Care Practice and Provision

AO1: As with work moderated last year, AO1c, the section on targets was the least well-done, with weaker work lacking a clear focus in identifying national targets and linking these to their interpretation locally. The answering on data was very well done and better work was able to show how the data was reflected in the decisions made locally about provision. Again, centres that helped students to apply local contexts did best; many made detailed reference to their local area's strategic needs assessments.

AO2: There was little variety of choice of policy within centres – most candidates in the same centre used the same policy; the Mental Health Act was a very popular choice across centres. On the whole, the work submitted was very successful in providing the service user and practitioner perspective, especially when they drew on the case study provided by the teacher that was themed throughout their assignment for F919. The challenge of showing the way provision overall was affected - the way services are organised, organisational policies and priorities for example – was the least well done aspect of this AO.

AO3: Many candidates are still not making clear which two services they are basing their answer on. There was a notable tendency to make the service very wide – the moderator is left to assume that the answer is based on the NHS overall for example, with a lack of focus on a specific aspect such as a named local hospital. Better work had attempted to show the use of a wide range of sources by appropriate wording in their work; many also chose to list source types in their bibliography using sub-headings eg websites, books, and leaflets.

AO4: Overall there appears to have been an improvement in the standard of work here. Detailed focus on a chosen service user helped many candidates to evaluate both strengths and weaknesses of different approaches very effectively. Some weaker candidates failed to consider two practitioners in detail and produced wide ranging and vague answering; it was common for work to fail to make it quite clear which two different services the practitioners worked for. AO4b and c were often over-marked by centres because they lacked detail, such as specific ways of how partnership working is done, and they lacked a balanced and applied evaluation. Evaluation requires both positive and negatives to be addressed.

F922: Child Development

AO1: Overall this was done very well indeed; increasingly centres appear to understand the need to show patterns rather than describe or list different milestones. There was still some misunderstanding of AO1a patterns and some centres/candidates did not complete eight. Work on monitoring successfully explained the importance of the chosen methods.

AO2: This was also very well answered. Most work showed that plenty of information had been gathered about a chosen child and applied to the assignment in showing the factors for the child. The most successful work was precise in explaining and exemplifying how the factors had affected the child; good candidates linked these explanations/examples to the norms comparisons they made, so that the comparison work required in AO2c was drawn on in AO2b to prove the points being made. However, some candidates are still not realising the depth needed to explain the influence of factors. Many candidates provided tables to allow comparisons with norms and provided explanations for each of the PIES.

AO3: The better answers here paid attention to detail in ensuring that good use was made of records of observing a child and talking to their parents or the child themselves; the play activities and equipment of the child were considered and used as the basis of examples and as another example of a different type of source. Answering on the theories themselves was overall of a lower standard than on the applications of the theories.

AO4: As with the previous AO's, this was well done overall; lower scoring work failed to explain the choices made in the plan; there was a tendency for weaker work to lack safety considerations and full timescales. Some candidates are still failing to evaluate from the perspective of the child and other adult/typically parent.

AO4 can lack specific developmental focus at advanced level both in the planning and the evaluation. Recommendations were not explained in relation to their potential impact – mainly identified only.

F923 Mental Health Issues:

AO1: Overall this was very well answered. The better scoring centres and candidates tended to use sub-headings showing definitions, symptoms, needs and causes for each of their three types of mental illness. Most work this year successfully grappled with the demands of showing the complexity of causes; the need to show how each type creates needs. Making explicit links to the conditions themselves was the least well done part of the answer. Some centres directed their candidates to give significant information on treatments within AO1; centres should note that this is not a requirement of this particular AO.

AO2: There is still evidence of widespread use of the well-established OCR case studies and delivery which is heavily teacher-led in AO2. Though answering was clearly their own work and interpretation, there were marked similarities in the basic content/ideas around effects in a lot of the moderated work. There was a tendency for lower scoring work to fail to distinguish between short and long term effects.

AO3: Many centres are still failing to take on the requirement to use a wide range of sources in work on strategies. There is also a widespread lack of understanding regarding the need/requirement to use only two roles in AO3b. Students who had been able to build up detailed understanding and examples for the content requirements of AO3 based on a person they had studied or been provided with as a case study obviously did best. In AO3c a great deal of work lacked evidence of the ability to make reasoned judgements about the appropriateness of the legislation to the person e.g. how relevant it is, how far it deals with the person's needs and any barriers or challenges it presents to them.

AO4: Many portfolios did not show evidence of use of a wide range of sources being used where required i.e. when evaluating concepts of mental health. Some work on concepts was found to be highly descriptive with content source-led; many candidates failed to evaluate, while those that did often did not give a well-balanced evaluation. Evaluations of media examples were on the whole very thoroughly done and well balanced though centres tended to deliver a limited range of examples – a lack of fully independent choice and variety of examples across the candidate cohort for the centre.

Many struggled to give recommendations that offered something new and their suggestions tended to be vague or to make suggestions for actions that were already happening; the better candidates were able to emphasise the need for an increase in the amount of good work in the media and also to discuss the sort of negative portrayals/attitudes that needed to change and how.

F925: Research Methods:

AO1: AO1a was quite well done with good use of examples from health and social care to show different purposes. The answering on methods was overall not as well done with a lack of depth and range of different types of e.g. interview. Often candidates included the advantages and disadvantages of methods in this section. This should be avoided as this should be referred to in AO3a when justifying the methods selected.

AO2: Work on rationales seems to have improved compared to last year; many centres now deliver on the need, ideally, to link to previous studies, for example. Both ethical issues and error/bias work tended to be good regarding explaining how the project will deal with the potential issues and sources of error/bias. AO2 could be improved however by giving more background/theory to show what the potential ethical, error/bias issues could be; this would add depth to the work.

AO3: This AO was well done overall; most candidates understand the importance of providing summaries of relevant secondary sources; some even provide triangulation by using more than one primary source as well as the secondary sources; findings were well presented. There was a tendency in the explanation of methods for the worse scoring work to include theory about methods and not effectively and fully explain the methods chosen.

AO4: To do well on this AO the whole project needed to be well planned; students who had a full range of aims/objectives and a good understanding of what they were trying to achieve and find out about obviously did best; they had plenty to evaluate. The best work tended to provide long answers, with separate consideration of strengths and weaknesses; some students integrated this in their answering of AO4a on evaluating applying validity, representativeness and reliability. Validity and reliability not always understood well enough to enter MB3. Improvements could have been explained better – how would they have impacted upon the study?

F910 Promoting Quality Care

General Comments:

Overall, this was an effective paper testing all abilities. There were very few 'No Responses', much fewer than previous years. Examiners reported a number of learners using additional papers/ paper when not necessary, and sometimes not making clear what question the extra writing related to. Overall, candidates did address the questions asked, although quite a few times they attempted to bring in other learnt material not relevant to this paper, for example using PIMET when not assessed this year.

Comments on Individual Questions:

- 1ai Most students were able to score half marks by suggesting speaking to the manager. Common incorrect suggestions were contacting family, talking to Wayne again or the police.
- 1aii Often students gave a selection of effects rather than just focusing on two and explaining them. Some struggled with linking to the impact on health and wellbeing.
- 1b Generally well answered, though a proportion gave POVA, and a few made up names of acts.
- 1c Generally answered well. Candidates were able to discuss relevant methods of monitoring staff, giving examples of how it is used and how it is beneficial to an organisation. However, training came up a lot and just the word 'monitoring' staff with no actual way mentioned.
- 2a Majority of students were able to identify direct and indirect, but often got the examples the wrong way round. Quite a few talked about 'good communication skills' or 'maternity leave' as examples of discrimination. Fewer candidates identified 'recent graduates' as an example of discrimination.
- 2b Candidates struggled to score over half marks on this question. Lots talked about what they would learn – examples of equality of opportunity - rather than how the training will help practitioners. Some candidates listed PIMET with no link to the question asked.
- 2c Quite well answered. Whole range of points from the MS seen in candidates' responses. Competent question with good answers. Some candidates listed PIMET with no link to the question asked.
- 3a Well answered. However, a few missed marks by just saying 'confidentiality' or 'equality' rather than writing the value of care in full.
- 3b Quite well answered. Mistakes made included not linking to older people, e.g. just saying embarrassed or scared, rather than really answering the question. Weaker students gave other barriers – rather than psychological.
- 3c The strong candidates were able to clearly show their knowledge of what primary socialisation is and link it to how it affects our views on older people. Weaker students talked a lot about living with grandparents and how that makes us respect them – without really saying what they meant by this. A few included peers within this discussion on primary socialisation.

- 4a Often this became a definition of what harassment is, rather than actually what the purpose of the policy is. Lots of vague comments about it making schools 'comfortable' environments, or outlining laws rather than a harassment policy.
- 4bi Really well answered – majority of students got full marks. Very occasionally a candidate would put friends or school, or the word work, rather than workplace.
- 4bii Not well answered, candidates often recited what they could remember about agencies of secondary socialisation – without then explaining how this would affect our attitudes. Some gave answers linked to race rather than men/women.
- 5a Generally ok, most candidates getting at least half marks for this question. Some occasionally gave strengths and weaknesses rather than key features.
- 5b Well answered.
- 6a Often candidates discussed barriers in detail, forgetting that they were actually asked for ways to overcome them. Quite a few talked about cultural barriers and service users that didn't speak English – not answering the question.
- 6b Quite well answered. Lots of candidates had learnt from previous mark schemes, so were able to score marks for this. Not many candidates were able to develop their points in enough detail, with good examples/explanations, in order to reach the top mark band. Also some candidates gave great detail on child abuse cases, rather than discrimination.

F913 Health & Safety in Care settings

General Comments:

Performance of candidates overall was markedly lower this year, with little evidence of many high calibre candidates being entered for this examination. In many instances candidates failed to grasp the meaning of the question being asked, and gave an answer which related to a similar question in a previous exam. Command verbs were misunderstood.

Centres should be discouraged from issuing candidates with additional answer booklets unless they have first used the additional pages provided in the main answer booklet.

Comments on Individual Questions:

Q1 (a) (i) This simple identification of safety signs was well known in the main. Sign B was least known by candidates.

Q1 (a) (ii) This question required candidates to make links between the different focus of the signs in order to explain increased fire safety. Many candidates only gave slightly more detail about the meaning of the sign without mentioning the type of sign that it was. Few candidates scored marks in Level 2.

Q1 (b) The majority of answers to this question also mainly scored in Level 1. Many candidates gave detailed descriptions of types of signs (colour, shape etc) rather than the key features of the controlling legislation.

Q2 The majority of candidates are familiar with the approach required for a good answer to this Risk Assessment question, having practised the process in light of Reports to Centres from previous sessions.

Some candidates misunderstood the importance of applying the hazards to the particular needs of the people who use that particular service. Examiners did not accept that elderly people were likely to poke their fingers into electrical sockets. That would be a risk in an Early Years setting, but was not given credit in the setting given on this paper, which was generally taken to be a Residential Home for the elderly.

Some candidates assumed, and stated in their answer, that this was a Residential Home for children. In that instance, answers about poking sockets was appropriate and scored well. Candidates should be discouraged from suggesting that all elderly people need to be locked into a care setting to prevent them from escaping. Differentiation must be made between the majority of elderly people who may be frail, and those with dementia or similar conditions.

Q3 (a) The identification of items of PPE was straightforward for most candidates.. The explanation of how they protected practitioners from infection tended to lack the precision required to gain full marks. Some candidates had not read the question correctly and talked about preventing cross infection.

Q3 (b) The focus of this question was on the role of the care setting in ensuring the safety of practitioners when they are disposing of clinical waste and instruments. Many wrote about what the practitioners should do. This was given some credit but limited the mark available to candidates.

Q3 (c) The majority of candidates failed to grasp what was meant by personal hygiene and recapped their previous answer about the use of PPE or discussed general cleanliness of the environment. Most managed to gain some marks by mentioning hand washing.

Q4 (a) The majority of candidates were not familiar with the information required to answer this question, which generally scored low marks. It may be that as this topic has not featured on the exam for some time, it has not been taught. It is a requirement of the examination process that the entire specification must be examined over time.

Q4 (b) The majority of candidates described the need for a first aid box and other facts associated with it. Very few attempted to answer the question by explaining the process by which an employer decides what provision is appropriate. A number are still stating that a trained first aider and/or a first aid room are essential requirements in all settings.

Q4 (c) Many candidates knew something about the HSE's processes and powers. The most able candidates presented these facts in a logical sequence which showed progression from relatively minor actions to serious interventions such as closure and prosecution. There are still a number of candidates who think that the Health and Safety Executive is one man who works in the institution and who takes over in time of need.

Q5 (a) Most candidates knew the full name of COSHH and were able to give standard details about storage, handling and labelling. Few attempted any kind of analysis of the impact (primarily on the employer) of the implementation of these requirements, which was the focus of the question.

Q5 (b) There was significant confusion between the requirements for reporting accidents (RIDDOR) and the keeping of an Accident Report book/file. The majority of candidates discussed the latter which restricted the marks available to them. There were very few who discussed the former and actually attempted to answer the question asked.

Q6 (a) This question asked for an evaluation of Fire Evacuation Practices. Many simply described some fire drill procedures. Some discussed what would happen in a real fire, rather than a drill. Most gave only positive points with few giving any negatives, hence not attempting an evaluation.

Q6 (b) This question was answered very poorly. In the past when candidates have been given a specific setting such as a hospital, and asked how the procedures would be changed, they have answered quite well. It would seem that they understand the specifics but not the basic principles of these decisions.

F918 Caring for Older People

General Comments:

Performance of candidates was broadly in line with the previous session.

There was some evidence that students had "learned" answers. These were then offered in response to related but different questions. Centres should remind candidates that questions will not be repeated.

As mentioned in previous years, any writing below the line is not immediately visible to examiners. Candidates should be encouraged to use the additional pages provided in the Answer booklet when there is insufficient room for their response. Centres should not provide further answer booklets unless these additional pages have been completely used up.

The poor quality of some candidates' writing did not assist their attainment in banded response questions where the quality of written communication is assessed.

Comments on Individual Questions:

Q1 (a) This straightforward identification of three physical symptoms of a digestive disorder was well known. Some candidates lost marks by giving vague and unqualified answers such as "pain".

Q1 (b) This question was readily accessed by all candidates and was generally well answered.

Q1 (c) Candidates scored highly on this question, apparently more confident when discussing social aspects.

Q2 (a) Social changes after retirement were well identified.

Q2 (b) Explanations of the economic effects of retirement were well known and answered coherently in the main.

2 (c) It was apparent from the answers given that the majority of candidates had limited knowledge of what third sector services were, with a large minority scoring no marks at all on this question.

Q3 (a) Most candidates could identify a circulatory disorder and give two physical signs or symptoms of that disorder.

Q3 (b) Candidates were able to discuss the disadvantages for an older person of moving into residential care. It was heartening to see evidence of real understanding expressed clearly.

Q4 (a) Candidates could identify three possible changes to health and social care needs with relative ease, but few could offer sufficient precision or detail for the awarding of a second mark for each change.

Q4 (b) It was heartening to observe improved understanding of the role of an occupational therapist. Some candidates, however, persist with the idea that the occupational therapist will provide aids and adaptations personally.

Q4 (c) Candidates largely produced bland statements without any significant detail about promoting individual rights and beliefs. Many made stereotypical comments based on the individual's name. Some had not linked this with the previous question about the same individual and confused their answers by writing as if he was in residential care.

Q5 (a) Very few candidates grasped that this question was focussed solely on the intellectual needs of an individual. In addition, some candidates had little idea of what day care services were. The combination of these two factors led to this question being answered poorly.

Q5 (b) This question proved extremely challenging for all candidates. Those who managed to discuss some limitations of the Mental Health Act were not able to make clear links with health care practitioners, and more usually wrote about the effects on those detained under the legislation.

Q6 (a) Candidates understood this question and knew sufficient facts to give detailed answers. Some of the examples were slightly repetitive.

Q6 (b) This question was answered well by most candidates, with a good number scoring maximum marks.

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. Candidates who wrote unnecessarily lengthy answers continuing on to extra pages seldom improved their answers by doing so and tended to be unnecessarily repetitive. This was particularly evident in question 1b, where there was perhaps a 'write everything I know' approach, rather than being able to summarise clearly and concisely two specific features of a theory. Candidates should be reminded that it is unnecessary to repeat the wording of the question as an introduction to their answer. Candidates should also take note of the marks allocated to each question, as well as the space available, as this is an indication of the length of answer required. Although it is sometimes beneficial for the candidate to answer questions which they feel more confident with first, care should be taken not to spend an inappropriate amount of time writing answers at length where the marks available do not justify this. It should also be considered that the different sections of each question, although being free standing, are designed to encourage the development of a thought process and therefore taking parts of questions out of order may be a disadvantage. 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 it is continued.

Candidates generally had 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 usually able to gain higher marks, in particular in question 3a which related to 'later adulthood'. It was evident that many candidates had studied more than one theorist for each psychological perspective; this is not required and is not necessarily of benefit in this exam. In particular, for question 2b relating to the humanist perspective, where candidates had introduced their answers with details of both Maslow's and Rogers' theories, the ways in which either theory (or both) could be implemented tended to be confused. Similarly in question 4c, candidates who had studied both Piaget and Vygotsky tended to give an answer which was more a comparison of the two theories than an application of one. Centres should be reminded that candidates will not need to use more than one theory for each perspective in this exam.

Comments on Individual Questions:

1ai Most candidates responded with Eysenck (although with a variety of spellings), with few references to Cattell.

1a ii Most candidates answered with Bandura, although Tajfel and Latane were also mentioned.

1a iii Most candidates answered with Maslow, with Rogers also being given.

1b The majority of candidates used Freud and many wrote at length covering most aspects of the theory, rather than simply outlining two features, thus wasting a great deal of time. A significant number of candidates used Erikson for this question and these answers tended to be much more concise.

1c Where candidates were able to give examples of specific experiences in early childhood, they were more able to suggest how Freudian theory might relate these to emotional development in adolescence. However, answers were often mainly a repetition of theory, much of it very muddled.

Candidates who used Erikson were usually more able to express themselves clearly and concisely, perhaps because the terms used by Erikson lent themselves to practical application more directly, such as in the first stage of 'trust v mistrust'. A few candidates used Bowlby's work to good effect, demonstrating understanding.

2a Most candidates were able to give a straightforward answer based on the biological perspective of Eysenck and Cattell illustrating 'nature' and the social learning theory of Bandura, or Skinner's behavioural theory illustrating 'nurture'. Where other theorists were used it would have been appropriate to suggest the 'interactionist' approach, whereby, whilst it is seen that individuals are born with an inner drive or motivation, external factors and experiences are involved in development. Some candidates still struggle to separate 'environmental' factors, or the influence of the 'environment' from the 'nature' side of the debate. Upbringing and life experiences may be terms which are easier to apply to 'nurture'. Few candidates suggested that it is not just a debate of either one side or the other, but that it is more an interaction between the two.

2b Most candidates showed a good knowledge of Maslow's theory. However, many answers were either just an account of the theory or simply stated that the theory *should* be used in schools. The question required candidates to assess ways in which the theory *could* be used. Where candidates gave practical examples such as breakfast clubs, drinking water being available, locked gates, anti-bullying policies, praise, awards etc. they were able to demonstrate a high level of understanding. Many candidates spent far too much time on ways in which a child could achieve self-actualisation which was inappropriate, although few answers included the meeting of cognitive needs, which might be seen as being a school's main function. Few answers were based solely on Rogers' theory, although aspects of the theory were sometimes included, often confusing the answer.

3a This question highlighted a general lack of awareness of the difficulties experienced by many people in later adulthood, although candidates were able to pick up some marks by referring to low income and the inability to get to shops because of poor mobility. There was a general assumption that 'healthy' foods were expensive and microwaved ready meals lacked nutritional value. Very few candidates suggested that poor nutritional levels were the result of eating very little, because of lack of interest/appetite/motivation etc., or only eating a very limited range of foods because of difficulties in biting/chewing/swallowing etc., or lack of access to *any* food, because of being unable to get to shops. Difficulties resulting from visual impairment were well explained by a few candidates and the effects of diminished senses of smell and taste could also be considered. Candidates who suggested that an elderly person might subsist on easily bought, and eaten, 'cupboard basics' such as tea and biscuits, bread and cake, demonstrated a greater understanding of more frequent causes of poor levels of nutrition in later adulthood. Often answers related more to the lack of a 'healthy lifestyle' rather than specifically to poor levels of nutrition.

3b This question asked for 'settings', which the majority of candidates interpreted appropriately. However, several candidates gave answers which were examples of 'services', such as respite care or 'Meals on Wheels'.

3c Few candidates demonstrated real understanding of the needs of people in later adulthood. Several missed the point of the question that it was the *carer* who was required to meet their nutritional needs, in suggesting that the family/a dietician/G.P./ home care assistant etc. could be asked to address the issue, although suggestions that the carer could arrange for 'Meals on Wheels' or regular deliveries of food, either through on-line shopping or from specialist firms were appropriate. Many answers focussed on 'educating' the older person/telling them what to eat/making them buy healthy foods etc. with answers often suggesting 'healthy diet plans', which tended to ignore the issues of access or the ability to prepare and eat such meals. There was a general condemnation of 'ready meals' and numerous suggestions that the individual

should be shown how to make 'meals from scratch' rather than relying on unhealthy 'take aways'. A large number of candidates referred to the '5 a day' advice, usually suggesting that apples should be given as snacks or after a meal, without realising that these (as well as many other fresh fruits) may be too difficult for the individual to eat, or digest. Several candidates approached the question as being about a healthy lifestyle, inappropriately emphasising the need for fresh air and exercise in meeting nutritional requirements, although these factors might result in improved appetite. Candidates were able to gain marks by suggesting that the carer could do the shopping and prepare foods which the person liked. A small minority of candidates demonstrated real understanding of the focus of the question by suggesting suitable foods, drinks and snacks, small portions, providing assistance with eating and encouraging a social setting such as eating with the individual etc.

4a Most candidates gained marks by referring to damp and mould which would lead to respiratory illnesses, resulting in having to take time off school. Social and emotional effects were linked to 'embarrassment' and not wanting to invite friends to play. Lack of space and restrictions for play were more appropriately linked to the restrictions in developing of gross motor skills rather than fine motor skills. Cramped conditions/ having to share a bedroom/not having space to study or revise were less applicable to a young child, although effects on sleep or learning to read or having a quiet time and place to practise reading were appropriate.

4b Candidates generally gained marks by mentioning that a child would 'pick up' on the carer's attitude and would therefore value education if the carer had a positive attitude, or would not be interested at school if the carer displayed a negative attitude. More specific responses gave examples such as helping (or not) with homework/reading, providing educational toys and resources, with the best answers referring to carers attending school meetings, taking an active interest in school activities such as plays/sports events/assemblies, talking with teachers, encouraging full attendance etc.

4c Most candidates demonstrated a sound understanding of Piaget's stages of development and many answers also included reference to Vygotsky's 'more knowledgeable other'. There were numerous, and largely inappropriate, references to 'testing' the child to find out what stage they were in. The specific benefits of attending a children's centre for a child 'living in poverty' were less well covered. Many answers could have applied to any child attending school, in terms of learning 'concepts' and teachers structuring the child's learning. The opportunities for 'free play' with a wide range of age appropriate resources which the family probably didn't have, were less often explained. The provision of 'large' toys such as climbing frames, trampolines etc. which would extend the child's play experiences would be a clear benefit. Opportunities for messy or noisy play would be possible, where perhaps the stresses of living in poverty might make parents less able to cope with such demands would also be beneficial. The benefits of playing in a warm, safe, open space with other children should not be underestimated. Many candidates equated poverty with emotional neglect suggesting that the parents 'didn't care' or that parents hadn't been educated so didn't know how to read or care for their children. Whilst parents may also attend the centre with their children, it is usually because they want their child to have opportunities which they are well aware that they are unable to provide and which they want to share with their child.

5a Most candidates were able to suggest fear of losing independence and privacy, as well as having to fit in with other people and a different routine. Many answers appropriately mentioned media coverage of abuse or neglect in some care homes which would be a very real cause of fear.

Being 'forgotten' by their family and friends was frequently mentioned as well as the thought that their life would be coming to an end and that they were likely to die in residential care.

5b Most candidates answered with Skinner, although Pavlov was also mentioned.

5c This question was very poorly answered. Many candidates gave detailed accounts of the experimental work carried out by Skinner and Pavlov on rats, pigeons and dogs which was not required and which in many ways then made it difficult for them to apply theory to the setting and life stage given in the question. Frequently answers were based more on social learning theory than behavioural theory, referring to copying the behaviour of others and seeing others being rewarded. Much more worrying was the extent to which candidates suggested that residents should be punished for not doing as they were told, that if they didn't 'behave' they would not be allowed to have visits from family, they would have their television time taken away, or would not be allowed to have privileges, such as being able to sit in the garden. It is to be hoped that these comments were the result of a somewhat 'artificial' approach to applying the theory they had learned, rather than an accurate representation of ways in which candidates thought older people should be treated. There was also a great deal of misunderstanding about 'negative reinforcement' with candidates trying to adapt situations which they had learned relating to children, such as 'standing over the resident to make sure that they finished their meal' before leaving them alone, or nagging them to tidy their room and only stopping when they had done it properly. Ignoring inappropriate behaviour always needs to be within parameters of health and safety and most, but not all, candidates recognised that in situations of violence this would be difficult to maintain. Candidates similarly struggled to suggest suitable rewards to reinforce desired behaviour, many suggestions being unrealistic for frequent use such as 'having a day out' and often resorting to 'allowing' the resident to have an extra biscuit or a piece of cake. Dessert was often given as a 'reward' for eating all their dinner. It is perhaps somewhat optimistic to hope that residential care could be viewed as an 'all inclusive hotel' with individual care and attention (which the resident is paying for), rather than a very strict and regimented boarding school, let alone a prison with rather intimidating warders, but some of the answers rather reflected the suggestions given in 5a showing that there were genuine reasons to fear going into residential care.

There were a few candidates who were able to recognise the value of praise, enthusiasm and genuine delight in the achievements of the residents in 'reinforcing' behaviour. Some insightful suggestions such as 'resident of the day' with their photo on the noticeboard, certificates and awards for taking part or winning competitions, being able to choose the next song in karaoke etc. showed greater understanding of everyday life in residential care. Similarly, candidates who said that aspects of the theory could be seen as being unethical, patronising, demeaning and a breach of the residents' rights demonstrated a more appropriate evaluation of the use of the behavioural perspective. Candidates who went on (sometimes in great detail) to explain why other theories would be more appropriate, or which could be applied more easily, did not enhance their answers.

F921 Anatomy & Physiology in Practice

General Comments:

The June 2016 Anatomy and Physiology in Practice paper differed slightly in appearance from the previous years as a diagram was again included. The drive to avoid previously used questions was continued and this again resulted in topics from the specification being used for possibly the first time. It would appear that the majority of candidates managed to cope with these aspects. Multi-level high mark QWC responses were found towards the end of the paper whilst many questions this year were either marks per point or 6 mark two level responses. This appeared to allow most candidates some initial marks.

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, for example, MRI scans, X-rays, dialysis and transplants must be covered, though their use must be appropriate to the condition being described. There is still evidence of unwise choices of dysfunction by centres, for example, Parkinson's. Whilst this is on the specification, centres should think carefully about their choice, and likely questions, in order to ascertain whether there is sufficient content to give in a response. Some dysfunctions on the specification are far more 'universal' in terms of accessing questions than others. These have been recommended in previous guides and training exercises provided by OCR.

It is essential, good practice that candidates see and practice past papers, but they must not be lead to believe that similar questions will arise in the future. Examiners are required to test all aspects of a specification during its 'lifetime'.

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, procedures described rather than evaluated.

A large number of candidates had made use of the additional pages provided but some 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. 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 only serve 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 causes and effects of a condition rather than focussing on its diagnosis as requested. A thorough understanding of command verbs and practice of reading questions is essential.

Comments on Individual Questions:

Q 1(a)

This was the diagram question and required candidates to identify the components of the elbow joint. A minority of candidates attempted to answer this in terms of types of joint however the majority answered reasonably well with the most common error being confusing tendons with ligaments.

Q 1(bi)

Most candidates did well identifying a named dysfunction of the musculo-skeletal system, although as stated previously not all choices were wise ones.

Q 1(bii)

Again most candidates who had correctly identified the main components of the joint correctly listed a structure affected by their chosen dysfunction.

Q 1(c)

Many candidates managed to attain level 2 with good explanations of diagnosis. Those referring to arthritis and MS appeared to do better. The diagnoses of osteoporosis, Parkinson's and to a certain degree, strokes (beyond FAST) remain poorly understood.

Q 1(d)

Despite this being a relatively 'easy' question it was largely poorly addressed. There are several apparent reasons for this. Many candidates were determined to turn it into a straightforward PIES response which it wasn't –instead requiring a detailed assessment on the impact of a chosen dysfunction on daily activities. Secondly many candidates do not really understand the condition they are referring to –this is particularly true of osteoporosis. Finally, even those who were on the right track did not relate the effects of the chosen condition to the activities they were describing. A minority of candidates did, however, produce some very detailed and accurate assessments usually centred on either arthritis or MS.

Question No 2

Q 2(a)

Most candidates were able to identify three functions of the blood although there were a number of imprecise answers relating to temperature regulation and some repeated answers usually concerning the transport of oxygen.

Q 2(b)

Most candidates were able to access at least half marks and made the appropriate links to diffusion. A few candidates appeared to think that capillaries and arteries/veins are one and the same.

Q 2(ci)

Most candidates were able to identify a factor beyond the control of an individual with genetics the most popular answer, followed by age and gender. Whilst it was tempting to allow 'stress' it was deemed incorrect.

Q 2(cii)

This question was done well by the majority of candidates and there were good descriptions of the effects of poor diet on the heart as well as the lack of exercise. Answers only fell apart when smoking and alcohol were mentioned, as many candidates appear to have muddled ideas on the effects of these on the circulatory system, with too many references to a build-up of tar in the blood vessels.

Q 2(d)

Many candidates obtained at least half marks by referring to lifestyle changes, but the majority also demonstrated a good knowledge of angioplasty with appropriate terminology being used.

Many also appeared to understand the principles of coronary bypass. References to medication were less well done with muddled, inaccurate or vague responses. A significant number of candidates appear to think that a standard treatment for coronary heart disease is a heart transplant. This is not the case.

Question No 3

Q 3(a)

This question was done reasonably well with the majority attaining at least half marks. Candidates appeared to know all the terms, but often described what they are rather than giving their function. Some confused the ciliated oviduct with fimbriae that have been previously examined. Some even indicated that the cilia were there to remove dirt particles rather than to transport the ovum.

Q 3(b)

On the whole this was surprisingly badly done with a lot of vagueness about the process of fertilisation. Many think that it occurs in the uterus and most wanted to describe implantation rather than fertilisation. Some answers were excellent though with detailed description and accurate use of terminology.

Q 3(c)

This too was surprisingly poorly answered with many simplistic statements. A significant number of candidates did however identify the functions of nutrition, protection and contraction during birth. Many candidates gave stretching to accommodate the growing baby as a function. The examiners deemed this as a property of the uterus and not a function.

Q 3(d)

Many candidates unfortunately did not read the question properly and wrote their whole answer on the process of IVF rather than evaluating its use. Occasionally a few evaluative comments were briefly added at the end. The majority of those that did attempt to evaluate readily identified the negatives but tended to supply only one benefit. Only a few candidates referred to the age of women or same sex relationships.

Question No. 4

Q4 (a)

This was an attempt to test knowledge of the kidney in a different way. The renal system always appears to be a struggle for the majority of candidates and so it was again. There seems to be a muddled understanding of the function of the components of the nephron especially the glomerulus, Bowman's capsule and loop of Henle. Many candidates identified that filtration occurs in the glomerulus but think that this also happens in the Bowman's capsule too. Very few candidates gave the correct explanation of the BC simply collecting the filtrate and channelling it into the nephron just like a filter funnel. Most candidates do not seem aware that the basement membrane is a structure found on all capillaries and not just in the kidney and is therefore part of the glomerulus. Most candidates appeared to recognise that reabsorption occurs in the proximal tubule but many failed to give full details of what exactly is reabsorbed. Many candidates did in fact recognise that the loop of Henle plays a role in water and salt absorption but most failed to link this to a creation of a 'salty' hypertonic medulla. Some candidates did however give accurate explanations. It must be stressed that candidates are not required to understand or describe the complicated counter current multiplier system. Explanations of the collecting duct varied from simple statements concerning the passage of urine into the calyx or ureters to detailed responses linked to ADH and osmoregulation.

Q4 (b)

Candidates were able to write about the treatment of kidney failure reasonably well and the majority of answers focused on dialysis and transplants irrespective of the condition chosen. Explanation of the cause was not done well and sometimes not at all. This was particularly true of those candidates who merely stated that kidney failure was their chosen dysfunction, this being such a nebulous term. It is recommended that particular conditions such as nephrotic syndrome, kidney stones or renal infection be used, but stressing that these conditions can possibly lead to kidney failure and hence the need for dialysis and transplantations. Some of the best responses seen revolved around nephrotic syndrome as there is much to say and it appears readily understood by learners.

Question No 5

A wide range of marks were given for this question. Some candidates wrote a lot but failed to pick up hardly any marks, generally when the candidate chose to work through the body systems which gave rise to a lot of inaccuracy. This was particularly true in the area of potential effects of alcohol on the cardiovascular, respiratory and renal systems. Many candidates appear to think the kidneys remove alcohol from the blood and fail as a consequence. There was also a massive amount of vague and irrelevant material produced. Best answers were more focussed on the wellbeing aspect and much probably stemmed from the learners' general knowledge of alcohol and its effects. A significant number of candidates wasted time and marks by describing Government guidelines and unit consumption. Others tried to turn the question into a pure PIES response and provided much irrelevant information. Similarly many started to discuss the effects on individuals of heart, kidney and digestive disorders that might have been triggered by alcohol, rather than remaining focussed on the direct effects of alcohol. Some candidates attempted to refer to the possible benefits of alcohol on health but could not provide accurate information on the precise components of red wine and their possible effects. A few individuals did manage this. There was much reference to alcohol and weight gain with many candidates appearing to think that alcohol contains fat. The difference between alcohol, the chemical, and alcoholic beverages does not appear to be understood. There is also confusion over the term 'depressant' with candidates reading this as meaning alcohol directly causes depression.

However there were some good rounded answers given that moved into level 3 band and many got to the top of level 2. Only a minority attained level 4.

F924 Social Trends

General Comments:

There were only minor changes to the mark scheme following the period of browsing by the assistant examiners prior to the mark scheme being signed off at SSU. Standardisation of all Assistant Examiners ensured they were able to utilise the mark scheme effectively and marking was completed within the given timescale. It is hoped that teachers and Centres will advise candidates of the following points.

- Candidates should avoid rewriting the question.
- Once again, and in increased numbers, candidates had asked for supplementary sheets instead of being advised to use the extra pages provided in the answer booklet.
- Some handwriting was very difficult to decipher.
- There was a repeat of too many candidates not referencing the use of extra pages as continuation of their answers or in several cases referencing inadequately or incorrectly.
- The use of extra sheets did not directly correlate to gaining extra marks. Except in a very few cases, the additional writing was often only a few words and unnecessary.

The range of marks gained indicated that the paper catered for all levels and differentiation was obvious mainly in the banded response questions. The bulk of candidates appeared in the mid-range of marks. Only a few were in the very lowest spectrum indicating inappropriate entry, however amongst these there was a concern that some candidates appeared to have done little work around the pre-release materials. There was sometimes no reference to information provided even for 1 or 2 mark questions which are often directly available in the data. Those candidates with mediocre mark allocations did not read and respond to the wording of the question, either the command word(s) or the thread, resulting in limited marks.

Those candidates who gained 75 plus marks provided detailed responses in answer to the specific question asked and had clearly made good use of the pre-release material. It was pleasing here to note the contextualised answers, especially in the banded response questions and also explicit links that were made by these candidates.

There was no evidence of lack of time to complete the paper, except for those candidates who overwrote on almost every question.

Comments on Individual Questions:

Question No.

In all questions there were some outstanding responses from high calibre candidates whose answers were carefully considered and merged extremely well with those on the mark scheme. It was wonderful to read these from excellent, well prepared candidates, who read and understood what was being asked of them. Their extended answers are sometimes remarkable and a pleasure to read and mark.

Q1 (a) High ranking candidates gave two clear trends with start and finish dates, then a suitable comparison for each. However few candidates gained 4 marks because they either did not describe the trend using both end dates or they described trends but made no comparisons. A limited number referred to the wrong age range or simply regurgitated the information on %'s that was already provided.

1(b) Mentions of baby boomers were among well written responses with good explanation referring to the requested age group. A few candidates missed the point of 'people living alone' and wrote about single parents with children at home or even cohabiting couples.

1(c) Unfortunately, many candidates referred also or wholly to service provision, NHS or government implications rather than for 'people living alone' as the question stated. High scoring responses were detailed, with excellent, well developed examples including financial materialistic and health deprivations suffered by a variety of individuals.

Q2 (a) Any loss of marks was usually a result of candidates providing vague answers or guessing incorrectly. No marks were awarded for 'can't drink, smoke, have sex etc.' or 'can drink, smoke or have sex etc.', without the correct, specific age given and the word 'legally' included or 'legally allowed' included .

2 (b) Well answered with good candidates giving historical and societal aspects of the conceptual change with examples to illustrate their answers. There were however some lengthy quotes from the text in less developed responses or journalistic answers consisting of their own judgements of the texts provided.

Q3 (a) The best responses clearly justified why 'the women in the text' might use this particular type of contraception. However, many candidates simply wrote why women in general would use any or all contraception, or why the 'women in the text' might use any contraception at all. This question is a good example of how candidates can and do miss all marks in a question by not reading it thoroughly.

3(b) It was pleasing to see that many candidates had explained in some detail the complete process, referencing the student's choice of topic throughout.

Candidates who remained in Band Mark One did not contextualise their response to 'influences on people's choice of contraceptive', even if their knowledge of the research method was very good. Use of the acronym ASPQPERAC without context lets down poorer candidates.

3(c) These three answers were not done well. Very few gained full marks and some candidates just repeated the question i.e. 'a random number of people, a sample that gets bigger 'etc. although some had clearly learnt the key words used in research and did gain full marks.

Q4 (a) As in Q1 (a) Trends were not done well, in this case candidates were given the command word explain, which meant identifying the trend first, for 'men' not women or both. In (ii) a description was needed i.e. what happened with dates?

4(b) This question was done very well with some excellent, clearly developed analysis including good examples of types of families that might be in this category. There were occasional misinterpretations when reconstituted/blended families were discussed.

Q5 (a) Attempted by all candidates but for two marks an extended answer is always needed. Some candidates simply wrote 'both work'

5(b) As in Q 3(b) those superb candidates who referenced the context of an investigation into 'couples' spending habits' gained high marks for detailing the weaknesses of this particular method and offered suitable ways to overcome them.

It appeared that this year there were fewer incidences of stereotypical viewpoints offered by the candidates.

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