

GCE



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

Summer Series 2019

Foreword

This booklet outlines the performance of candidates in all aspects of this specification for the Summer 2019 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 section on our website at www.ccea.org.uk.

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GCE HEALTH AND SOCIAL CARE

AS Overview

With regard to the examinations, there was a significant increase in the number of candidates this series, especially for SHC31 Health and Well-being. There were some excellent candidate performances in the AS units in this series and only a minority of candidates were unprepared or performed poorly. Some candidates could have improved their performances by more careful reading of the questions asked and some by paying more careful attention to their quality of written communication in the extended responses where this was assessed.

For moderated units, there was also an increase in the number of centres entered for this subject in this series. Despite this relatively few centres were adjusted in each unit. This suggests that support offered via 'new teacher' events, Agreement Trials and Portfolio Clinics have provided a valuable source of support. Teachers are reminded that in addition there is a suite of materials available on the CCEA website to give further support.

The quality of work produced by candidates was overall very pleasing, however there are a number of general issues which do need addressed:

When marking work teachers should take notice of the mark band descriptors for QWC. A number of candidates were credited in Mark Band 3 or 4 when the level and style of language used suggested their work was more suited to a lower mark band or the lower end of the mark band.

There was an improvement in the referencing of the work but a number of candidates did not use the Harvard referencing system as required. Work which is not referenced does not meet the quality of written communication requirements for Mark Band 4. Referencing should be completed appropriately in the body of the report and in a single set of End References placed in appendices (not after every task).

Candidates also need to ensure that they address the assessment criteria for each assessment task succinctly, within the word limit using the information in the specifications to ensure accuracy. Exploiting the 10% rule to the maximum for every Assessment Task is not desirable and candidates should be discouraged from doing this.

In a small number of cases candidates used terminology or examples which deviated from the specification and thus they lost credit.

Principal Moderator's Report

Assessment Unit AS 1

Promoting Quality Care

Overview

The work of candidates was, in general pleasingly completed in this unit, with relatively few centres adjusted. An issue was that, when awarding Mark Band 4, teachers need to be mindful of the need for excellent QWC and maintenance of the word limit.

Candidates should include a brief introduction to make the setting used evident. This should not be included in the word count for Assessment Task A. It was pleasing to see a range of settings used. There were instances, however, where a similar setting was used by all candidates in a centre. Where this is the case then candidates should have the opportunity to independently gather the evidence required for each task.

Assessment Task A

There were some good examples of the application of three care values by staff in a range of settings, however, there were many candidates who did not present valid examples of staff action. This was because the discussion around what constitutes, for example, anti-discrimination or rights and choices was inaccurate. As a consequence, a number of candidates could not access Mark Band 4. It was pleasing to see impact more focused on the service user appropriately rather than on carers or staff.

Assessment Task B

A number of candidates were adjusted in this task because they did not accurately apply each law chosen to the setting. There was for example a misunderstanding around the relevance of the Children Order to settings.

Many candidates also discussed the impact of the legislation on the service users, sometimes by example which is not required and in many cases repeats Task A. The focus of this task should be upon the impact of the legislation of the setting, in terms of what the setting must do to comply with each law.

Assessment Task C

This assessment task was addressed well by a majority of candidates. Understanding of RIDDOR however remains limiting and was often a cause of candidate's work not being deemed Mark Band 4. Candidates were able to provide some clear information on the impact of health and safety legislation on the setting. Candidates would benefit from use of secondary as well as primary sources when investigating the application of health and safety legislation in their chosen setting.

Assessment Task D

Mark Band 4 was only appropriate for a minority of candidates in this task. There was a tendency to describe two policies without any mention of how the implementation of the two policies might promote quality care in the setting. There was also a tendency by candidates to superficially evaluate policies which was acceptable for Mark Band 3 but not Mark Band 4 without showing any real understanding of the content and aim of the policies selected. Furthermore, some policies selected for evaluation were inappropriate as they would be unlikely to lead to improvements in the quality of care provided in the chosen setting.

Assessment Task E(i)

This assessment task was pleasingly completed by the majority of candidates. There was evidence of independent research of a wide range of examples of poor practice.

In some centres candidates selected the same example of poor practice often one which was quite dated and well known. This should be avoided as the assessment criteria require each candidate to independently research and find an acceptable example of poor practice. Attempts to establish validity were mostly fair, however there were weaknesses in properly justifying the validity of sources. It is not expected that every source is completely valid but it is expected that candidates show recognition of this.

Another issue was that it is expected that a summary in the candidate's own words is produced. Quotations from source are not required.

Assessment Task E(ii)

This assessment task was completed well by the majority of candidates. Some candidates tried to examine the impact or potential impact using PIES which did not always fit easily and others seemed to focus on 'who, what where, when, why' which does not really address the assessment criteria. There were still a small number of candidates who addressed more than three groups in this task and so lacked depth in their response.

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

Overview

There was clear evidence of hard work from students and teachers to produce high quality portfolios for this unit. Teacher annotation of work and identification of the level of guidance helped to justify marks awarded.

Most centres used primary schools as their setting but some used residential homes, hospitals and crèches which allowed for a range of examples and interactions to be used in the write up of their report.

The majority of centres were within the agreed standards set at Agreement Trials. The quality of teachers' assessment was competent, however there was evidence of a significant minority of centres being lenient with their mark allocation, particularly those with the highest marks in the samples. There were instances where teachers awarded Mark Band 4 even when they had corrected obvious grammar and spelling mistakes in a candidate's work; again teachers are reminded that they must take cognisance of the QWC requirements for Mark Band 4. A very brief introduction is needed for this unit (two or three lines) to indicate the setting used. This should not be incorporated into Task A.

Assessment Task A

Candidates are asked to choose two types of communication from the specification (verbal, non-verbal, written and electronic) and discuss how these are used in their setting. They must also discuss the purpose of each example used. There are 14 marks available for this task but 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. There is a very clear example which exemplifies this on p15 of the specification.

Another reason for work being outside of the standard is the sheer number of examples given – up to 14 examples in some cases and with only 800 words, this means the examples used lack detail to be deemed competent or comprehensive. There is no need to include definitions of the communication types as this is not required and uses up the word count to no purpose.

In some centres where all candidates visited a similar early years setting care needs to be taken to independently identify examples of the two communication types. In some cases the similarity of examples across a centre made it difficult to justify Mark Band 4.

Assessment Task B

Candidates must address all four factors as described in the specification.

Most candidates were able to discuss positive factors but lacked sufficient detail on how they actually supported effective communication with service users. This was also seen in the previous series. Long, descriptive factors were given but again only one to two lines focused on effective communication, hence Mark Band 4 could not be awarded. Again candidates need to choose the factors they discuss with care ensuring that they are appropriate to the setting. Staff uniform for example works well in a care home but not in a school. It is a little concerning to see all candidates in a centre attempt to make the same factor fit irregardless of setting visited. It again suggests a lack of independence and so Mark Band 4 could not be considered appropriate.

Assessment Task C

Candidates should be encouraged to independently research potential barriers and choose those most appropriate to their setting. Again, this would encourage individuality across a centre.

Most candidates were able to give a range of suggestions as to how the barriers to communication could be overcome but the actual barriers themselves lacked detail i.e. why was the example given a barrier? How did the barrier create a communication difficulty? Candidates are not required to give definitions of barriers – this needlessly eats into the word count. It is also important to remember that the assessment criteria asks for potential barriers not just barriers seen on placement which gives more scope for independent responses especially for those candidates who visit a primary school where in some cases examples seen across the centre seemed a little generic.

Assessment Task D

A number of centres did not focus on one clear and specific team or focused on the staff in a whole setting as a team which made it very difficult to focus on specific examples of communication. Good examples include the nursing team in a residential home or the SEN team within a primary school. The examples of communication were largely competent but how they contributed to quality care fell short of Mark Band 4 standard. Many candidates focused on how the examples helped communication in general and not quality care of service users. In order to achieve Mark Band 4 or even Mark Band 3 top this is essential.

Assessment Task E

There was again some evidence of lenient marking in this task, however it was less apparent than in previous series. Some candidates tended to focus on what was said rather than focusing on judging their communication skills.

Many candidates used the majority of the word count on strengths and weaknesses which did not allow for comprehensive improvements. As per the assessment criteria, the improvements are the 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. It is pleasing to note that almost all candidates used best practice. Teachers are still awarded mid to high Mark Band 4 when best practice has just been mentioned (often at the end of a paragraph) and was not fully incorporated into the report by using the source to justify the improvement suggested. This was deemed inappropriate and was a reason for adjustment. Referencing on the whole was poor, with only approximately half of centres using the Harvard style of referencing.

Chief Examiner's Report

Assessment Unit AS 3 Health and Well-Being

Overview

The candidates demonstrated a wide range of knowledge and understanding in their responses. Whilst many displayed an impressive depth of knowledge in their extended responses, a significant number of candidates struggled to produce extended responses that met the quality of written communication (QWC) requirements to achieve marks at the top level.

- Q1**
- (a)** Most candidates gave two clear definitions that were detailed enough to achieve the four marks available.
 - (b)** Many candidates were unsure of the ways the PHA contributes to health and well-being, giving vague responses that did not show clear knowledge of the role of this organisation. Some candidates lost marks by focusing on the PHA's role in health promotion, which was disallowed by the question.
 - (c)** The majority of candidates answered this well. For self-advocacy those who stated 'research their own condition' did not get a mark, unless this was followed up by a description of how the information obtained was used to self-advocate, for example by 'asking for the most up-to-date treatment'.
 - (d)** Only a minority of candidates achieved full marks, displaying excellent knowledge of the social change approach and its strengths and weaknesses. Whilst the smoking ban was a suitable example to illustrate some of the key strengths and weaknesses of this approach to health promotion, some candidates simply evaluated the smoking ban, restricting the marks they could achieve.
 - (e)** Most candidates based their response on a current health promotion campaign run by the PHA, with 'Stop smoking NI', 'Choose to live better', 'Minding your head' and 'Breastfed babies' being popular choices that gave candidates scope to produce detailed responses on the range of ways they get their messages across to meet their objectives. A few candidates focused on outdated campaigns or campaigns run by other organisations such as voluntary organisations or Public Health England, which did not gain marks. A few also gave answers that did not focus on a health promotion campaign at all, for example writing about organ donation or the work of a voluntary organisation in general. To achieve at the top level, candidates needed to know the selected campaign in detail so that they could, for example, describe the specific content of the television advertisements, posters, websites etc. that they referred to. Some also lost marks by failing to make any reference to the objectives of the campaign in their response.
- Q2**
- (a)** Most candidates gave enough detail on both one physical effect and one social effect on health and well-being of culture and ethnicity to gain 2 marks for each. Where candidates briefly stated two different effects for an answer, they only gained 1 mark. Some very exaggerated points were noted.
 - (b)** The majority of candidates achieved the two marks available by identifying two socio-economic factors from the unit specification.

- (c) Cystic Fibrosis (CF) was the most common genetically inherited condition that candidates identified and those who had researched it well were able to describe its physical effects on the lungs and digestive system. For CF and for other conditions identified, some candidates produced very vague responses such as 'not able to exercise' or 'feeling tired' and did not actually note the specific effects of the condition on the body. Most candidates did score well on the social effects, although some erroneously noted that people with CF could meet each other in support groups when the nature of their condition means this would not usually be allowed.
- (d) Most candidates answered well, demonstrating their knowledge of the potential effects of pollution on physical health and well-being, though some candidates gave vague or exaggerated responses, for example 'obesity due to being too afraid to leave the house if living near a factory'.
- (e) This extended question was generally well answered. Most candidates structured their essay into three clear paragraphs on the impact of exercise on physical, social and psychological health and well-being. Some candidates included some discussion of the effects of a lack of exercise which did not attract marks. A few also structured their answer in terms of PIES development, which did not work well.
- Q3** (a) The majority of candidates gained full marks in this question using appropriate language to explain the impact of Sarah's condition on her psychological well-being.
- (b) Whilst many candidates gained full marks, some lost focus on the question asked and explored the impact of lower income and of not being able to do leisure activities on Sarah's health and well-being instead of the impact of her ill-health on these two factors. Some candidates focused on the impact on her work - this was only relevant if clearly linked to her income.
- (c) Most candidates demonstrated knowledge of how two voluntary organisations contribute to health and well-being for people in Northern Ireland. Some candidates lost a mark by failing to give an example of a voluntary organisation.
- (d) The majority of candidates gave a full and clear definition of prejudice, gaining 2 marks.
- (e) Many candidates scored 1 or 2 marks rather than the 3 marks available as they did not fully develop their example of discrimination. Some responses were not suited to the type of setting identified in the question e.g. answers about children with learning disabilities in a school setting. Some responses were unrealistic, for example answers about doctors and nurses refusing to treat a patient with a learning disability.
- (f) Most candidates identified appropriate ways a manager can promote anti-discriminatory practice, for example a complaints or a whistleblowing policy, but some did not link them clearly to anti-discriminatory practice.
- (g) Most candidates organised this extended response into PIES needs and gave at least a couple of examples for each of these types of needs. Some candidates gave rather vague responses which lacked clear focus on what the staff in supported living accommodation would actually do to meet needs. For many candidates, QWC was not good enough to achieve a mark in the top level.

Principal Moderator's Report

Assessment Unit AS 4 Safeguarding Children

Overview

Candidates should identify the child's age and the appropriate care setting under consideration as an introduction. This should not be considered as part of the word count. It must be noted that referencing throughout the body of the work should use the Harvard referencing system. This was not always accurately completed. One set of end references should be submitted at the end of the completed assessment again using the Harvard system. Some centres did this after every assessment task which is not good practice.

To access Mark Band 4 it is essential that the quality of written communication is excellent to meet the marking criteria.

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. Height and weight measurements should be quoted in metric measurements as good practice. There was some confusion regarding physical and social milestones. Milestones must be clearly linked to the chosen age of the study child to achieve Mark Band 4. 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 is not seen as good practice as it limits the discussion in these areas. Some centres linked their description to observations which are no longer required in the revised specification and can limit the depth of discussion at times.

Assessment Task B

It is seen as good practice to complete the analysis using paragraphed responses on the chosen strategy. Use of PIES rather than strategies limits the depth of analysis in this task and is not recommended.

It is vital that clear and age appropriate strategies e.g. outdoor play rather than aspects of a strategy e.g. hopscotch are selected by candidates. The selected strategies must be relevant to the chosen setting and age of the child and all obvious PIES development related to the strategy are included in the analysis. This was not always seen.

Some centres linked their description to observations which are no longer required in the revised specification and can limit the depth of discussion at times.

Assessment Task C

The focus of this assessment task must be on the application of the theory in the chosen setting. As such the description of the theory should be minimal. Teacher guidance states that it is important that students focus on how the theories could influence the practice. It is necessary that the application of the theory is relevant to the age of the child and the setting.

There is no need to include a discussion of the theorist experiments such as the Bobo doll or rat experiments. 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 the work is independent.

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 indicator can be clearly discussed. This was not always the case. Where the layout caused 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. Candidates are advised not to merge the two policies together as this leads to a confused response. The word count for this task should not be merged with Task D(i) and should be clearly highlighted. Candidates who are over the word count by more than 10% cannot achieve Mark Band 4.

Assessment Task E

Candidates should select three factors from the examples provided in the specification. Candidates who provided samples which focused on more than three factors lacked the depth necessary to achieve Mark Band 4. The focus of this analysis must be on how the factor could increase the risk of abuse. It is essential that all candidates use 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 factor can increase the risk of abuse. It is not enough to include sources which show how the factor contributes to abuse without personal, individual analysis in the candidate's own words. It is good practice for centres to consider a range of factors from the specification for this task. Where all candidates focused on the same three factors with similar analysis in a centre it is unlikely that the work is independent.

Chief Examiner's Report

Assessment Unit AS 5

Adult Service Users

Overview

The majority of candidates were able to answer all the questions, however a small number of candidates had limited core knowledge, whilst there were some candidates who had an excellent knowledge of the specification material and provided very detailed responses. Whilst most candidates were able to address all questions, many needed to write more detailed responses in the long questions and so did not achieve at the top levels.

- Q1**
- (a)** Some candidates had a limited knowledge of reablement which affected their ability to answer the question, however most showed a reasonable knowledge and were able to set out the differences between reablement and traditional home care. A number of candidates repeated the same answer just using different words, which did not attract marks.
 - (b)** The majority of candidates were able to explain two ways private providers may be funded, however candidates needed to develop their explanations for the second mark rather than give very short answers, such as 'services users pay'.
 - (c)** This question was more challenging for some candidates who tended to answer using information from previous mark schemes rather than tailoring their answer to the question, about ways a care plan supports a patient. Also, it was important that candidates developed their answers by staying focused on the same 'way' for the second and third marks.
 - (d)** Candidates were generally able to describe ways the GP may support a patient, however there were a number of candidates who answered this poorly, not giving a clear way or repeating the same way. It was important that candidates stayed focused on the 'way' given and develop their description of this way in order to access full marks.
 - (e)** A significant number of candidates answered this question poorly. The question asked how staff put the confidentiality policy into practice specifically within a service user's home, so answers such as staff training were not appropriate. Developing an applied understanding of policies is very important if candidates are to access the marks available in the exam.
- Q2**
- (a)** This question was generally answered well, however it was important that candidates read the question carefully, as it asked the candidates for three practitioners who may offer care to Karl while he was in hospital, therefore a GP, for example, was not an appropriate response.
 - (b)** Most candidates were able to explain the terms 'disability' and 'concept of need', however a small number of candidates were unable to respond or had inappropriate responses.
 - (c)** Although this question was answered well by the majority of candidates, again it was important to read the question carefully as it asked candidates to analyse how staff at the hospital may meet the physical, intellectual and emotional needs of patients. Some candidates gave responses which were relevant to a day centre setting rather than a hospital setting. Overall only a small number of candidates achieved at the top level as many answers were too general or included inaccurate points.

- (d)** This question was answered well by most of the candidates as they were able to explain three ways Emma could support her husband on his return home.
 - (e)** A significant number of candidates wrote basic responses that showed very limited knowledge of the Carers and Direct Payment Act. Responses suggested this is an area for students to actively research if they are to achieve an understanding that helps them to respond well in the exam. It is also important to understand this is Northern Ireland legislation so what happens in England under a similar act is not relevant.
 - (f)** A majority of candidates were able to state clearly reasons for change in health and social care underpinning the Transforming Your Care report.
- Q3**
- (a)** This question was answered well by most candidates with most developing their descriptions of the ways a home care worker might support Phyllis to achieve the available marks.
 - (b)** There was a range in the quality of answers to this question. Some candidates had a very good understanding of how an advocate might support service users such as Phyllis, most however had adequate knowledge and a small number gave answers such as 'talk to her', which did not show an understanding of the advocacy role.
 - (c)** Most candidates were able to explain for two marks how voluntary providers are funded, although some failed to develop their explanations enough to achieve both marks.
 - (d)** This question was answered reasonably well by most candidates, however many did not achieve at the top level as they did not develop their discussions of the strengths and weaknesses identified enough to be assessed as competent.

In conclusion most candidates were able to address all questions, however many needed to write more detailed responses in the long questions and so did not achieve at the top levels. Responses to the question on the Carers and Direct Payments Act suggested this is an area for students to actively research if they are to achieve an understanding that helps them to respond well in the exam. It is also important to understand this is Northern Ireland legislation so what happens in England under a similar act is not relevant. Also developing an applied understanding of policies is very important if students are to access the marks available in the exam.

Principal Moderator's Report

Assessment Unit AS 6 Holistic Therapies

Overview

There was clear evidence of diligence by both teachers and candidates in the completion of this unit. Many candidates produced work of a high standard. Teacher annotation and an indication of the level of guidance given contributed to accurate marking. The Harvard referencing system is required. Work which is not referenced does not meet the quality of written communication requirements for Mark Band 4. Referencing should be completed appropriately in the body of the report and in a single set of End References placed in appendices (not after every task).

Assessment Task A

The standard of work produced for this task was sound. Overall marking of the task was to the agreed standard. A wide range of holistic therapies was described within centres which is good practice and enables candidates to produce work independently and access the higher mark bands. A small number of candidates focused in too much depth on the side effects of the treatments instead of safety aspects. Definitions of the three therapies are not required and the description of the therapy should outline what happens during a session of the therapy.

Assessment Task B

A wide range of conditions was researched and the standard of work produced varied from clear to comprehensive. A small number of candidates included lifestyle changes which are not acceptable as they are not a medical treatment. Marking tended to be slightly lenient as in some cases candidates were awarded the top mark band and all medical treatments for the chosen condition were not described. As highlighted last year candidates did not need to describe three holistic therapies that may be used to manage the condition. A description of the full range of medical treatments and one holistic therapy may access the top mark band if comprehensive.

Assessment Task C

There is still a tendency for candidates to describe the cost, availability, duration and side effects of medical treatments and holistic therapies. The task requires candidates to complete a comparative analysis of the medical treatments and holistic therapies. The work of some candidates was marked with slight leniency for this reason but in most cases where comparison was lacking mark band two was awarded. As the word count is only 800 words candidates do not need to include the cost of private prescriptions for drugs used to treat the medical condition.

Assessment Task D(i)

The work produced for this task was competent/comprehensive and most candidates achieved Mark Band 3 or 4.

Assessment Task D(ii)

This task was also completed pleasingly by the majority of candidates who evaluated only the effectiveness of holistic therapies and did not include irrelevant information. Most accessed a wide range of sources but at times these were not referenced as required.

Assessment Task E

Most candidates completed this task well by giving a comprehensive description of the use of holistic therapies in a health or care setting and an in-depth assessment of the benefits to service users. This enabled candidates to access the higher mark bands. In some cases work was leniently marked as the holistic therapies were described in general terms with little reference to how the treatments are tailored to suit the service users in the setting and in other cases the assessment of the benefits was brief and lacked depth.

Chief Examiner's Report

Assessment Unit AS 7

Understanding the Physiology of Health and Illness

Overview

The performance of candidates varied significantly, nevertheless the paper did allow candidates of all abilities to respond positively. There was no evidence that candidates did not have time to finish the paper and most candidates attempted all questions.

- Q1**
- (a) Most candidates were able to correctly identify the organelles and their functions.
 - (b) The majority of candidates correctly linked the tissue type to its image.
 - (c) The majority of candidates were able to identify the brain and spinal cord as the parts of the central nervous system, however fewer candidates were able to correctly give the function of all parts of the brain.
 - (d) This longer question, in which QWC was assessed, was either completed very well or very poorly; several candidates accessed the top mark level demonstrating competent knowledge of the nerves and synapses involved in the reflex arc.
 - (e)
 - (i) Very few candidates were able to access all 5 marks primarily because they were not aware of the hormones released from the pituitary with a target organ of the ovaries.
 - (ii) The majority of candidates answered well in this question though some confused the endocrine and nervous systems.
- Q2**
- (a) The majority of candidates were able to correctly identify the oesophagus, liver and large intestine.
 - (b) Very few candidates accessed all three marks here as they discussed the role of the bile and not of the gall bladder as required.
 - (c) This question proved challenging for many candidates; a significant number of candidates could correctly state the adaptations but were unable to sufficiently discuss how the adaptations would increase absorption.
 - (d) The majority of candidates were able to correctly describe the physiological cause of a stomach ulcer, but many were unaware of the physiological cause of acute pancreatitis.
 - (e) This question posed some difficulty for candidates who ignored or who did not understand the term 'acute' meaning that this would be a short-lived condition; as a result, their answers focused on how pancreatitis would affect the individual's leisure and education long term, so they did not access all of the marks available.
- Q3**
- (a)
 - (i) The majority of candidates correctly identified all parts of the urinary system.
 - (ii) Most candidates did not state the two functions of the system as excretion and osmoregulation.

- (b) (i)** This long question on the nephron was challenging for many candidates. Candidates must be aware of the substances that move in and out of the nephron at each part and of why they move in the direction they do.
- (ii) & (iii)** Most candidates correctly identified the liver as the organ which produces urea, however only a minority of candidates were able to describe deamination of amino acids in the liver.
- (c)** The majority of candidates were able to access most of the marks for explaining the physiological causes of Type 1 and 2 diabetes, showing they understood the differences between these conditions.
- (d)** This last question required discussion of the potential impact of renal failure on an individual's income, diet and relationships. Most candidates successfully discussed how it might impact on income and relationships, however very few candidates were aware of the impact that it would have on diet and so did not achieve at the top level.

A2 Overview

For the examined units, overall there was an increase in the number of candidates this series, especially for AHC31 Providing Services. There were some excellent performances in the A2 units in this series, however some candidates could have improved their performances by more careful reading of the questions asked and some by paying more careful attention to their quality of written communication in the extended responses.

For moderated units, the number of centres making submission at A2 level has also risen in this series. Pleasingly, only a minority of centres were adjusted in any unit. Most of the new centres completed work which was to standard which suggests that support offered via 'new teacher' events, Agreement Trials and Portfolio clinic have provided a valuable source of support. Teachers are reminded that in addition there is a suite of materials available on the CCEA website to give further support.

At A2 level it is expected that candidates will work with independence. It is a little disappointing across units that a similarity of topic was seen within some centres as this made it difficult to view candidates work as independent and so suited to Mark Band 4. There was also some evidence of very generous marking, especially at the top of the sample, often without consideration of the QWC requirements in the Mark Band 4 descriptor. Where this was seen Mark Band 4 could not be awarded.

Referencing was also an issue. It is expected that candidates use the Harvard referencing system both appropriately in the body of their reports and also in a single set of end references in the appendix of each report. Where no referencing was seen it was difficult to award Mark Band 4, again because the QWC descriptor for Mark Band 4 was not met. This also runs the risk of plagiarism and is not good practice by candidates who intend to proceed to Further or Higher Education.

Candidates had, in this series, more clearly indicated the word count at the end of each task as required. There was, however, a little concern that so many candidates used exactly 10% over the word count. Teachers should encourage candidates to stay within the word limit and not exploit the 10% rule by addressing the assessment criteria succinctly.

Principal Moderator's Report

Assessment Unit A2 1

Applied Research

Overview

A wide range of current and interesting research topics were chosen by candidates. There were, however, some topics chosen, e.g. underage drinking and drug use which presented difficulties with disclosure. Other topics presented difficulty as they did not meet the assignment brief 'Students produce a written report on research that they have designed and carried out on a health, social care or early years topic'. Centres where topics focused on for example; the use of mobile phones when driving, fake ID, the cost of Christmas; failed to meet the assignment brief as these topics concern issues of road safety, fraud and economics. One centre included an abstract which is from the legacy specification.

Assessment Task A

This was completed well by the majority of candidates with 3-5 clear research objectives stated. In some cases, candidates created a hypothesis with 2-3 statements which left the focus very broad instead of turning the expectations from the research objectives into a clear testable statement. This statement should be SMART, a realistic statement that can be tested within the constraints of time available and the size and profile of the participants. In the case of rationales, the very well argued ones were backed up with secondary research evidence which had been clearly referenced.

Assessment Task B

Referencing continues to present problems for some centres. For some URLs continue to be included in the literature review and the use of the Harvard system of referencing is still presenting difficulty. Centres should note that to realise Mark Bands 3 & 4 candidates must produce evidence of 'using the Harvard system with a clear/consistent focus on the research objectives using at least four secondary sources.' Centres should also ensure that there is evidence in candidates' work of at least four secondary sources which are referenced across all the mark bands. Some candidates included multiple quotations from sources and so were listing information rather than carrying out a literature review and so were generously marked.

Assessment Task C

The methodology was completed well by most candidates in the sample. Some centres are continuing to use the 2016/7 legacy guidelines and including justification of the primary research tool over 2 research methods. This is not required in the revised specification. There were some centres where candidates simply described all sampling techniques and did not justify choice. Where centres did not include a research procedure in the methodology or failed to address any other area of the methodology candidates could only achieve at the lower end of the mark band awarded. The methodology should not be undertaken as a generic theoretical activity but rather candidates should demonstrate in each area clear application including the number of target participants and their age profile. This should be clearly reflected when choosing the primary research method and sampling technique together with considering ethics and tests of validity and/or validity which should be in the context of the target participants and the topic chosen.

Assessment Task D

A questionnaire was the primary research tool chosen by most candidates and most were very well designed in line with research objectives and hypothesis. Not all candidates included an introduction with their computer generated questionnaires to address ethics. Some questionnaires had QWC issues and so could not be awarded Mark Band 4. When the questions in the questionnaire were too leading or closed or not relevant to the objectives Mark Band 4 was also deemed inappropriate.

Assessment Task E

Excellent evidence was presented by most candidates. However, where candidates chose only to produce one type of chart i.e. pie charts, had QWC issues or failed to label X & Y axis in graphs; this presented difficulty accessing the higher mark bands which require candidates to produce 'a competent/comprehensive and accurate set of graphs, demonstrating a sound/detailed analysis of the primary research findings'.

Assessment Task F

This was addressed to the standard by most of the candidates. However, a number of candidates did not draw conclusions in relation to the research objectives and hypothesis and could not award the higher end of the mark band.

Assessment Task G

This was addressed well by most candidates. There was detail of comprehensive evaluation and suggestions for improvement. However, a high number of candidates did not make recommendations for future research on the topic and so could not attain Mark Band 4.

Assessment Unit A2 2 Body Systems and Physiological Disorders

Overview

In general this unit was pleasingly completed. Candidates need to ensure that they use the Harvard referencing system both for diagrams and for sources in the body of their work. They also need to ensure that they include one set of end references as an appendix. There is no requirement to reference at the end of each task. Diagrams, were included to aid clarity, need to be sufficiently large to be clearly visible. There is little point in including e.g. a diagram of a care pathway in Task E which cannot be read as this does not meet the requirements of Mark Band 3 or 4 and so detracts from the report. Candidates are also reminded of the need to complete an accurate word count for each task and place it at the end of the task. This includes all work in tables.

Assessment Task A

This task was generally done to the standard. It is considered good practice to introduce each system with a clear labelled diagram. There were still some candidates who focused on the heart rather than the circulatory system and used their word count giving detail of its functioning. This is not required to the depth seen. The task requires a gross overview of the structure and functioning of each system.

Many candidates did not use a table format to complete their review of the systems. Writing in report style tended to create detail in some areas, but not others and so Mark Band 3 was deemed more appropriate than Mark Band 4. Using a table also helps build the skill of selecting appropriate information rather than including detail far beyond the candidate's understanding at A2 level.

Where diagrams are being used, and this is considered good practice, particularly to show structure clearly, to achieve Mark Band 4 the diagrams need to be large enough to be read. This was not always evident.

The negative feedback control mechanisms were often not detailed enough for Mark Band 4 or the top of Mark Band 3. These can be completed as a diagram or as a report but must show how nervous control of the system is achieved via detectors in the blood.

Some candidates are still not using the Harvard style of referencing and diagrams are not being referenced in some cases. This is essential.

Assessment Task B

The majority of candidates approached this task from a positive perspective – a great improvement on last year. Some candidates continue to write negatively, which is reflective of AS Unit 3 and is not appropriate for A2 level. Some candidates did not discuss both the respiratory and circulatory systems for each behaviour, which limited their marks. A small number of candidates considered, for example, the effects on the digestive system, which is not required.

Assessment Task C(i)

Most candidates did well in this task. Clients were well chosen. Resting rates were included in the vast majority of the work. There was a tendency, however, to award Mark Band 4 even when there was obvious mistakes in the tables or graphs. If labels/units/headings are missing, points are poorly plotted, graphs or tables lack clarity or resting rate not indicated clearly on the graphs then Mark Band 4 cannot be awarded. The results for the two clients should not be plotted on the same graph as no comparison is required.

Assessment Task C(ii)

This task tended to be generously marked. Neither resting rates nor normal ranges were either discussed or referenced by a significant minority of candidates. Some candidates focused too much on the qualitative details from the Pen Profile, rather than an analysis of the results of monitoring. This limited their marks to Mark Band 3 at best. It is expected that candidates use the results of monitoring in comparison to stated specific normal rates for each client to make a judgement about their fitness.

Assessment Task D

This task was generally completed well. However, some candidates provided a description rather than an evaluation including improvements. Some candidates did not discuss consent or training in measuring techniques before the activity.

Assessment Task E

A range of physiological disorders was discussed by the majority of candidates. Care needs to be taken with the choice of medical condition, e.g. COPD is an umbrella term. It would be better to focus on one condition, e.g. emphysema.

The initial description of the medical condition should be brief so that it does not detract from the depth of the rest of the task. Tests and treatments tended to be well described. However, care pathways and limitations of tests and treatments were not as well addressed in many cases. This limited the marks that could be awarded to Mark Band 3 rather than Mark Band 4. Care pathways should include specifically named practitioners.

Assessment Task F

Generally, this task was completed to the standard by most candidates with some generosity when awarding Mark Band 4. This was seen where the factors were not considered in the context of the medical condition and so were viewed as applicable to many medical conditions. In these cases Mark Band 3 was more applicable.

Many candidates, however, are still restricting leisure to exercise without consideration of hobbies and interest, trips out or holidays. Diet and education should only be discussed if relevant to the medical condition and demographic of the average patient. A few candidates in a small number of centres discussed PIES rather than WILDER, which is inappropriate. This limits the potential for the higher mark bands. The factors on page 43 of the specification should be discussed.

Chief Examiner's Report

Assessment Unit A2 3 Providing Services

Overview

Performance in this paper reflected the varying ability of candidates. In the extended writing questions, where QWC is assessed, candidates should pay particular attention to sentence structure and composition, punctuation and use of specialist vocabulary as it was issues around QWC, and not a lack of knowledge, that prevented many candidates from achieving at the top mark levels in extended responses.

- Q1**
- (a)** This question was very well answered by many candidates who demonstrated a clear understanding of the reasons for the increased numbers of people with long term illnesses and/or physical disabilities in Northern Ireland.
 - (b)** This question was well answered only by a minority of candidates. There was a tendency for candidates to describe what emotional and social needs were rather than focussing on what informal carers might do in order to meet these needs. This led to discussions being adequate rather than competent and thus few candidates gained marks at the top level.
 - (c)** Responses to this question were generally very good. A significant majority of candidates demonstrated clear understanding of how informal carers might be impacted by their caring role with many achieving full marks. In a minority of cases candidates discussed the impact on the individual being cared for and so failed to gain any marks. It is important that candidates read questions carefully.
 - (d)** Responses to this question were varied and centre specific with candidates from some centres consistently gaining full marks, whilst those from other centres appeared to know very little about the PCC. A significant minority of candidates described the PCC's role in supporting the complaints process, despite the question requiring them to focus on ways it contributes to quality assurance other than supporting individuals wishing to make a complaint.
 - (e)** Responses to this question were generally very good. A significant majority of candidates demonstrated a clear understanding of how voluntary providers might be funded with most achieving full marks.
 - (f)** This question was well answered by a majority of candidates, however only a minority achieved marks at the top level because of QWC. There was clear evidence of understanding of the advantages and disadvantages of voluntary providers delivering care for people with physical disabilities or illnesses. Candidates are reminded to pay particular attention to QWC in extended writing if they hope to gain marks at the higher levels.
- Q2**
- (a)** This question was very well answered by many candidates who demonstrated a clear understanding of the role of the RQIA.
 - (b)** This question was quite well answered. Many candidates demonstrated competent knowledge and understanding by being able to identify four ways inspections might lead to improvements in the quality of care, nevertheless many failed to achieve marks at the top level because of issues around QWC.
 - (c)** This question was not well answered by a significant number of candidates. Some candidates were able to explain how the whistle blowing policy might protect service users in a residential setting, however knowledge of the

safeguarding policy and how it might protect service users was generally quite limited. Some candidates appeared to think that a policy simply being in place means that no wrong-doing can occur. Candidates who made such sweeping statements, despite having knowledge of the policies, were unable to score beyond level 2.

- (d)** This question was well answered by only a minority of candidates. Some candidates described the code of practice for nurses and midwives, which did not answer the question. Many candidates failed to achieve marks at the top level due to issues with QWC. Candidates are reminded of the need to read questions carefully to help them fully understand the evidence they are being asked to produce.
- Q3 (a)** This question was answered very well with a significant majority of candidates gaining full marks.
- (b)** This question was well answered by a significant majority of candidates with clear knowledge of roles of the practitioners and how they might support people with physical disabilities or illnesses. In a minority of cases there was repetition of roles and so marks could not be awarded as the question asked candidates to describe 'different' ways practitioners might provide support.
- (c)** This question was well answered by a significant number of candidates, however only a minority achieved marks at the top level as a result of QWC issues. There was clear evidence of sound knowledge and understanding of the impact of rationing on service users and their families and a majority of candidates were able to identify three impacts on each group, however some candidates repeated impacts and failed to gain marks in doing so. 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.

Principal Moderator's Report

Assessment Unit A2 4 Health Promotion

Overview

Referencing was an issue throughout assessment Tasks A and B. Candidates are reminded that they need to include referencing, in the body of the work and also in one set of end references in an appendix. Otherwise the candidate is at risk of plagiarism. Harvard style referencing is required and referencing needs to be implemented for Mark Band 4 to be awarded. This was only used accurately in a limited number of centres in this series.

In some centres there were administration errors in the work submitted. Candidates work needs to be submitted in candidate rank order. Work must also be presented single sided. Centres should also note that where there are tasks missing, marks cannot be awarded. This applies particularly to the submission in the sample of lowest ranked candidate; it must be the lowest complete candidate.

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 with varying success. Some students only concentrated on the work of the PHA, which is essentially Assessment Task B and so limited the marks that could be awarded. Where candidates had only discussed the work of the PHA these were marked generously and not in the required depth for Mark Band 3 top or 4 to be awarded. In some centres there was a lack of understanding of what constituted a health improvement priority – with some centres not discussing how specific government organisations were addressing the priority with appropriate collaboration from voluntary organisations within Northern Ireland where relevant and accurate.

In some instances, candidates used information that was not current e.g. the Smoking Ban from 2007, which is from the previous strategy.

Some candidates used voluntary organisations where there was no clear working relationship with a statutory organisation and so how they were helping to address these initiatives was unclear.

Assessment Task B

There was an issue in this task with a small minority of candidates not understanding what is meant by a health promotion campaign and choosing instead inappropriate public information campaigns e.g. organ donation or world aids day. As this was inappropriate no marks could be awarded.

In this assessment task for candidates to achieve Mark Band 4 it is anticipated that a range of campaigns will be independently investigated within one centre. Where this was not the case and all candidates in a centre did the same campaign it led to the work being generic as there was very little evidence of independent work – therefore awarding Mark Band 4 was not justified. In some instances candidates were awarded Mark Band 4 when the approaches were evaluated generically echoing AS Unit 3 as opposed to specifically in relation to methods and materials e.g. leaflets/TV adverts that were used in the health promotion campaign that was being discussed.

Assessment Task C

There was some generosity in the marks that were awarded in this assessment task. In some instances, the justification of both the target group approaches and the topic was limited.

There needed to be a logical health reason that is linked specifically to the target group to justify why they have been chosen. There also needs to be consideration given as to whether Year 13/14 peers are an ideal target for the activity as there is concern that they will not take the presentation seriously. In some centres, the approaches used were not appropriate e.g. the medical approach when no health professional was delivering the activity. There was evidence in some of the work submitted also that those working in the same group did not have the same aim and objectives for the activity when this should be expected. A high proportion of centres submitted work that was to the maximum of the 10% allowance for the word count. In part this was because of the inclusion of team meeting tables which, as it has been pointed out in a number of series, are not necessary. Some candidates did not put the word count at the end of activity table as required. All information, even in a table must be included in the word count.

In some centres the aim and objectives were not clear and achievable. It is inappropriate to include them in a written paragraph. It is much clearer to use bullet points. The aim needs to be specific and the objectives SMART. Very general and unachievable objectives not linked to the target were one reason for adjustment.

Assessment Task D(i)

This assessment task was generously marked in the majority of centres. It is good practice to include examples of questions that could be used in the evaluation tools. In a number of centres there were too many evaluation tools being described. In terms of the word count this means that there was limited room for a comprehensive description to take place and therefore Mark Band 4 to be awarded. Tools need to be appropriate and should be sufficient to elicit information to complete task E.

Three evaluation tools are sufficient to effectively evaluate the success of the activity that is taking place.

Assessment Task D(ii)

This assessment task was completed with varying success. There has, however, been an improvement in standard as more candidates were aware of what constitutes a well-designed tool.

In some cases there was still concern about the age appropriateness of evaluation tools e.g. presenting a smoking health promotion activity to Year 8 and asking them about their smoking habits.

Some of the tools were quite simplistic in nature and therefore would not enable the candidates to fully evaluate the success of their activity or again be age appropriate for the target group. Some of the tools were also too complex to be given to the target group. These had often be marked generously and awarded top Mark Band 4 or low Mark Band 3.

It should also be noted that pilot questionnaires are not part of the activity (this is a requirement in A2 Unit 1) and should not be included in this assessment task. Some of the questions in the tools were general without going into specific detail e.g. what was good about the activity without asking to identify specific improvements and so could not be considered Mark Band 4.

Assessment Task E

This task was completed with varying degrees of success. Some candidates did not refer to the feedback from the evaluation tools and made judgements from their own perspective without backing this up with evidence. Some candidates did not evaluate all aspects of the activity, which meant that they could not achieve Mark Band 4 as the evaluation was not comprehensive. Another issue evident in this assessment task is that candidates are analysing results from evaluation tools rather than evaluating the activity that is taking place. This therefore limits a full evaluation as detailed in the specification. As noted in the previous task this is a skill required for A2 Unit 1 and it would seem that there is some confusion between the two units.

Another concern was that some candidates thought they were evaluating their performance rather than the success of the activity. In some instances, candidates described the activity rather than evaluating its success and so could only be awarded low Mark Band 3.

Assessment Task F

In this assessment task some candidates failed to identify recommendations based on the weaknesses that had been identified in assessment task E. As a result Mark Band 4 was inappropriate.

Another issue that arose was that candidates restated weaknesses in depth that had been identified in assessment task E. This limited the depth of improvement suggested so that it was not comprehensive and therefore Mark Band 4 could not be achieved.

Some candidates did not fully explain how the suggested recommendations would be implemented in the activity and therefore did not have the required depth for Mark Band 4 to be awarded. Another issue that arose was that some centres gave too many trivial recommendations which then lacked the required depth for the top mark band. In some centres where Mark Band 4 had been awarded the recommendations were all in the same order throughout the centre which indicates that the work was not necessarily independent. In some instances, there were suggested improvements to activities that had not been completed in Assessment Task C.

Assessment Unit A2 5 Supporting the Family

Overview

The quality of work produced overall was sound. There was evidence of diligence by teachers and candidates in the completion of this unit.

The independence of candidates' work is questionable when centres select the same issues, services and voluntary organisations for each assessment task. There is an expectation at A2 level that candidates will independently choose and research information for each task.

Referencing in the Harvard style is an issue for many candidates in the body of work, particularly for Tasks B, C(i), E & F. Research carried out should be evident in a single set of end references as well.

Assessment Task A

The standard of work varied greatly in this task and was marked in general with a degree of leniency. Candidates identified changes in family structure and assessed the reasons for these changes. Many candidates however did not provide sufficient statistical research to verify the changes identified. Some centres identified changes in family structure that were incorrect for example divorce and the role of women are not changes in family structure. Both changes in structure and assessment of the reasons should be addressed in detail for 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. Candidates should have specific knowledge about the individual identified. Needs should be clearly linked to the individual and candidates should highlight how the family members meet the needs. Candidates achieving Mark Band 4 must be able to identify 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.

Many candidates omitted to state the family type. An accurate illustration of the structure of the family should also be provided. Most candidates did not reference this task in the body of work or in end references.

Assessment Task C(i)

The standard of work produced for this task varied and was leniently marked. Many candidates identified services such as schools, summer schemes and youth clubs which are not health and social care services. Other candidates described the services with little reference to needs. Candidates should select services that are the most obvious for the issue identified in task B and that the individual and their family are currently using. The services need to be specifically named e.g. not NHS but GP. Referencing in the text of this task was limited for many candidates.

Assessment Task C(ii)

Most candidates successfully assessed the effectiveness of the support given to the individual and family members. Some tended to be descriptive of the support rather than assessing its effectiveness. Many candidates identified drawbacks for the service and not the support provided, for example long waiting lists for statutory sector services.

Assessment Task D

This task was completed to a good standard. Many candidates showed independence as a range of issues were researched across the centre. A small number of centres continue to focus on domestic violence and poverty which leads to independence of candidates being unclear. Most work submitted provided a range of effects for both adults and children. The specification clearly states that the effects of both adults and children must be analysed. Work that only focuses briefly on adults or children is not worthy of Mark Band 4. The sources used should be recorded either in the body of work or in the end references as appropriate for Harvard referencing.

Assessment Task E

Work for this task was marked with leniency. The focus of the task is on the relevance of the services and the depth of the analyses. Some 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. In some centres there was a marked degree of similarity in the analysis of services which suggest guidance was given and not independent work as stated on the eCRS. Referencing was an issue for this task.

Assessment Task F

This task was in general completed to a good standard. Some critical analysis was brief and lack specific detail. There were some issues with candidates selecting services not based in Northern Ireland which is expected.

Chief Examiner's Report

Assessment Unit A2 6

Understanding Human Behaviour

Overview

Some candidates were very well prepared for this paper in terms of their knowledge of the key psychological perspectives and associated therapies. A significant number of candidates unfortunately appeared to lack even a basic knowledge and understanding of the perspectives and therapies, and so performed very poorly. To perform well candidates must be able to clearly differentiate between the different perspectives and their associated therapies. They also need to develop a sound understanding of the meanings of the key concepts within each perspective. Candidates need to pay particular attention to the quality of their writing, including spelling key concepts accurately in order to achieve at the higher levels in extended responses.

- Q1**
- (a)** This question was answered very well with the majority of candidates demonstrating enough knowledge of anorexia nervosa and bulimia nervosa to gain full marks.
 - (b)** This three-part questions on how socio-economic factors may influence eating disorders was answered with varying success. Most candidates scored well on the first section on gender. The 'social class' part of the question was less well answered, with many candidates giving poor answers that demonstrated misunderstandings, for example some erroneously argued that AN results from poverty in the lower social classes as people cannot afford enough food. Most scored two or three marks in the part about media. Those who scored only two of the three marks available tended to refer to 'ideal images' portrayed by the media but failed to state what these images actually are.
 - (c)** Whilst many candidates were able to apply their knowledge of the psychoanalytic perspective to eating disorders, a significant minority showed no knowledge or understanding of the perspective, writing about a whole range of potential theories and treatments. Some candidates who had good knowledge made the mistake of including play therapy, which did not gain marks as the question specifically referred to adults.
 - (d)** Those candidates who understood what psychoanalytic therapy is scored well in this question where they had to explain its strengths and weaknesses for treating eating disorders. A significant minority showed no understanding of this therapy.
- Q2**
- (a)** Most candidates achieved at least one or two of the three marks available for describing what is meant by reinforcement. Many who attempted to describe negative reinforcement confused it with punishment.
 - (b)** Again, the majority of candidates achieved at least one or two of the three marks available for their description of how play therapy can help an aggressive child. Only a minority of candidates gave a competent enough description for 3 marks.
 - (c)** Many candidates scored in the top level or even full marks for this question, where the quality of written communication was not assessed, demonstrating very good knowledge of behaviour modification. Answers that were awarded marks in the lower levels would have benefited from including examples of positive and negative reinforcement and punishment suitable for dealing with aggression in a classroom setting.

- (d) Those who scored high marks in this question had very good knowledge of the biological basis of aggression and were able to use appropriate scientific language, for example when discussing brain chemistry. Only a minority of candidates achieved marks at the top level and a significant minority demonstrated no knowledge at all, scoring no marks in this question.
- (e) The quality of responses varied considerably; candidates who did best gave specific examples of how irrational thoughts and beliefs would be challenged in the relevant therapies, namely cognitive restructuring, RET and REBT. A significant minority of candidates wrote about how aggression can be treated in a whole range of ways, demonstrating limited knowledge and understanding of the cognitive approaches asked for.
- Q3** (a) Whilst most candidates knew something about Bandura's Bobo doll experiments, only a minority were able to discuss how the experiments contributed to his social learning theory to achieve a mark at the top level.
- (b) In this question, the majority of candidates were able to achieve marks at Level 2 or Level 3, with a significant number gaining full marks. Some candidates confused modelling therapy with systematic desensitization.
- (c) Those candidates who had knowledge of the humanistic perspective successfully applied its concepts to understanding and treating depression, however the quality of their written communication prevented most from accessing marks at the top level.

Assessment Unit A2 7 Human Nutrition and Health

Overview

Candidates' performance on this paper ranged from poor to good, with some candidates demonstrating very good knowledge and understanding of the unit content. The majority of candidates attempted all questions on the paper. Candidates needed to pay close attention to the command words within questions and consider how best to structure their answers to achieve maximum marks.

- Q1** (a) This question was well answered by the majority of candidates. Most candidates achieved full marks, correctly naming three sources of fat in the diet.
- (b) Most candidates achieved full marks in this question.
- (c) Performance in this question varied with some candidates achieving full marks many others confusing the dietary functions of Vitamins A, E and K with those of Vitamins C and D. Some candidates named sources of each of the fat soluble Vitamins, whereas just the dietary functions were required by the question.
- (d) (i) Performance in this question was varied with some candidates achieving full marks and many others confusing the sources of Vitamin C with those of Vitamin D.
- (ii) Performance in this question was again varied with some candidates achieving full marks and many others confusing the functions of Vitamin C with those of Vitamin D. Some candidates focused on the prevention of scurvy as a function, failing to recognise that a 'prolonged deficiency' of Vitamin C causes scurvy.
- (e) This question was answered well by those candidates who were able to discuss the dietary functions and sources of carbohydrates for adolescents. Some candidates gave vague answers suggesting that adolescents needed more energy

compared to other groups, failing to recognise that the demand for energy is linked to a period of rapid growth and development in adolescence. Candidates who failed to discuss the question in the context of adolescence could not achieve at the top level. Many candidates only discussed the starch sources of carbohydrates in their answers.

- Q2 (a)** The part of the question on culture was poorly answered by many candidates as, despite having knowledge of a range of cultural factors, they were unable to apply this knowledge to the question about food choices when shopping for a family. Candidates should be able to identify foods that could be shopped for as a choice rather than just those that should be avoided or are restricted. 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 made when shopping for a family and so they were unable to achieve full marks. In contrast, many candidates achieved full marks in the part of the question on labelling, although some erroneously focused on how advertising or economic factors influence food choices when shopping for a family. Candidates who considered labelling such as sustainable farming, locally sourced, organic, use by and best before dates performed well.
- (b)** Many candidates achieved full marks in this question. Some candidates however made reference to exercise and P.E. classes which did not attract marks.
- (c)** This question was answered well by those candidates who were able to assess how a vegan diet can meet the nutritional requirements of individuals. Those candidates who focused on a number of key nutrients and their functions such as protein, carbohydrates, fat, Vitamin B12, Vitamin D, calcium, and iron sources in the context of sources in the diet of a vegan were able to achieve at Levels 3 and 4. Some candidates made general statements that supplements were the main sources of key nutrients in the diet of a vegan, failing to recognise the low biological dietary sources of protein together with sources of Omega 3, calcium and non-haem iron in a vegan diet. Other candidates failed to assess the function of those nutrients in the diet.
- Q3 (a)** Candidates who had clear underpinning knowledge of the Eatwell Guide achieved full marks in this question. Some candidates however discussed current dietary advice, answered the question in general terms of food groups or simply listed some sections of the guide and so failed to achieve beyond Level 1.
- (b)** This was poorly answered by a majority of candidates who demonstrated a lack of understanding of the term 'recipe modification'. Many instead discussed current dietary advice in their answers, which did not attract marks. Only a minority of candidates who were able to select recipes and show how they might be modified or changed (e.g. when making Spaghetti Bolognese use whole wheat spaghetti, 5% mince, fresh tomatoes etc.) and were able to discuss how these modifications or changes met current dietary advice achieved marks at Level 3.
- (c)** This question was answered well by those candidates who were able to focus on the dietary risk factors for cardiovascular disease and the appropriate dietary advice in their analysis. Where candidates focused on genetics and lifestyle issues as risk factors and then included lifestyle changes to help prevent cardiovascular disease they lost focus on the question. Some candidates went into great detail to explain cardiovascular disease as a condition, which was not required by the question.

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INVESTORS
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