



History

GCSE

History A

Unit Overview (A955/21)

Version 1

January 2014

CONTENTS

Rationale for the changes	3
Content	5
Activities	7
The mark scheme and marking	9
Resources	12

SECTION 1: RATIONALE FOR THE CHANGES

Ofqual required all awarding bodies to strengthen their GCSE History qualifications for first teaching from September 2013. OCR has strengthened its SHP specification but has also ensured that changes were kept to a minimum. Several changes have been made to A955/21 'Historical Source Investigation' (previously A952/21).

WHAT HAS CHANGED?

- A coherent unit on British history has been developed entitled 'A Study in British History: Public Health in Britain 1800-1914'. This includes some new content.
- Centres will not be informed in advance of the topic to be covered in the Historical Source Investigation question paper. This is because the case study approach used in the past will no longer be used. The sources and questions will always range across a significant part of the period 1800-1914.
- The question paper will now have 5 questions instead of 6.
- Questions 1-4 will be based on sources.
- Question 5 will be a thematic question and will cover the period 1800-1914. This question will have 16 marks and will focus on a particular issue across time. Candidates will answer this question primarily from their own knowledge but will also have to use the sources in the question paper.
- The mark scheme will look rather different, with clearer guidance about the AOs being assessed in each question.

WHAT HAS STAYED THE SAME?

- The question paper will still be primarily a 'source investigation' and will contain a range of source material.
- Some of the content in this unit is the same as in the section on public health in the nineteenth century in the previous specification.
- The question paper will still be assessed in 1 hour 30 minutes and will have 50 marks, plus 3 marks for Spelling, Punctuation and Grammar (SPaG).

WHY WERE CHANGES MADE TO THE SPECIFICATION?

All awarding bodies were asked to strengthen their GCSE History

qualifications by the regulator, Ofqual. The requirement to strengthen GCSE History was focused on the following areas:

- A requirement for a substantial (a minimum of 25%) and coherent element of British history and/or the history of England, Scotland, Ireland or Wales.
- More comprehensive coverage of the specified content and change and/or development over a period of time sufficient to demonstrate understanding of the process of change, both long and short term.
- Greater use of AO1 (recall, select, use and communicate knowledge and understanding).
- Greater transparency of mark schemes.

OCR'S APPROACH:

Two principles have guided OCR's approach to strengthening this specification. Firstly, the changes have been kept to a minimum to ensure that centres' existing resources and expertise can still be used. Secondly, where changes were necessary, the opportunity has been taken to improve the specification.

• **A substantial and coherent element of British history**

This requirement has been addressed by creating a unit entitled 'A Study in British History: Public Health in Britain 1800-1914' to be assessed through a question paper largely based on sources. The content for this unit can be found on page 27 of the specification.

This unit offers a coherent and interesting topic about how and why public health was developed through the nineteenth century. This topic is rich with a range of fascinating source material and raises important issues relevant to today. It offers human stories but also raises issues about change over time. It is both coherent and substantial in its own right, in a way that the previous case studies were not.

To keep changes to a minimum this unit is based on content in the previous specification but to create a full and coherent story, new content has been added. This is discussed in more detail in Section 2.

• **More comprehensive coverage of specified content and change and/or development over a period of time sufficient to demonstrate understanding of the process of change, both long and short term**

In the past, the topic for the Historical Source Investigation question paper has been based on a case study taken from the Study in Development: Medicine unit A951 (now A954).

The case study has not been assessed as part of a study in development.

The new A955/21 unit is more of a development study, examining the development of public health over a period of 114 years. It is connected to, but also independent of the A954 Study in Development: Medicine through Time unit. It is, in effect, a study of development within a larger study in development.

Thinking of it in this way should help teachers to teach the two together. A955/21 does require the whole story to be studied and so the question paper will cover a substantial part of the period 1800-1914, thus delivering comprehensive coverage of the content.

- **Greater use of AO1**

This requirement has been met while at the same time the fundamental nature of the question paper as a source investigation has been largely preserved. The requirement has been achieved in two ways.

Firstly, Questions 1-4 will be asked in such a way to ensure that good knowledge of the historical context of the sources is required to produce a good answer.

Secondly, Question 5 will focus primarily on contextual knowledge and will demand knowledge of the development of public health across the whole period. This will be achieved by basing Question 5 on one of the issues in the development of public health listed in the specification, and discussed in Section 2.

To allow candidates time to respond to Question 5 adequately, the total number of questions has been reduced from 6 to 5.

- **Greater transparency of mark schemes**

While we have always prided ourselves on the clarity and appropriateness of our mark schemes, there is now a requirement to recognise the different assessment objectives tested in each question in a more explicit way.

To achieve this we have designed mark schemes that identify the requirements for each relevant assessment objective in each level. How this works in practice can be seen in the mark scheme for the specimen paper. This is also discussed in Section 3.





SECTION 2: CONTENT

The topics to be studied are:

- The state of public health in the first half of the nineteenth century
- Demands for reform and reaction to these demands
- The beginnings of reform
- The need and pressures for further reform
- The Liberal welfare reforms of 1906-1912

The detailed content for each topic can be found on page 27 of the specification. Each topic has been specified in detail to help teachers know exactly what, and how much, content needs to be covered.

It is recommended that the teaching and learning of this unit is embedded in the teaching and learning for unit A954 Study in Development: Medicine through Time. This will provide a broad context for the development of public health in the nineteenth century.

Where relevant, candidates can use their knowledge of other aspects of nineteenth century medicine (eg they will have studied Pasteur's germ theory for unit A954) when answering the questions. However it is important to remember:

- The content for A955/21 needs to be taught and learned in more detail than the content for the Study in Development in unit A954.
- There should be a special focus on the use of sources in this unit (however, sources should still be used during the teaching and learning of unit A954).
- The topic of Public Health 1800-1914 needs to be understood as a coherent topic in its own right, as well as a part of the larger story of the development of medicine. Students should end up with an overview (a mental map) of the period 1800-1914.

The content above has been chosen because it provides a clear and coherent story of the development of public health in the nineteenth century:

- The state of public health in the first half of the nineteenth century - this is a 'scene setter' and introduces the whole topic. Students often write about this content in very general terms that could apply to almost any period. It is important to cover specific period detail.

- Demands for reform and reaction to these demands - this section continues the story by focusing on both the reasons why some people were demanding reform and why others opposed reform.
- The beginnings of reform - here it is necessary to study government reforms, the work of Chamberlain and the development of model villages. It is important to assess the effectiveness of these reforms.
- The need and pressures for further reform - this section asks the question why, after the reforms already studied, was there need for further reform?
- The Liberal welfare reforms of 1906-1912 - it is important for students to understand the difference in type between these reforms and the earlier ones. Their effectiveness should also be assessed.

The specification states that the cause, varying pace, effectiveness, significance and changing nature of, and opposition to, public health reform should be studied. These ideas hold the unit together and should be revisited during teaching and learning.

It is important to consider:

- What were the different causes of reform? How important were individuals, scientific discoveries, the role of government? Did the causes of reform change over the period?
- Which parts of the period saw the most rapid reform? Why was there more reform in some parts of the period than in others?
- How different were the reforms? Were some reforms more effective than others? Why was it necessary to have a second wave of reform? How far did the nature of the reforms change over the period?
- How significant were the reforms for different groups? Were some reforms more significant than others?
- Why did some individuals and organisations oppose reform? Did their reasons change over the period? How effective was the opposition?

It is crucial that students develop an overall understanding of the development of public health over the period. The question paper will be based on a theme/issue across the period and Question 5 will raise issues about patterns across the period.

One possible approach when introducing this unit is to begin a class discussion about what we mean by public health.

Candidate answers in past examinations show that some are unclear as to the meaning of the term. Students could also revisit eg the development of public health in the Middle Ages.

As well as placing this unit into the chronological context of the history of medicine, it is also important that students understand the relationship between developments in public health in the nineteenth century and other developments in medicine at that time.

Students could be given a pack of sources (a mixture of written and pictorial sources is best) with each source about a medical development in the period 1800-1914. Working in pairs they could be asked to identify which sources are about public health and which are about other areas of medicine.

An alternative approach might be to give students a pack of sources representing public health at different times in the period 1800-1914. Working in pairs they could put the sources into chronological order.

It is best to cover the development of public health in chronological order. The chronology is vital and students' understanding should be regularly reinforced through the use of timelines and charts. It would help if a timeline could be displayed on the wall of the classroom, with each new development being added as it is reached in the teaching. It is best to keep timelines simple so that the main points come across clearly. Alternatively, students could keep their own timelines on their computers.

As more of the period is studied the issues mentioned above eg the different causes of reform, can be introduced and students should begin to ask comparative questions and look for patterns. They will find it useful if they each keep a running list of eg different causes of reform.

They should be encouraged to compare the reforms, eg were some more significant than others?, and to ask questions about change over time, eg does opposition grow stronger or weaker across the period, are individuals more or less important across the period?

SECTION 3: ACTIVITIES

ACTIVITY 1

Provide students with sources about public health:

Source 1

The chimneys of the furnaces which darken the atmospheres, and pour out volumes of smoke and soot upon the inhabitants of populous towns, afford most frequent examples of the inefficiency of the local administration, and the contempt of the law for the protection of the public against nuisances which are specially provided for. As smoke in Manchester and other towns becomes more dense, the vegetation declines.

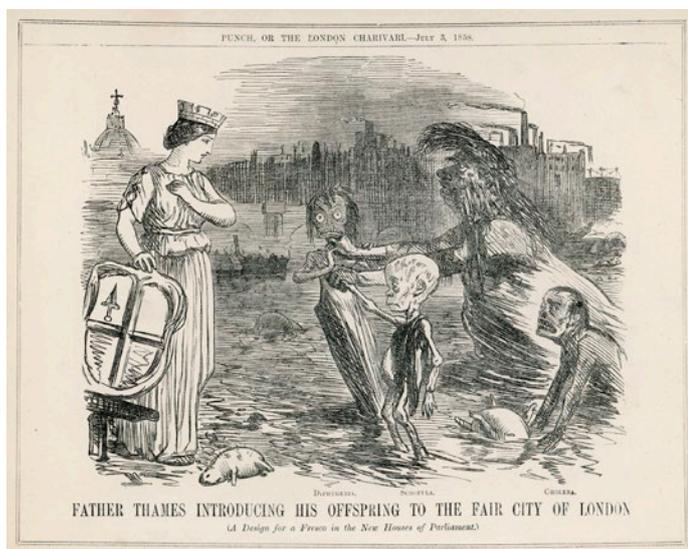
From Edwin Chadwick's 'The Sanitary Conditions of the Labouring Population', 1842.

Source 2

The Board of Health has fallen. We prefer to take our chance with cholera than be bullied into health. Everywhere the board's inspectors were bullying, insulting and expensive. They entered houses and factories insisting on changes. There is nothing a man hates so much as being cleaned against his will, or having his floors swept, his walls whitewashed, his pet dung heaps cleared away, all at the command of Mr Chadwick.

From the Times newspaper, 1854.

Source 3



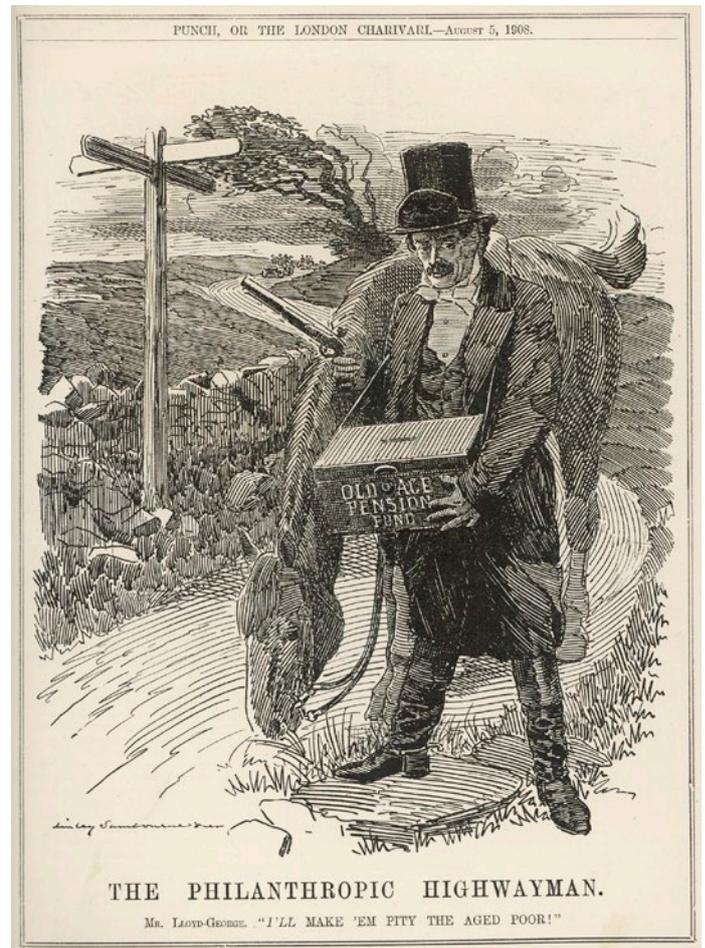
A cartoon published in 1858.

Source 4

The strength of this kingdom has been the sturdy independent character of its people. The measure which is being pushed through the House of Commons will destroy this independence. It will extort wealth from its possessors by unjust taxation. It will distribute it in small amounts, and will weaken the character of the people by teaching them to rely, not on their own exertions, but on the State.

A letter to the The Times newspaper, 1908.

Source 5



A cartoon published in 1909. It is called 'The Philanthropic Highway Man'. Lloyd George is saying 'I'll make them pity the aged poor!'

Candidates have to explain which sources support public health reform and which oppose them.

They then have to explain how far the sources that oppose reform do so for the same reasons.

ACTIVITY 2

Provide students with three sources showing different types of public health reform:

Source 1



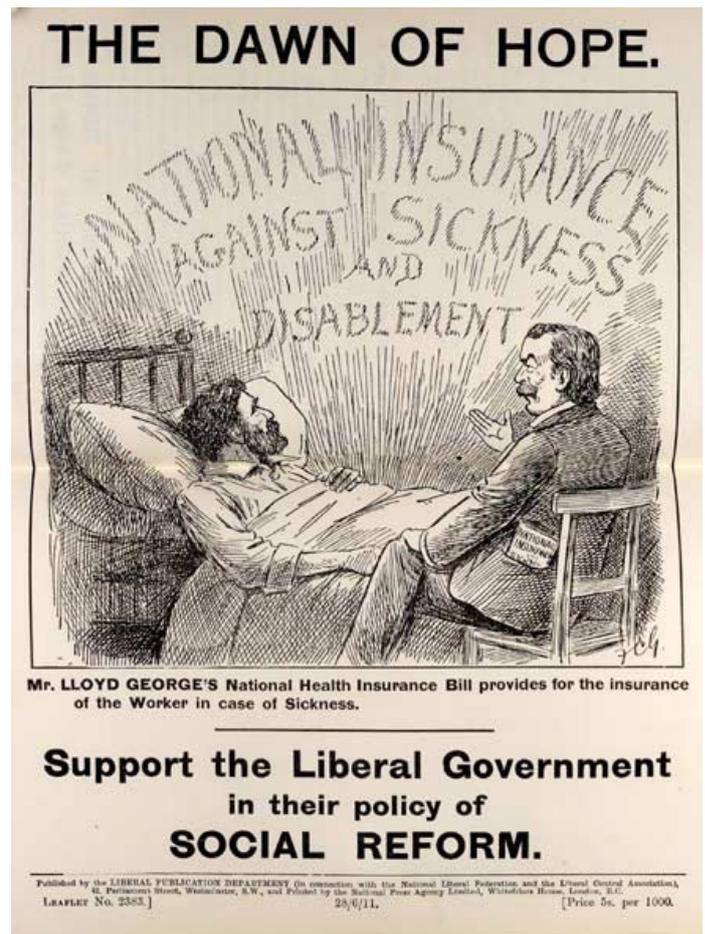
A drawing from 1845.

Source 2



A photograph of houses at Port Sunlight built in 1888.

Source 3



A cartoon published in 1911.

Students have to explain what different types of public health reform are shown in these three sources.

They should then write about how the nature of public health reform changed between 1800 and 1914. They can use the sources but should also use their own knowledge.

ACTIVITY 3

Students have to draw a graph covering the period 1800-1914. They plot on the graph (i) the different rates of reform in public health and (ii) the changing strength of opposition.

SECTION 4: THE MARK SCHEME AND MARKING

The new mark scheme is organised differently from mark schemes used in the past. Levels are still used but each level now contains a clear statement about each assessment objective being tested. An example of an answer is only provided for the top level.

Below are the Level descriptors for Question 1 in the specimen paper for this unit. It is followed by the example answer from the specimen materials. The full paper can be found on the OCR website. There is also a glossary of key terms used in the mark schemes on pages 57-58 of the specification.

The following question is based on a cartoon about the dreadful state of the water in the River Thames in 1828. This is question 1 in the specimen paper.



A cartoon published in 1828.

It was dedicated to the London water companies. Its caption read 'MONSTER SOUP commonly called THAMES WATER, being a correct representation of that precious stuff doled out to us!'

Q: Why was this source published at that time? Use the source and your knowledge to explain your answer.

MARK SCHEME

Level 5 (8 marks)

Candidates demonstrate a sophisticated understanding of the source and knowledge and understanding of public health in the first half of the nineteenth century. They evaluate the purpose (in terms of intended impact) for it being published

and they use their knowledge of the state of public health at the time to explain why it was published then.

Level 4 (6-7 marks)

Candidates demonstrate sound understanding of the source and knowledge and understanding of public health in the first half of the nineteenth century. They explain the purpose (in terms of intended impact) for it being published.

Level 3 (4-5 marks)

Candidates demonstrate some understanding of the source and knowledge and understanding of public health in the first half of the nineteenth century to explain the message of the source.

Level 2 (2-3 marks)

Candidates demonstrate some understanding of the source and show limited knowledge and understanding of public health in the first half of nineteenth century. They explain some context but fail to explain the message or purpose of the source or they explain the message or purpose of publication of the source without setting it in context.

Level 1 (1 mark)

Candidates describe the source and produce a very limited response.

Level 0

No response or no response worthy of credit.

If we consider the Level 5 descriptor, it can be seen that there are clear statements about the assessment objectives:

AOs 1 and 2 - 'sophisticated knowledge and understanding of public health in the first half of the nineteenth century' and 'use knowledge of the state of public health at the time to explain why it was published then'.

This descriptor makes clear that candidates are expected to show detailed and relevant knowledge of the context and of the state of public health. This must be used in the answer to put the source into its historical context and to help explain why the source was published at that time. The glossary definition of sophisticated is 'advanced, highly skilled approach to a task which includes all the relevant elements'.

AO3 - 'sophisticated understanding of the source' and 'evaluate the purpose (in terms of intended impact) for it [the source] being published'.

This part of the descriptor requires candidates to infer from the source, and from their knowledge of the context, the intended impact on the audience. The glossary definition of evaluate is 'make a reasoned, qualitative judgement based on relevant information/knowledge'. In the context of this question this means reaching an informed judgement about the purpose of the source.

The specimen response given below would have been awarded full marks. The response has been split into sections that demonstrate AOs 1, 2 and 3.

Response

AOs 1 and 2: This source was published in the 1820s because that was when public health was in a dreadful state.

AO3: The source is showing how filthy the water was then. The artist is complaining that this was the water people were given to drink. The water is shown as full of germs.

AOs 1 and 2: In those days towns had grown very quickly with thousands of people moving to them for jobs in the textile mills. However, the towns could not keep up with this. There were not enough houses and few facilities for sewage and clean water. People often drank water from the same place where their rubbish was dumped like the River Thames in this cartoon. This led to rapid spread of disease and a low life expectancy.

AO3: The artist has drawn this cartoon to try and persuade the government to do something about the dreadful condition of the water in towns like London.

AOs 1 and 2: The cartoon was published at that time because that was when public health was in a dreadful state and towns badly needed sewers and clean water supply. However, little was done about a clean water supply until in the 1850s John Snow showed that cholera was spread by contaminated water.

If we now turn to Question 5 in the specimen paper:

'In the period 1800-1914 there was little support for public health reforms.' How far do you agree with this interpretation? Use your knowledge of British public health 1800-1914 and the sources to explain your answer.

It is clear that this is a very different type of question from Question 6 in previous question papers. It is different in several ways:

The question covers the period 1800 to 1914. In a good answer candidates will need to demonstrate, and use relevantly, knowledge and understanding of all public health reform from 1800 to 1914, thus covering most of the period.

Candidates can use, where relevant, their knowledge of other aspects of the history of medicine. They will, for example, have studied theories like spontaneous generation and the work of Pasteur in the Study in Development (A954).

- The question is asking candidates how far they agree with the interpretation, rather than how far the sources support it. This means the candidates should base their answer primarily on their knowledge and understanding, and should develop and support their own arguments.
- Candidates should try and explain both examples of support for public health reforms and examples of opposition to reform.
- It is still necessary to use the sources in the question paper. They should be used to support the arguments being made.
- Candidates should reach a conclusion based on analysis and evidence.

The question carries 16 marks to reflect its challenge. This indicates that candidates should leave about 30 minutes for planning and writing the response. The specimen response given below would have been awarded full marks. The response has been split into sections that demonstrate AOs 1, 2 and 3.

Response

AOs 1 and 2: I do agree with this interpretation to some extent. In the middle of the nineteenth century there were many people who believed in laissez faire. They did not believe in government interfering with people's lives. They thought it was the responsibility of each person to keep themselves and their homes clean. Of course they also did not know that germs caused disease or that cholera was spread by dirty water so they did not realise how important it all was. This is why the 1848 Act did not force councils to do anything and why people opposed Chadwick when he demanded reforms.

AO3: This opposition can be seen in Source C where the ratepayers do not want the government to interfere. They are also worried that their rates will go up. Source D shows that by the end of the century there were still many places that had not been improved and this implies there was still a lot of opposition. Source F shows that even when the Liberals introduced their reforms there was still some opposition. The workers, rich people and employers in the boat are not very happy with being made to pay towards national insurance.

AOs 1 and 2: However, it should be remembered that this is a different type of public health reform from those earlier that were limited to clean water and sewers.

AO3: Sources B and D show that there were many people like Rowntree and Booth who thought the government should do something about this.

AOs 1 and 2: This was helped by the cholera epidemics in the middle of the nineteenth century and the Great Stink of 1858. All this led to the 1875 Public Health Act which forced local councils to do more. Overall, I agree with the interpretation. Support for reform grew as the century went on and there was more understanding about what caused disease. It grew to such an extent that most people supported the Liberal reforms. This is why the Liberals were elected into power. There was still opposition at the end of the period but it was opposition to a new type of public health with the government interfering even more.

This response would have been awarded full marks as it fulfills the criteria in Band 6 -

- 'comprehensive knowledge and understanding of public health' - the response is without significant omissions and the knowledge and understanding has been used to support analysis and argument in a relevant way.
- 'a fully developed response that evaluates effectively the interpretation' - the response explains arguments both for and against the interpretation and reaches a conclusion that is consistent with the rest of the answer. There is no irrelevance.
- 'use of a range of sources to support their response' - the response uses all the sources to support the evaluation of the interpretation.

Now consider this response:

I agree that there was little support for public health reforms. Most people at that time believed in *laissez faire* and thought that the government should not interfere in people's lives. They were also worried that reform would be expensive and they did not want to pay more taxes. Source A is nothing to do with the topic but Source C shows that people did not want public health reform. It says that the people did not want the Public Health Act because their town was clean and did not need it. They were also worried about the cost. Source D shows that people did not want reform. If they did then the terrible conditions described in the source would not have happened. Source E seems to be saying that the pension was so small it was not worth happening. When the Liberals passed their reforms like pensions, unemployment money and national insurance many people were against it. The Conservatives and the rich were opposed. Source F shows that people were not happy with

National Insurance. The cartoon is saying that people do not like this being forced on them.

Overall, I think that public health reform did not get much support. The rich especially were against it because they did not want to pay for other people to have better conditions.

This answer fits in Level 4 of the mark scheme. It is not as good as the previous response because it does not explore both sides of the argument and only makes a case for public reforms having little support. This case is made reasonably well. Detailed relevant contextual knowledge and understanding is demonstrated.

However, the sources are used less well than in the previous response. Several (Sources A and D) are interpreted at a lower level and no mention is made of the changes that take place in the nature of public health reforms. There is no sense that the answer should be rather more complicated than a straightforward agreement with the interpretation.

The mark schemes have several consequences for teaching and learning:

- Public health reforms need to be covered in more detail than is necessary for the Study in Development (A954).
- Candidates need to be able to interpret sources in a sophisticated way, looking for message and purpose in context.
- Candidates need to be able to move forwards and backwards across the period, and to look for patterns relating to change and progress over time.

SECTION 5: RESOURCES

Background reading for teachers:

- Endangered Lives, Public Health in Victorian Britain, Anthony S Wohl (Dent)
- The Lambeth Cholera Outbreak of 1848-1849, Amanda J Thomas (Mc Farland)
- The People's Health 1830-1910, FB Smith (Weidenfeld)
- The Great Stink of London, Stephen Halliday (Sutton)
- Bournville Model Village to Garden Suburb, Michael Harrison (Phillimore)
- A Guide to Port Sunlight Village, Edward Hubbard and Michael Shippobottom (University of Chicago Press)

For students:

- There are several GCSE textbooks that cover public health reform eg OCR Medicine and Health Through Time by Ian Dawson, Dale Banham and Peter Smith (Hodder)
- GCSE OCR A SHP: Medicine Through Time Student Book by Paul Shuter, Nigel Kelly and Bob Rees (Heinemann)
- Books for the OCR British Depth Study Specification B include sections on the Liberal reforms eg British Depth Study 1906-1918 by Colin Shephard and Rosemary Rees (Hodder)

Useful websites include:

- www.bbc.co.uk/schools/gcsebitesize is useful for revising this topic.
- www.lboro.ac.uk contains much useful information under public health reforms.
- There is a useful power point presentation at: www.slideshare.net but it only covers some of the topics in the specification.
- www.nationaarchives.gov.uk has useful information and sources in the section on 'Victorian Britain, a healthy nation?'
- For model villages there is useful information on: www.birmingham.gov.uk under Bournville model village, and see www.portsunlight.org.uk for Port Sunlight. (Wikipedia also has useful articles and links on Bournville and Port Sunlight)

To give us feedback on, or ideas about the OCR resources you have used, email resourcesfeedback@ocr.org.uk

OCR Resources: *the small print*

OCR's resources are provided to support the teaching of OCR specifications, but in no way constitute an endorsed teaching method that is required by the Board and the decision to use them lies with the individual teacher. Whilst every effort is made to ensure the accuracy of the content, OCR cannot be held responsible for any errors or omissions within these resources.

© OCR 2014 - This resource may be freely copied and distributed, as long as the OCR logo and this message remain intact and OCR is acknowledged as the originator of this work.

OCR acknowledges the use of the following content:

Page 5 - pharmacy: Viktor Gladkov/Shutterstock.com • Page 7 - The Philanthropic Highwayman and Father Thames: Mary Evans Picture Library • Page 8 - The Dawn of Hope and Deepening the Sewer: Mary Evans Picture Library, Port Sunlight: UK City Images/TopFoto • Page 9 Monster Soup: City of London/HIP/TopFoto

Contact us

Keep up to date with the latest news by registering to receive e-alerts at www.ocr.org.uk/updates

Telephone 01223 553998

Facsimile 01223 552627

Email general.qualifications@ocr.org.uk



For staff training purposes and as part of our quality assurance programme your call may be recorded or monitored.

© OCR 2014 Oxford Cambridge and RSA Examinations is a Company Limited by Guarantee. Registered in England. Registered office 1 Hills Road, Cambridge CB1 2EU. Registered company number 3484466. OCR is an exempt charity.