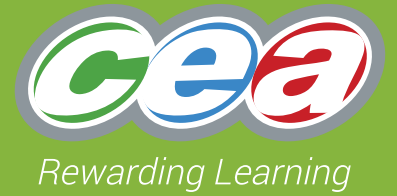


GCE



**Chief Examiner's and
Principal Moderator's Report
Health and Social Care
(Single and Double Award)**

Summer Series 2018



Foreword

This booklet outlines the performance of candidates in all aspects of CCEA's General Certificate of Education (GCE) in Health and Social Care (Single and Double Award) for this series.

CCEA hopes that the Chief Examiner's and/or Principal Moderator's report(s) will be viewed as a helpful and constructive medium to further support teachers and the learning process.

This booklet forms part of the suite of support materials for the specification. Further materials are available from the specification's microsite on our website at www.ccea.org.uk.

Contents

Assessment Unit AS 1	Promoting Quality Care	3
Assessment Unit AS 2	Communication in Health, Social Care and Early Years Settings	5
Assessment Unit AS 3	Health and Well-Being	8
Assessment Unit AS 4	Safeguarding Children	10
Assessment Unit AS 5	Adult Service Users	12
Assessment Unit AS 6	Holistic Therapies	13
Assessment Unit AS 7	Understanding the Physiology of Health and Illness	14
Assessment Unit A2 1	Applied Research	16
Assessment Unit A2 2	Body Systems and Physiological Disorders	18
Assessment Unit A2 3	Providing Services	20
Assessment Unit A2 4	Health Promotion	21
Assessment Unit A2 5	Supporting the Family	23
Assessment Unit A2 6	Understanding Human Behaviour	25
Assessment Unit A2 7	Human Nutrition and Health	26
Contact details		28

GCE HEALTH AND SOCIAL CARE

(SINGLE AND DOUBLE AWARD)

Principal Moderator's Report

Assessment Unit AS 1 Promoting Quality Care

The quality of work produced for this unit varied. There was evidence of diligence by candidates and teachers. In some cases teacher annotation was detailed which contributed to accurate marking. The Harvard system was used by most candidates with varying degrees of success, however, a significant number of candidates still did not include end references. The level of guidance given to candidates was clearly indicated by most centres and the appropriate Mark Band awarded. Work produced for this unit must be from the revised specification. A small number of candidates used the legacy specification.

Candidates should include a short introduction to the unit in which they identify the setting on which they are basing their work. Work which exceeds the recommended word count by more than 10% cannot be awarded Mark Band 4. Candidates achieving Mark Band 4 must also work independently and meet the requirements for quality of written communication as stated in the assessment evidence grid.

Assessment Task A

The work produced for this task tended to be marked leniently. Candidates completing comprehensive discussion of how the three values of care may be applied must refer to specific members of staff in the setting. For example the manager, care assistant, activities co-ordinator, receptionist, teacher or classroom assistant. Many candidates produced generic work referring only to the staff, which is more suited to Mark Band 3 than Mark Band 4. A number of candidates did not address the three values of care listed in the specification whilst others showed a lack of understanding of the values, in particular, promoting anti-discriminatory practice. The eGuide produced for AS 3 Health and Well-Being includes useful information on anti-discriminatory practice which can be applied in this unit. The impact on service users was completed more accurately, however candidates should ensure that a detailed impact is included for Mark Band 4.

Assessment Task B

The quality of work produced for this task varied. Some candidates had a clear understanding of the legislation and therefore were able to describe how it impacted on the setting. Other candidates lacked understanding of the legislation and as a result were unable to describe accurately the impact on the setting. A number of candidates chose legislation which was not included on the specification and as a result the work produced could not be given credit.

Candidates should choose legislation that is most likely to apply in the setting. For example, The Special Educational Needs and Disability (Northern Ireland) Order 2005 does not apply to private day nurseries or a special education school. It will apply to a government funded pre-school setting as well as primary schools. Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 needs to include how it impacts the recruitment procedures, including the vetting of staff in the setting, and The Children (Northern Ireland Order) 1995 must include the 5 principles. These are not clearly understood by many candidates.

When The Human Rights Act 1998 was selected some candidates did not choose the most appropriate articles for the setting e.g. the right to life in a primary school is inappropriate and the right to education fits better. Some candidates chose Human Rights Act and the Rights of the Child and the impact was repetitive.

Assessment Task C

A significant number of candidates clearly understood health and safety legislation and completed a detailed discussion of the application in setting. A number of candidates however, had limited knowledge of the legislation in particular of COSHH and RIDDOR and the work produced was basic. Some candidates got confused between RIDDOR and HASAW and many candidates made incorrect statements about what was reportable, for example, the reporting of head lice, diseases such as measles and food poisoning. Other candidates discussed COSHH accurately but omitted the tracking of products in a COSHH file required under this legislation.

RIDDOR was often limiting with many candidates failing to show competent understanding of the demands of the regulations.

Assessment Task D

The work produced for this task ranged from basic to detailed. There was a tendency by a significant number of candidates to either describe the content of the two policies or to evaluate the actual policies. The focus is on evaluating the effectiveness of the policies in promoting quality care in the setting. A small number of candidates did this effectively and gained access to Mark Band 4.

Assessment Task E (i)

Candidates need to independently find and then research the example of poor practice carefully to ensure there is enough detail to complete a comprehensive summary for E (i) and a detailed assessment of the impact in E (ii).

A number of candidates selected an example with limited poor practice which detracted from their work. The example of poor practice must be in a health, social care or early years setting. The summary should be in their own words rather than taken directly from source. Validity was understood better this series but there were still some candidates who have not included it or who produced a comment on validity that was too basic for Mark Band 4.

Assessment Task E (ii)

Most candidates completed this task well by assessing the effects of the poor practice on the service user/s and two other groups. A small number of candidates assessed the effects on more than two other groups and therefore were unable to complete a detailed assessment. The effects on others were at times exaggerated and unrealistic.

Assessment Unit AS 2 Communication in Health, Social Care and Early Years Settings

The work of many candidates was produced to a very high standard and there was clear evidence of hard work by both teachers and candidates. Teacher annotation of work and identification of the level of guidance helped to justify marks awarded.

Overall the quality of the teachers' assessment was competent and improved from the first submissions last year with most centres assessing to within the agreed standard. There were however, some centres which were lenient with their mark allocation particularly for those candidates being awarded the highest marks within their sample.

The health, social care and early years settings chosen by centres that submitted this series were suitable. Most centres used primary schools as their setting but some used residential homes, hospitals and crèches. There is a concern where candidates in the same centre chose the same setting that similarity of the work is clearly evident. Independence is required for accessing Mark Band 4 marks.

The quality of written communication must also be considered. In some centres teachers had corrected the spelling and grammar and yet still awarded Mark Band 4. Spelling, grammar and punctuation should be of the highest standard to achieve Mark Band 4.

Work which exceeds the word limit by more than 10% in any assessment task cannot achieve Mark Band 4 for that task.

A short introduction is required to set the scene. The introduction does not contribute to the word count in assessment Task A. Some candidates unnecessarily included an introduction of over half a page. It is essential that the names of residential homes, primary schools etc are not included for confidentiality purposes.

There continues to be a number of centres who introduce each assessment task or give conclusions at the end of each task. This is not required and not mark worthy but contributes to the word count of the task which may prevent work sufficiently detailed for higher mark bands to be awarded.

Assessment Task A

Candidates are asked to describe two types of communication from the specification (verbal, non-verbal, written and electronic) as used in their setting. The candidates must also discuss the purpose of each example used e.g. why do teacher/care managers use emails? Although candidates gave very good examples, many lacked comprehensive detail on the 'purpose' to warrant a Mark Band 4 i.e. one to two lines on the purpose is not sufficient detail. In some cases it may be appropriate to cut down on the number of examples provided for the two types of communication which would allow for a more detailed explanation of the purpose.

Teachers should direct students to Page 15 of the specification to help them explain the purpose of the communication examples discussed. For example; 'The purpose of this was to explain the procedure to the resident. It allowed the nurse to clearly explain why she needed to take her blood pressure and to take her step by step through what was about to happen. This allowed the resident to feel more relaxed and reduced anxiety levels as she was informed of the procedure'.

Teachers should teach the theory behind task A (page 15 of specification) before the students visit their chosen care setting. The candidates must be encouraged to identify their own examples of communication to allow for independence and a greater scope of information. If candidates, select a primary school (between primary one to primary 3) then the two different types of communication should not be similar. For example, in a centre all

ten candidates in the sample are selecting circle time for verbal communication, posters for written communications etc. then the similarity of the work prevents Mark Band 4.

There are no definitions required for the two types of communication as part of assessment task A as this contributes to the word count. The additional words could be used to provide further detail of the types and purpose of communication.

Assessment Task B

Some centres used factors from the legacy rather than revised specification which impacted on the marks awarded during moderation. Candidates must address examples of all four factors; confidentiality, physical factors, emotional factors and practitioners' communication skills.

Most candidates were able to discuss the factors but lacked sufficient detail on how they actually supported effective communication with service users. Long descriptions of factors were often given but again only one to two lines focused on effective communication, hence mark band 4 could not be awarded. There must be a clear link to effective communication with service users. For example; 'This supports effective communication as the care worker is giving the resident a sense of independence by asking them for their opinion instead of making the decision for them. This should instil a sense of dignity and mutual respect in the residential home.'

Many centres used the confidentiality example of 'locking information away in cupboards'. As has been mentioned previously, this example is often used inappropriately as students can struggle to describe how this supports effective communication. Other examples of confidentiality, such as private meetings between professionals, families and outside were often well described.

There should be a variety of examples used for each factor. For example, all candidates in a centre describing different uniforms regardless of the setting is not always the best example for physical factors. If the candidate has been in a residential care home then this example can be important to support communication, whereas in a setting with no uniform such as a school, candidates often find it difficult to explain how this supports communication.

Assessment Task C

This task was well completed by the majority of centres but there was evidence of similar barriers being used throughout the samples in centres. Candidates must be encouraged to choose a range of barriers from Page 16 of the specification. Candidates should focus on the service users within the setting rather than environmental barriers such as noise and temperature of the room etc. Environmental barriers are not acceptable but some candidates continue to describe these barriers from the previous specification. Candidates do not need to have observed every communication barrier in the setting but instead can research and describe appropriate potential barriers to communication. For example, barriers in a care home may include a resident with dementia or sensory impairments like hearing or sight loss or in a school pupils with autism, ADHD or displaying challenging behaviour. To be deemed Mark Band 4, candidates should also give a detailed assessment of how each barrier could be overcome. For example, there are numerous strategies used within a classroom that help to support communication with a child with autism. These may include small group work, a quiet room, a visual timetable and strategies to deal with a meltdown in the classroom etc.

There is no need for general explanation or definitions of potential barriers. Candidates should select the barriers that are most appropriate and relevant for their setting. Candidates may use independent secondary research for the type of setting to support the description of potential barriers and how they could be overcome.

Assessment Task D

Candidates must clearly identify the team that they will focus on at the beginning of this task. A number of candidates did not select one team but focused on all staff in the setting as a team which made it very difficult to select specific and exact examples of communication. Good examples include the nursing team in a residential home or the SEN team or key stage team within a primary school. The examples of communication were largely competent but how they contributed to quality care often fell short of mark band 4 standard. Many centres focused on how the examples helped communication in general and not on how they contributed to quality care for service users (examples are provided on page 17 of specification). It is important that the job roles and examples of communication used within the team are specified e.g. what information is discussed at the handover meeting, who leads the meeting etc.

If a centre has a number of candidates in similar settings it is good practice to encourage them to focus on different teams. For example, in a primary school they could focus on teams such as the Special Needs Team or Safeguarding Team rather than all candidates focussing on the same Key Stage 1 team.

Candidates identified relevant examples of the type of communication used within the team but the analysis was not always detailed enough for the top mark band. Some candidates were awarded a top mark band 3 when there was no clearly specified team or evidence of how the team communicated. Therefore, the marking was lenient.

A number of centres continue to discuss the needs of the clients (from the previous specification) and did not focus on how the communication within the teams contributes to quality care for the service users. Some candidates described the advantages and disadvantages of communication which is not required for this task.

There is also no need for definitions of a team at the start of the task as this contributes to the word count and adds nothing to the analysis required for the assessment.

Assessment Task E

There are no marks awarded for 'records' or 'plans' and these do not need to be included in the portfolio. However, for a reflective evaluation it is important that the candidates thoroughly plan their interaction in advance. A short introduction of two to three lines is required to identify the type of interaction and who took part in the interaction/location etc. A small number of centres had very detailed introductions which did not focus on the task, used up words unnecessarily and prevented an in-depth evaluation.

There was evidence of lenient marking in this task by a large number of centres. Many candidates focused on describing what was said instead of making reflective statements/ observations e.g. 'I think I used questioning well as I asked three questions throughout the interaction'. A more reflective statement would be 'Upon reflection, I believe I used questioning effectively as I was able to ascertain a range of information by using open ended questions with the resident. This allowed the conversation to flow and made it feel more comfortable'.

Many candidates used their word count on strengths and weaknesses which did not allow for comprehensive suggestions for improvements. Strengths and weaknesses do not need to be linked to best practice.

As stated in the assessment criteria, the improvements are a key element of the task. Each improvement must be backed up by a source of best practice e.g. a communication theory, the residential home manager or school principal, or textbook source/theorist. For example, 'to improve upon this, I will take on board information from the residential home manager who explained it was essential to allow residents with hearing impairments to see my face

when interacting. Moving my chair around to directly face the resident would allow the resident to lip read and let the interaction flow with less barriers’.

Failure to link improvements to good practice was a major reason for adjustment in this unit

The evaluation must focus on the communication skills of the candidate and not the physical environment, planning stages etc. Marks should not be awarded for improvements not linked to the candidate’s own communication skills.

It is good practice in centres where more than two teachers are teaching Unit 2 to regularly monitor and standardise the candidates’ work.

Chief Examiner’s Report

Assessment Unit AS 3 Health and Well-Being

There were some excellent performances in this paper by candidates who were able to demonstrate very good knowledge, understanding and application across the range of questions asked. Only a few candidates demonstrated very limited knowledge and understanding. Many candidates could have improved their performances on the paper by reading questions more carefully and by paying close attention to their quality of written communication (QWC) in extended responses.

- Q1 (a)** This was generally answered well with the majority of candidates giving either basic or competent definitions of the two concepts, although some mixed them up.
- (b)** Whilst this question was quite well answered with most candidates achieving at 2 or 3 marks in each section, some gave exaggerated or unrealistic responses, for example suggesting Sylvia would be sacked if she took some time off work to support Peter.
- (c)** Most candidates performed well in this question, although some described the impact of housing instead of geographical location and some did not read the question carefully so gave positive effects which did not attract any marks. As in the previous question, many candidates gave exaggerated responses, for example claiming people who live in rural areas have no friends when discussing social health and well-being.
- (d)** This was generally fairly well answered with many candidates being able to use a range of examples of voluntary organisations to discuss four ways they contribute to health and well-being. Many responses, however, lacked the level of discussion and QWC required to achieve marks at Level 3. Some candidates’ marks were limited by discussing the work of just one voluntary organisation, by writing about day centres which was disallowed by the wording of the question or by discussing far more than four ways, in which case only the best four could be accredited and these tended to lack depth due to the time spent writing about the additional ways. The best responses included four clear paragraphs each discussing one clear way voluntary organisations contribute to health and well-being: candidates could achieve the required level of discussion in each paragraph either by focusing on one organisation and its contribution in some depth or by discussing the way in relation to a number of different organisations.
- Q2 (a)** Most candidates focussed on a current health promotion campaign run by the PHA, however a significant minority gave out of date campaigns or campaigns run by other organisations such as Public Health England or voluntary

organisations, which did not gain marks. A few also wrote about things that would not be considered health promotion campaigns like organ donation or the work of voluntary organisations. In Part (ii) most candidates were able to access marks for describing the different ways their chosen campaign gets its message across, although only those who knew the campaign in detail were able to access full marks for example by clearly describing the content of the television advertisements, posters, websites etc.

- (b) (i)** Most candidates were able to gain 2 or 3 marks for describing the approach in the first section of the table, but many gave inaccurate, general or brief responses when explaining the strengths and weaknesses of the approach. A small number of candidates were evaluating medical care as opposed to the medical approach to health promotion.
- (ii)** This was very well done with the majority of candidates accurately identifying three approaches to gain 3 marks.
- (c)** This was also generally very well done with most candidates able to discuss all three ways in some detail. Candidates were required to develop their discussion of how individuals can make healthy lifestyle choices (not the impact of those choices), how they can access health and social care services and how they can self-advocate in some detail for Level 3. Some candidates wrote only about lifestyle choices and could not achieve marks beyond Level 1 as a result.

Q3 Whilst some candidates did achieve full marks, this question was not well answered by a significant number of candidates, as they did not clearly identify specific examples of needs in the first column of the table. In the second column many did not focus on actions by the staff or they gave ways that were not applicable to a day centre, for example discussing visiting hours or providing a common room to meet social needs. Many repeated the 'need' or gave two different ways instead of explaining one fully in the second column and therefore only achieved one of the two marks available.

- (b)** Many candidates lost marks by failing to give examples that were about health and social care practice or by giving exaggerated or unrealistic examples, such as a doctor or nurse refusing to treat a patient who was of a different race or religion. No marks were awarded for describing the impact of discrimination, which was the focus of the following question.
- (c)** This was generally well answered with many candidates achieving full marks by demonstrating their understanding of the potential impact of discrimination on both physical and psychological health and well-being.
- (d)** Most candidates gave adequate responses thereby accessing marks at Level 2. Many identified four ways managers may promote anti-discriminatory practice in early years settings but failed to develop a discussion that focussed on avoiding, reducing or tackling discriminatory practice. Many candidates did not understand the difference between a complaints policy and a whistleblowing policy. Some candidates gave responses about the requirements of legislation, like having ramps, or gave inaccurate responses like hiring staff from different racial and religious backgrounds. Again, QWC was an issue for some candidates.

Principal Moderator's Report

Assessment Unit AS 4 Safeguarding Children

Candidates should identify as an introduction the child's age and the appropriate care setting under consideration. This should not be considered as part of the word count.

It must be noted that referencing through the body of the work should use the Harvard referencing system; this was not always accurately completed. Sources such as Wikipedia should not be used as references.

Harvard style end references should be included at the end of the completed assessment. Some candidates did this after every assessment task which is not needed.

To access Mark Band 4 it is essential that the quality of written communication is excellent. The marking criteria states that candidates working in Mark Band 4 can successfully select and use the most appropriate form and style of writing.

Assessment Task A

It is important that the description of the physical, intellectual, emotional and social developmental norms incorporates milestones accurate for the area of development under consideration. There was some confusion regarding physical and social milestones. Milestones must be clearly linked to the chosen age of the child. Those that discussed milestones that were not relevant to the chosen age could not access Mark Band 4. Merging of the social and emotional milestones may limit the discussion in these areas. Some candidates linked their description to observations which are not required in the revised specification.

Assessment Task B

It is good practice to complete this analysis using paragraphed responses on the different types of strategies. Using PIES rather than strategies to organise the response limits the depth of analysis in this task.

It is vital that clear and age appropriate strategies are selected by candidates that are relevant to the chosen setting and age of the child and that all obvious areas of PIES related to the strategy are included in the analysis. This was not always seen.

Some centres linked their description to observations which is not required in the revised specification.

Assessment Task C

The focus of this assessment task must be on the application of the theory in the chosen setting. Teacher guidance states that it is important that students focus on how the theories could influence practice. Therefore a description of the theories should be minimal.

There is no need to include a discussion of the theorist experiments such as Bandura's Bobo doll or Skinner's rat experiments. Similarly details of the Theorist's life history is not needed. Where this was evident in the work sampled in this series, candidates' application of theory was not detailed enough to be regarded as Mark Band 4. Candidates who discuss only one theory cannot access Mark Band 3 or 4.

It is good practice for centres to consider a range of theorists for this task. Where all candidates focused on the same two theorists with similar application it is unlikely that that is independent work.

Assessment Task D (i)

It is essential that sources are identified for this assessment task in the body of the work and that the word count is clearly highlighted. Behavioural indicators should be included in the discussion for each type of abuse.

It is vital that candidates carefully consider the layout and format of this task to ensure that each type of abuse and indicators can be clearly discussed as this was not always the case. Where the layout causes confusion, Mark Band 4 was inappropriate.

Assessment Task D (ii)

The focus of this task is to discuss the safeguarding responsibilities of the staff in the chosen setting as described in the Child Protection and Whistle Blowing policies. Clear responsibilities of staff must be highlighted in order to achieve credit. This was not always evident as some candidates merely discussed the policy without highlighting responsibilities.

Each policy should be addressed separately rather than including, for example, the designated teachers overall responsibilities without linking them to a specific policy.

The word count for this task should not be merged with D(i) and should be clearly highlighted.

Assessment Task E

Candidates should select three factors from the examples provided in the specification. Centres who provided samples which focused on more than three factors could not be awarded Mark Band 4.

The focus of this analysis must be on how the factors could increase the risk of abuse. It is essential that all candidates use at least two different sources in the analysis of each factor to achieve Mark Band 3 and 4. There was evidence of sweeping statements in this assessment task; candidates must ensure that they use their sources carefully and include analysis in their own words of how their chosen factors can increase the risk of abuse. It is not enough to include sources which show how the factors contribute to abuse without analysis in the candidate's own words.

Chief Examiner's Report

Assessment Unit AS 5 Adult Service Users

The paper was accessible to candidates who demonstrated a good knowledge of the specification and were generally able to apply their understanding to the scenarios and questions on the paper. Overall the quality of responses on this paper was of a good standard. Candidates demonstrated good knowledge of the specification. Some candidates found the questions on the whistle-blowing policy and Transforming Your Care more demanding. Encouraging candidates to read policy documents and the required aspects of the Transforming Your Care document may help candidates to increase their marks.

- Q1**
- (a)** Most candidates were able to define the terms 'person-centred care' and 'concept of need'; a small number did confuse the terms so marks could not be awarded. Most candidates were able to write clear definitions so accessing full marks.
 - (b)** Most candidates were able to describe three ways the social worker could support Colin. Some candidates provided vague responses that could not be awarded marks.
 - (c)** The majority of candidates were able to identify two practitioners who support Colin, the practitioners had to be relevant to mental health.
 - (d)** Candidates were generally able to describe three advantages for Colin of receiving care from a statutory provider, however some had difficulty accessing the third mark due to lack of detail.
 - (e)** Candidates were generally able to discuss three disadvantages for Colin of using services from voluntary providers, however full marks could not be accessed unless applied to Colin. A small number of candidates misread this part of the question and discussed advantages instead of disadvantages.
- Q2**
- (a)** This part of the question was not well answered as some candidates did not present clear ways statutory providers are funded. Some candidates just wrote down one word, despite the question asking them to explain.
 - (b)** Most candidates demonstrated a good knowledge of ways voluntary providers may be funded; candidates must keep the focus on explaining the method of funding.
 - (c)** Most candidates demonstrated a good knowledge of ways nurses could support patients, however there were a considerable number who gave vague generalised responses and so could not access the marks.
 - (d)** This part of the question was not well answered, as a significant number of candidates had limited knowledge of the whistle-blowing policy. Candidates need to demonstrate a knowledge of the policy and how it supports patients to receive a high standard of care if they are to access marks at Level 3. Some candidates gave general responses that could apply to any policy, and so could not access marks.
 - (e)** Candidates' responses varied in this part of the question, some candidates had an excellent knowledge of the legislation, whilst others gave responses such as 'it helped service users to buy food and equipment' which are not relevant responses. Candidates need to have a clear understanding of the difference between direct payments and support to service users as well as carers assessment and support for carers under the Act.

- Q3 (a)** This part of the question was generally well answered by most candidates, however some candidates did not name a need such as nutrition, but rather stated the word 'physical' which could not be awarded a mark as this is a type of need. Most candidates were able to describe how the family could meet the relevant need, however the description had to tie in with the identified need, which was not always the case.
- (b)** Most candidates were able to access full marks in explaining one factor in Transforming Your Care that reflected the need for change.
- (c)** This aspect of the question was poorly answered as a significant number of candidates had limited knowledge of the Transforming Your Care model and how it supports individuals who have health and social care needs. Some candidates discussed the care planning cycle or the factors that reflected the need for change underpinning the model. Also some candidates gave generalized responses such as 'provides care planning or care in the community' but did not focus on how this is different under the Transforming Your Care model.
- (d)** This final part of Question 3 was generally well answered with most candidates demonstrating good knowledge of difficulties informal carers may experience when caring for a loved one.

Principal Moderator's Report

Assessment Unit AS 6 Holistic Therapies

There was evidence of diligence by teachers and candidates in the completion of this unit. The quality of work produced was sound overall. Candidates used the Harvard referencing system with varying degrees of success but a number still included the date accessed and full web address, which is not required in the body of the report. The sources used should be evidenced in the body of the work in the style author surname and year of publication only. The level of guidance and word counts should be recorded accurately. The QWC requirements of each Mark Band should also be taken into consideration when awarding the mark for each task.

Assessment Task A

Overall the standard of work produced for this task was sound and marked to the agreed standard. In some cases Mark band 4 had been awarded judging the work to be comprehensive yet the description was two lines or the uses brief. All four aspects-a brief history, uses, safety aspects and a description of the treatment should be comprehensive in Mark Band 4. Introductions defining the therapy are not required and it is acceptable to list the uses. Some candidates tended to focus in too much detail on the side effects of the treatment rather than the safety aspects.

Assessment Task B

The standard of work produced for this task varied and a wide range of conditions was researched. Introductions explaining the condition or the diagnostic tests are not required. Lifestyle choices and self-help are not accepted as these are not medical treatments. This was highlighted in last year's report also. The full range of medical treatments for the chosen condition should be described and candidates need to carry out extensive research to do so. There was a tendency to describe three holistic therapies in detail and as a result the description of medical treatments often lacked depth. It should also be noted that candidates do not have to describe three holistic therapies that may be used to manage the condition. A candidate may achieve mark band 4 by describing the range of medical treatments and one holistic therapy.

Assessment Task C

The quality of work submitted for this task varied. A number of candidates described the treatments and as a result were unable to access the top Mark Bands. Candidates need to complete a comparative analysis of all the treatments described in task B to access the top Mark Bands. It good practice to include an overall conclusion.

Assessment Task D (i)

This task was completed well by most candidates, however a number just made basic statements with no referencing. Candidates accessing the top mark band made clear reference to trends.

Assessment Task D (ii)

Most candidates completed this task well accessing a wide range of sources. A small number of candidates included too much irrelevant information from their primary sources. The focus is on the effectiveness of the therapies and aspects such as cost and availability should not be included.

Assessment Task E

Most candidates completed this task well with evidence of research on benefits of holistic therapies. However some candidates described the holistic therapies in general terms with little reference to the setting. The description must focus on how the therapies are used in the chosen setting. It is also important that the range of therapies on offer are described. When all candidates in a centre base their work on a particular setting discrepancies can become obvious. For example two candidates are awarded Mark Band 4 and one states the setting offers two holistic therapies and the second candidate describes the use of five therapies. The setting must be a health or social care setting.

Chief Examiner's Report

Assessment Unit AS 7 Understanding the Physiology of Health and Illness

The performance of candidates varied greatly on this paper and most candidates attempted all questions.

- Q1 (a) (i)** The majority of candidates were able to identify both the nervous system and the endocrine system.
- (ii)** A significant number of candidates were unable to explain the terms tissue and organ.
- (b)** This question posed some difficulty for the majority of candidates despite some of the marks being accessible for stating what was visible in the images provided. Candidates should be aware of the defining features of all muscle tissues.
- (c) (i)** Most candidates correctly identified the parts of the urinary system but some could not recall the functions. A few candidates erroneously identified parts of the reproductive system.
- (ii)** Only a few candidates obtained marks in the top level for this extended response. Most had satisfactory knowledge of the processes of filtration, reabsorption and osmoregulation, however a minority of candidates seemed unable to discuss any of the processes.

- (d) (i)** Many candidates competently explained the physiological cause of incontinence. A minority of candidates confuse the term physiological with psychological.
- (ii)** Most candidates were able to describe the potential impact of incontinence on Mary's leisure activities.
- (e)** Few candidates achieved in the top level in this banded response question. Some candidates correctly stated that the changes in diet should be in reduction of salt, protein and water but few made the links with osmoregulation or production of urea.
- Q2 (a) (i)** The majority of candidates correctly identified the two parts of the nervous system as the brain and spinal cord.
- (ii)** Only a few candidates correctly identified the divisions of the nervous system.
- (iii)** The majority of candidates correctly named the endocrine system as the system that is made up of hormone – releasing glands.
- (iv)** Most candidates explained what is meant by the terms reflex and voluntary reaction but some did not obtain the second mark in each part as they failed to give an example.
- (b)** Most candidates could identify the parts of the brain and recall their functions.
- (c) (i)** Only a few candidates were able to use the image to recognise that the spinal cord is protected by bone which is a hard tissue and therefore requires considerable force to damage.
- (ii)** The majority of candidates correctly identified the limbs paralysed in both quadriplegia and paraplegia but again some candidates failed to refer to the diagram to gain the second mark for identifying the area of the spine where damage occurs in each case.
- (iii)** This question assessed how paraplegia impacted on Alan's work, leisure and relationships. Most candidates covered the section on work satisfactorily, however many candidates made exaggerated points e.g. stating "he will never drive again and so will lose his job". Candidates should have considered how Alan could continue to manage working. The section on leisure was generally well done with most candidates recognising that Alan is unlikely to manage a mountain bike again, however he could take up other activities or use an adapted bike.
- The majority of candidates unnecessarily assessed the effects on Alan's family and friends, rather than staying focused on Alan's relationships.
- Q3 (a) (i)** Most candidates answered this question accurately.
- (ii)** Only a few candidates correctly identified that digestion is completed in the small intestine (ileum).
- (iii)** Some candidates competently explained the role of the stomach, small intestine and large intestine however some had no knowledge of the role these organs have in the digestive system.
- (b)** Very few candidates could competently discuss the physiological causes of all three conditions. Most candidates had good knowledge of the physiological cause of stomach ulcers but few candidates were able to competently describe the physiological cause of pancreatitis and liver failure. Candidates should be aware that whilst alcohol is a contributing factor to these conditions, a question

asking about physiological cause should discuss the changes which occur in the body system/organs/tissues to result in the disease.

- (c) (i) Most candidates correctly identified insulin and glucagon as the hormones responsible for the conversions given. Candidates should be aware of the importance of spelling when recalling glucagon.
- (ii) Most candidates achieved 1 of the 2 marks for stating that Lorraine's blood glucose was abnormally high, fewer obtained the second mark for recognizing that Lorraine had been fasting.
- (iii) Again, some candidates confused the term physiological with psychological, however, a significant number of candidates were able to explain the cause of type 1 diabetes as an autoimmune condition that attacks the pancreas leaving it unable to produce insulin.

Principal Moderator's Report

Assessment Unit A2 1 Applied Research

A wide range of current and interesting research topics continue to be produced by candidates. The diverse range of topics encouraged independent research by candidates within centres in the production of a scientific report. Some research topics however continue to present difficulties particularly where there are issues of confidentiality or disclosure. It is evident therefore that adequate time needs to be allocated by some centres in guiding candidates in their choice of topic as this is crucial to the success of this unit. This is standard research practice and does not distract from candidate independence.

It was evident that many candidates produced succinct work to ensure that they stayed within the word limit and that they had worked diligently to complete the research reports.

Assessment Task A

This was completed well by the majority of candidates who had clear research objectives and a clear manageable hypothesis. Three to five objectives is appropriate and these must allow for both secondary and primary sources to be used. This was generously marked where the rationale was not well argued or supported for example with current research findings or news reports. Some candidates presented objectives as questions rather than as an intention e.g. "To investigate the link between childhood obesity and poverty".

Assessment Task B

Referencing continues to be poor in some cases. This should be done in Harvard style. However the majority of candidates had a clear and consistent focus on the research objectives and hypothesis in the literature review. Candidates should use their own words when writing the review to avoid lengthy quotes from sources. The validity of sources was another issue, for example some candidates continue to use blogs or Wikipedia which are not academic sources. The eGuide sets out clear guidance on the quality of sources that should be used in this task; they should be from an expert sources; up to date and unbiased.

Assessment Task C

The method section of the report was completed well by most candidates in this series. Candidates in all centres adhered to the subtasks within this statement. The majority of candidates justified their selection of a primary research method over one other method as specified. However many did not adhere to revised criteria of justifying the sampling technique chosen over two others. The research procedure should be an outline of how and when the research was conducted and not a detailed timeline for the project.

Assessment Task D

In many cases a questionnaire was the primary research tool. Some candidates in centres used a computer generated research engine and did not include an introduction addressing ethics. In some cases candidates included questions which did not relate to the hypothesis and objectives and so could not be awarded Mark Band 4.

Assessment Task E

Excellent graphical evidence was presented by most candidates with many demonstrating ICT competency. All candidates produced a range of graphs. Marking was generous where labels were missing an X or Y axis or where there were errors in both spelling and punctuation. In the case of computer generated results there was often a lack of headings and labels and so mark band 4 could not be awarded.

Assessment Task F

This task was often generously marked, as to meet the assessment criteria of an “in-depth” or “sound” analysis of the results candidates needed to go beyond merely presenting the results of primary research as descriptive prose. They needed to dig down further into the data to examine it methodically and in detail to explain and interpret the findings and outcomes from their primary research, and where possible supporting or challenging these findings with those from the secondary sources they included in Assessment Task B. In some centres candidates jumped straight into an analysis of the objectives and hypothesis. However, they should have considered the guidance as set out in the eGuide, which starts with details about the participants e.g. number surveyed, age, etc. and take each question in turn to analyse the results in detail.

Assessment Task G

Candidates tended to present an imbalance in the evaluation focusing mainly on the first part of the assessment task. Some candidates failed to suggest improvements and or make recommendations for future research on the topic, which meant they could not access the higher marks for this task.

Assessment Unit A2 2 Body Systems and Physiological Disorders

Overall the standard of work produced by centres was very good. It is pleasing, that in this, the first year of the revised specification, there were relatively few centres whose sample of work did not meet the standard.

Referencing was an issue in some work sampled. Centres are reminded that it should be in Harvard style both in the body of the work and in the end references (bibliography) section. Sources should not be at the end of each task but detailed at the end of the whole assessment task.

Assessment Task A

This was pleasingly completed by most candidates, many of whom maintained the word limit by using tables and diagrams to show gross function and structure. This was considered a good strategy as it is word efficient and may help to reduce plagiarism. It is worth noting however that all work in tables does count in the word limit.

Diagrams used in this way must be accurately referenced using the Harvard system, not the URL. This was too often not the case in this series.

An issue was that candidates need to ensure that they include a clear labelled overview diagram of each of the two systems. In some cases this was not seen for the circulatory system and a diagram of the heart with in-depth description of heart function/structure was included instead.

Unnecessary focus on the heart rather than an overview of the system was one reason for deviation from the required standard.

Control mechanisms were addressed well by many candidates. It is worth pointing out that it is nervous control of each system via receptors in the blood that is required as this was not always seen. This can be done diagrammatically or in writing but must be accurate and detailed to attain Mark Band 4.

Assessment Task B

There were some very detailed reports in this section which accurately portrayed the benefits of positive behaviours. Candidates needed, in some instances, to ensure that they addressed a range of the behaviours listed in the specification and did not include consequences of lifestyle choice such as stress.

Some candidates were correctly limited to Mark Band 3 by their teachers because they focused upon negative behaviours.

Having to review the evidence and write about positive benefits reduces the risk of plagiarism.

Some candidates reported in more depth on one system than the other. Depth is required on both systems to attain Mark Band 4. A small number of candidates reported on the effects of behaviours on other systems, which is easily done but is off focus and does not attract marks.

Assessment Task C (i)

This was completed well by most candidates, although a small number of centres carried measuring out in a manner reflective of the legacy specifications. This meant a volume of extra work for very little credit and was not worthwhile. Candidates need to ensure that each individual is sufficiently fit to do the chosen activity before beginning it, so consent and a health assessment are essential.

To attain Mark Band 4 graphs and tables need to be labelled and completed accurately. Where a table runs off the page or a graph has units/labels missing this cannot be regarded as competent or comprehensive. This was another factor that caused work to deviate from the standard.

Assessment Task C (ii)

Most candidates completed this task competently. Some were limited because they did not make good use of the results of measuring or the information gained about their clients from the profile obtained in Task C (i). A few candidates compared clients which is unnecessary.

For each individual a clear conclusion should be made.

Assessment Task D

Candidates needed to be self reflective in this task and able to discuss, with reasons, the strengths and weaknesses of their practice, with clear improvements. There was a tendency for suggested improvements to be a little generic which limits the work to Mark Band 3 at best. Some candidates described their practice rather than evaluating it which is more characteristic of Mark Band 2 than Mark Band 4.

Assessment Task E

It was pleasing to see a range of physiological disorders addressed in this task. Candidates do need to be careful, however, that if there are multiple forms of a condition, they address only one form. For example, not cancer but lung cancer and not diabetes but diabetes type 1 or 2.

The disorders chosen were competently described generally and there was pleasing detail about diagnosis and treatment. Both care pathways and practitioner roles needed more research by many candidates to be comprehensive. This again was a source of deviation from the standard for marking in some centres.

It is not required that candidates display expert knowledge of care pathways but are able to show an accurate appreciation of the steps required and the practitioners involved in providing satisfactory care for the disorder.

Some candidates also struggled with discussing the limitations of the diagnostic process and the treatments.

Assessment Task F

A challenging aspect of this task is the need for the candidate to understand the nature and likely progression of the disorder chosen. It is worthwhile researching the progression and effects of the condition carefully before writing the report. It is also helpful to discuss with someone with knowledge of the condition its limitations; however their experience should not be the sole basis of the report. Where this was seen it tended to limit the report to Mark Band 3.

A high level of understanding is essential in order to accurately assess how an individual's life will be affected. For example where a disorder is progressive e.g. MS, candidates need to be aware of the progression difficulties in terms of working or transport or leisure activities.

In many cases candidates' work was limited to Mark Band 3 because analysis was general rather than specifically about the condition, for example about cancer rather than breast cancer.

In some cases, candidates' reports were written in terms of PIES, which is off focus.

The examples of effects outlined in the specification can be used BUT only where they are relevant to the condition. For example diet is relevant to diabetes but not essential for wellbeing in some other cases.

Education is relevant for diabetes as children do have diabetes but less so for lung cancer where the predominant age group for this condition is middle age and beyond. Another issue occasionally seen in this series was a consideration of children's education or diet when a parent is ill. This is off focus and does not attract marks.

Chief Examiner's Report

Assessment Unit A2 3 Providing Services

This paper allowed for differentiation among candidates of varying ability with grades from across all the boundaries having been achieved. In the extended writing questions where quality of written communication is considered in awarding marks (1d, 2c, 2d & 3d), candidates are reminded of the importance of sentence structure and composition, punctuation and use of specialist Health and Social Care vocabulary. Only a minority of candidates were able to develop points well in extended writing questions, demonstrating a well-informed understanding of the unique needs and capabilities of older service users. Candidates are again reminded of the importance of sentence structure and composition, punctuation and use of specialist vocabulary in banded responses where quality of written communication is assessed.

- Q1**
- (a)** This question was very well answered by many candidates who demonstrated a clear understanding of the reasons for the increased life expectancy of older people in Northern Ireland. A significant number of candidates gained marks in the top mark band as QWC was not assessed in this question.
 - (b)** This question was very well answered with many candidates gaining full marks.
 - (c)** Responses to this question were generally very good. A significant majority of candidates demonstrated a clear understanding of the needs of older service users and how staff might meet these needs in a private nursing home. A minority of candidates, however, identified more than one need in each part and described how to meet these and so failed to gain full marks as they had only been asked for one need and how that particular need could be met.
 - (d)** In this question candidates demonstrated a very clear understanding of the advantages and disadvantages of older service users receiving health and social care from private providers, however only a minority of candidates achieved marks in the top mark band because many candidates failed to apply the information to the service user group in a meaningful way and also due to weaknesses in QWC.
- Q2**
- (a)** This question was very well answered by many candidates who demonstrated a clear understanding of the role of the informal carer. Many candidates gained marks in the top mark band both as a result of knowledge and understanding and because QWC was not assessed.
 - (b)** This question was quite well answered. A minority of candidates did however focus on how the social worker might support the older person rather than how they could support the informal carer and so failed to gain marks. Many candidates also failed to gain full marks but were able to identify key words relating to how the informal carer might be supported by the social worker.

- (c) A minority of candidates answered this question well demonstrating clear understanding of the disadvantages for older service users of community care. The majority of candidates were unable to identify three disadvantages and many made inaccurate statements about community care confusing it with informal care. Candidates also need to be mindful of QWC in banded response questions where this is assessed.
- (d) This question was well answered by a majority of candidates, however only a minority achieved marks in the top band because of QWC and a lack of meaningful application to this service user group. There was clear evidence of understanding of the advantages and disadvantages of informal care for older people.
- Q3** (a) This question was answered very well. A significant majority of candidates gained full marks in this question.
- (b) This question was not well answered by many candidates. Some candidates described the barriers and so failed to gain any marks at all, while others described the barriers and in the last line identified how they might be overcome gaining only one mark out of the available two. Candidates are reminded of the need to read questions carefully and understand what evidence they are being asked to produce.
- (c) This question was quite well answered by a significant majority of candidates with clear knowledge of roles of the professionals and how they might support service users living in their own homes.
- (d) This question was quite well answered by only a minority of candidates. Some candidates discussed policies and legislation rather than codes of practice. Many candidates made inaccurate statements such as “codes of practice ensure that information about service users is treated confidentially” or “Codes of practice mean staff always work as part of a team.” Candidates need to understand that codes of practice do not guarantee anything with regards the standards of care provided to service users.

Principal Moderator’s Report

Assessment Unit A2 4 Health Promotion

Marking in this unit was considered generous particularly in Tasks A and B where there was some confusion between priorities in Task A and campaigns in task B. There was also a number of candidates whose mark was limited because they chose campaigns in Task B which are not implemented by PHA or were not health promotion campaigns. In tasks C and D it is anticipated that some parts will be generic within the group presenting the Health Promotion campaign however centres must ensure that candidates work independently to write up Task C and D(i) as well as tasks E and F. Referencing must be in the Harvard style both in the body of work and in end references.

Assessment Task A

In this task candidates are required to discuss how three current health improvement priorities in Northern Ireland are being addressed. This was completed to varying levels of success in this series. Many candidates were able to reference NI Health related strategies and from these investigate subsequent health improvement priorities and how the priority was being addressed. By referencing the specific strategy candidates demonstrated that a particular health improvement priority was current. For example “The Breastfeeding Strategy-A great Start 2013-2023” has identified the priority of improving breastfeeding

rates. Candidates then went on to give specific examples of how the priority is currently being addressed in Northern Ireland by discussing the work of the PHA/HSCT/Education Authority/PSNI/ Borough Councils/named voluntary agencies etc. Where this was completed in depth mark band 4 was awarded

Some candidates tended to focus only on the work of PHA, which lacks depth, or a specific campaign, which fits better in Task B. Other candidates discussed legislation that was dated or referred to information that was not Northern Ireland based and therefore did not meet the demands of the specification. There was also confusion in a small number of centres as to what appropriate health improvement priorities are as some candidates discussed campaigns or other issues that weren't related to health improvement priorities. This was a major cause of deviation from the standard in this series.

It was felt that more guidance was required by the teacher in these centres to prevent candidates from completing work that does not meet the criteria for the assessment task.

Assessment Task B

All three points listed for this task in the specification must be covered in relation to the PHA health promotion campaign that is investigated. The objectives of the campaign should be clearly identified. Many candidates used bullet points to do this which aided clarity. In a small number of centres candidates were awarded Mark Band 4 inappropriately as not all methods and materials used for delivery had been discussed and the approach/es used were not evaluated.

It was clear that some candidates did not know where to find current PHA campaigns as they either used strategies rather than campaigns, investigated out of date PHA campaigns or non PHA campaigns from outside of Northern Ireland. This was disappointing as a number of the current PHA health promotion campaigns are listed in the specification. Another useful starting point for finding current health promotion campaigns run by the PHA is to look at the links and other information on the PHA website.

Assessment Task C

Candidates were sometimes awarded Mark Band 4 when the requirements of the task e.g. role of each group member, were not clear in the plan of the activity. On occasion methods and approaches were evaluated rather than described and justified, and the aim and objectives were different for candidates in the same group, which should not be the case. Objectives identified need to be specific.

Mark Band 4 could not be awarded where the word count has been exceeded by more than 10%. Information included in tables also contributes to the overall word count and candidates do not need to include materials that were used to deliver the health promotion activity, room plans or pre-planning minutes of meetings. Some candidates identified resources and then included them again in a table of the plan for the activity, all of which contributed unnecessarily to the word count.

Assessment Task D (i)

It is good practice to include examples of questions that could be used so candidates can demonstrate their understanding of exactly how their evaluation tools would be used to evaluate the success of the health promotion activity. In some cases, there were far too many tools described, which restricted the detail required for the higher mark bands. Pilot tests and activities carried out during the health promotion activity were sometimes described incorrectly as evaluation tools. These are not required as part of the assessment task. Observation and monitoring without the use of tools should not be credited.

Assessment Task D (ii)

It is clear on occasion that candidates and centres would benefit from a better understanding of what constitutes a well-designed set of evaluation tools as there were instances of centres allocating Mark Band 4 to work that was more suited to Mark Band 2. Care needs to be taken to think about the age group of the participants and the observers as some of the tools that were presented were not age appropriate. This was limiting during moderation. Also, thought needs to go into the design of the tools so that they are effective in evaluating the success of the health promotion activity. Sometimes the tools that were presented for this task did not match the tools that were identified in Assessment Task D (i) or were not related to the activity that was taking place and so could not be awarded Mark Band 4. In some cases, candidates could add questions which suggest how improvements to the activity could be made. Tools need to be very well designed to achieve the higher mark bands. If tools are exactly the same for all candidates within a centre then at moderation it was difficult to award Mark Band 4.

Assessment Task E

Candidates needed to evaluate all aspects of the health promotion activity in order to achieve the higher Mark Bands. Some candidates analysed the results of the evaluation tools rather than using them to complete an evaluation of the success of the activity. This is reflective of the requirements of Unit A2 1 rather than this unit and could not be awarded Mark Band 4. In other cases candidates described what happened during the health promotion activity rather than evaluating its success as is the requirement for this task. Again Mark Band 4 could not be awarded where this was seen.

Assessment Task F

This task was sometimes marked generously in instances where it was unclear exactly how recommendations for improvements were to be implemented. The recommendations for improvement need to be made based on the weaknesses identified in Assessment Task E. Sometimes when weaknesses had been identified in Assessment Task E, no relevant recommendations based on that were made in this task. On other occasions recommendations that were made were not linked to the outcomes from Task E or contradicted what was said. Mark Band 4 could not be awarded where there was no link between issues in Task E and improvements in Task F.

The word limit for this task means that candidates should ensure that priority is given to the most important and relevant recommendations for improvement rather than generic points.

Assessment Unit A2 5 Supporting the Family

There was evidence of diligence by teachers and candidates in the completion of this unit. The quality of work produced was sound overall. Candidates used the Harvard referencing system with varying degrees of success, but a number included the date accessed and the full web address in the body of the work. The sources used should be evidenced in the body of the work by stating author surname and year of publication only. The level of guidance and word counts should be recorded accurately. The majority of candidates were recorded as working independently, yet some may have benefited from a little guidance. The QWC requirements of each mark band should also be taken into consideration when awarding the mark for each task.

Assessment Task A

The standard of work produced for this task varied but was generally sound with a degree of leniency in the marking. A number of candidates assessed the reasons for the changes in family structure without describing the actual changes, for example, the increase in same sex parent families. Others described the changes in structure with little assessment of the reasons. Candidates are required to describe how family structures have changed and assess the reasons for these changes. Both aspects should be addressed in detail for the award of Mark Band 4. The findings should be supported by research and the sources should be referenced accurately using the Harvard system.

Assessment Task B

Marking of this task was lenient in many centres. A significant number of candidates were unable to identify needs accurately. In addition there was a lack of knowledge of the specific needs of the individual requiring support. For example, the need for medication for an individual who has cystic fibrosis or medical care or emotional support for an individual diagnosed with breast cancer. Candidates achieving the top mark band must be able to identify the specific needs of the individual and analyse how other members of the family meet these needs. There should be no reference to services meeting these needs. Generic responses are adequate at best and worthy of mark band two. An accurate illustration of the family structure should be included.

Assessment Task C (i)

The standard of work produced for this task varied. A number of candidates, as required by this assessment task, referred to the needs of the individual identified in B and discussed how health and social care services met the needs of the individual and the family members providing support. Examples may include; 'the need for medical care is met by the district nurse who

or 'the need for mobility is met by the physiotherapy department of the local hospital which.....'. Other candidates simply described services with little reference to needs. There was also a tendency to include four services, one from each sector as required in the legacy specification. More than one service must be discussed but these must be relevant to meeting the needs of the individual and the family member(s) supporting the individual. Services should be identified accurately and generic terms such as the NHS should not be used. The focus is on health and social care services so schools are not acceptable. The services described should be available in Northern Ireland.

Assessment Task C (ii)

The standard of work submitted for this task varied. A number of candidates successfully assessed the effectiveness of the support given to the individual and family members. Others assessed the service and not the support, for example, private services are expensive or statutory services have a long waiting list. A small number of candidates assessed services not referred to in C (i) whilst others omitted services referred to in C (i).

Assessment Task D

Most candidates completed this task well submitting an in-depth analysis of the effects of the two chosen issues on children and adults. Poverty and domestic violence were the main issues chosen but in some centres candidates showed independence and a range of issues were researched. The specification states clearly that the effects on both children and adults must be analysed but a number of candidates failed to do so and referred simply to individuals. Referencing was poor in this task and a number of candidates failed to acknowledge their sources of information. Referencing is essential and if absent then the question must be asked where the candidate did obtain the information?

Assessment Task E

The standard of work submitted for this task varied. A number of candidates identified appropriate statutory services, named them accurately and were able to analyse how they supported families. Others failed to name the services accurately and used vague terms such as the NHS or referred to voluntary services. A significant number of candidates referred to NI Direct which is inappropriate as it is a government website bringing together information from a range of government departments and agencies. Other candidates referred to services which are not based or accessible in this country and as a result the detail lacked validity. There is no specific number of services to be analysed; for each issue the focus is on the relevance of the services and the depth of the analysis. It is good practice to check the suitability of the services. In some centres there was a marked similarity in the analysis of the same services which suggests guidance was given and not independent work as recorded on the CRS. Referencing was inadequately completed by a number of candidates.

Assessment Task F

Most candidates completed this task to a good standard. There were however some issues such as candidates describing rather than assessing the support provided by the two voluntary organisations. It is recommended that the voluntary organisations should be accessible from Northern Ireland and the focus on how they support families here as this is more relevant to candidates. In addition, candidates are required to assess the role of one voluntary organisation for each issue. In some centres the same organisations were chosen by all candidates which again suggests teacher guidance rather than independent work.

Referencing was inadequately completed by a number of candidates.

Chief Examiner's Report

Assessment Unit A2 6 Understanding Human Behaviour

Performance on this paper varied considerably. Candidates who understood the key psychological perspectives and their associated therapies were able to apply their learning to the questions on the paper, however, some candidates were not well prepared in terms of their basic knowledge and understanding of the perspectives and so did not perform well. To perform well in this examination candidates must be able to clearly differentiate between the different perspectives and their associated therapies as a starting point. For each psychological perspective they need to develop a sound knowledge and understanding of the key concepts. To achieve marks in the higher levels in extended responses, candidates need to pay particular attention to application to the question asked and the quality of their written communication, including using key concepts accurately.

- Q1 (a) & (b)** These were well answered showing candidates understood what a phobia is and how it affects behaviour.
- (c)** Most candidates achieved 2 or 3 marks for applying Bandura's social learning theory to the development of phobias, but their understanding of how phobias develop according to Pavlov's theory of classical conditioning was poorer.
 - (d)** This was generally answered well with many candidates who understood the two therapies achieving marks at Level 3.
 - (e)** This was also answered well by those who understood what behaviour therapies are, as they were able to evaluate the therapies.

- (f) Candidates who understood the theories and therapies of the cognitive perspective, for example the work of Beck and Ellis, were able to access marks at Level 2 or Level 3. Only a minority demonstrated the highly competent use of psychological terms, the level of analysis required, and quality of written communication (QWC) needed to achieve at Level 4.
- Q2**
- (a) Most candidates achieved full marks by accurately listing the symptoms of depression.
- (b) Most candidates scored two or three marks when describing appropriate drug therapies and the use of time management techniques to address stress, but many achieved only 1 Mark in the last part of the question as they did not fully describe how an encounter group works.
- (c) Most candidates who knew the humanistic perspective demonstrated their ability to use the language of the theory to explain stress, with many accessing marks at Level 3.
- (d) Almost all candidates achieved marks at Level 2 or Level 3, depending on their QWC and their level of discussion of how both family and housing and environment can contribute to stress.
- Q3**
- (a) This was not well answered by many candidates as they were unable to explain the three key concepts from Freud's theory.
- (b) Candidates who understood the psychoanalytic perspective were able to access marks at least at Level 2 or Level 3 with some highly competent responses in terms of level of analysis and QWC achieving at Level 4. There were also, however, a number of very poor answers which demonstrated absolutely no understanding of the perspective asked for.
- (c) This was well answered by those who understood psychoanalysis as a treatment, with many of these candidates achieving full marks.

Assessment Unit A2 7 Human Nutrition and Health

Candidate performance on this paper ranged from poor to good, with some candidates performing very well, demonstrating very good knowledge and understanding of the unit content. Candidates attempted all questions on the paper and the range of questions allowed candidates to realise their potential across the grade boundaries.

Candidates must pay close attention to the command words within questions and consider how best to structure their answers to achieve maximum marks. It is recommended that candidates focus on the relation between food, human nutrition and health as the foundation to learning undertaken in this unit.

- Q1**
- (a) (i) This question was well answered by the majority of candidates. Most candidates achieved full marks, correctly naming three sources of iron.
- (ii) Most candidates achieved full marks in this question.
- (b) This question was answered well by the majority of the candidates who were able to summarise a wide range of appropriate advice to help prevent hypertension and dental caries, however many candidates were unable to address how the condition scurvy might be prevented.
- (c) This question was answered well by most candidates.
- (d) Performance in this question varied with some candidates achieving full marks and many others confusing the dietary sources of vitamin D with those of calcium.

- Q2**
- (a)** This was poorly answered by many candidates as, while they had knowledge of a wide range of cultural factors impacting on the diets of residents, they were unable to apply how these factors influence the choices offered to residents. Candidates should be able to identify foods that could be offered as a choice rather than just those that should be avoided. Most of the candidates' answers focused on the foods that are restricted such as exclusion of meat and milk from the diet but many failed to make suggestions of the alternative choices that would be offered to the residents and so they were unable to achieve full marks.
 - (b)** This question was answered well by most candidates.
 - (c)** This question was answered well by those candidates who were able to assess the importance of adequate water and fluid intake and NSP for older people.
 - (d)** This question was poorly answered by many candidates who were unable to discuss the importance of good hygiene and safe practices when storing and preparing food. Many candidates who were able to list good hygiene and safe practices when storing and preparing food failed to discuss its importance and so did not achieve beyond Level 1. Candidates achieved full marks when they were able to discuss how safe practices, for example, slow down the growth of bacteria, prevent cross contamination and reduce the risk of food poisoning for already vulnerable residents.
 - (e)** This was poorly answered by the majority of candidates who failed to fully name the two pieces of legislation that apply to food storage and preparation in Northern Ireland.
- Q3**
- (a)** This question was answered well by most candidates.
 - (b)** This question was poorly answered with most candidates failing to name all four other food groups in the Eatwell Guide accurately.
 - (c)** This was poorly answered by the majority of candidates who failed to discuss the nutritional importance of the food group "beans, pulses, fish, eggs, meat and other proteins" in the diet. Many limited their answers to the value of protein in the diet, failing to discuss the wide range of other nutrients present in this food group.
 - (d)** This question was poorly answered by those candidates who failed to address the question and focused on dietary advice in their answers.
 - (e)** This question was answered well by most candidates.

Contact details

The following information provides contact details for key staff members:

- **Specification Support Officer: Nola Fitzsimons**
(telephone: (028) 9026 1200, extension: 2235, email: nfitzsimons@ccea.org.uk)
- **Officer with Subject Responsibility: Paul Wright**
(telephone: (028) 9026 1200, extension: 2207, email: pwright@ccea.org.uk)



INVESTORS
IN PEOPLE

