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# **GCE EXAMINERS' REPORTS**

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**GCE (LEGACY)  
HEALTH AND SOCIAL CARE  
AS/Advanced**

**SUMMER 2019**

Grade boundary information for this subject is available on the WJEC public website at:  
<https://www.wjecservices.co.uk/MarkToUMS/default.aspx?!=en>

### **Online Results Analysis**

WJEC provides information to examination centres via the WJEC secure website. This is restricted to centre staff only. Access is granted to centre staff by the Examinations Officer at the centre.

### **Annual Statistical Report**

The annual Statistical Report (issued in the second half of the Autumn Term) gives overall outcomes of all examinations administered by WJEC.

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## HEALTH AND SOCIAL CARE

### General Certificate of Education (Legacy)

Summer 2019

#### Advanced Subsidiary/Advanced

### UNIT 1: PROMOTING QUALITY CARE AND COMMUNICATION

#### General comments

In some cases, there was no attempt to answer some questions, especially question 4 d (ii). There is a worrying trend for candidates to learn their work by rote and therefore be unable to apply their knowledge within a range of care settings.

Candidates need to pay attention to command words and the use of vocational terminology, for example, from the following questions:

1. (a) From the information above ... explain how these could affect Mrs Jehu's quality of life.
1. (b) ... explain how they could support Mrs Jehu's health and well-being.
1. (c) Discuss, using examples ...
1. (d) Identify and describe ...
2. (a) Identify and explain ...
2. (b) Discuss the strategies ...
3. (b) Explain ... Give one example ...
3. (d) Discuss how staff should apply ...
4. (b) Assess how each of these could have an effect ...
4. (c) ... explain how each would have a positive effect ...
4. (d) Outline the key principles ...

Failure to follow the command words restricted candidates' opportunities to access the mark bands. Basic examination techniques must be emphasised during teaching.

Legislation remains a weak area and, in some cases, appeared to be little known or understood.

As noted in previous reports, many candidates are using the continuation page and omitting to refer to this fact by using the relevant question number. This practice should be avoided to prevent confusion.

#### Comments on individual questions/sections

##### Q.1 (a) (i) & (ii)

The majority of candidates identified emotional lifestyle factors correctly and how they would have a positive effect on Mrs Jehu's quality of life. Weaker candidates failed to explain fully the positive effect of these factors.

- (b)** This question was poorly answered by most candidates. They could not identify the correct principles of care (i.e. acknowledge personal belief or promote effective communication) which were identified in the text; and could not explain how they would support Mrs Jehu’s health and well-being.
- (c)** Again. this was poorly answered by the majority of candidates. They tended to give basic answers; for example, only stating verbal, non-verbal, graphical, written forms of communication and did not give clear explanations or examples of how the consultant could use the above. Weaker candidates named examples of communication types that would not be practical for a consultant to use; for example, mime, Morse code, singing or using an adapted computer, which would not be applicable for this question.
- (d)** This was well answered by most candidates, with language factors and physical disabilities being the most popular.

**Q.2 (a) (i), (ii) & (iii)**

The majority of candidates identified correct factors from the text and explained how they could affect the residents’ quality of life. Weaker candidates were unable to complete these tasks satisfactorily, resulting in a loss of marks.

- (b)** This question was poorly answered. The majority of candidates did not discuss the specific strategies that the care manager could have used. They did not refer to clear, effective policies and codes of practice, training, advice and support or appraisal and continuing development procedures. Most candidates gave general advice, creating a timetable for meals which only showed a basic understanding.
- (c)** The answers to this question were generally sound, giving good examples of the standards which individuals have a right to expect from any care organisation. Weaker candidates tended to refer to the right to be clean and to have food, and nothing else.

**Q.3 (a) (i), (ii), (iii) & (iv)**

Mixed responses here. Many candidates could not identify physical, geographical, economic factors. Answers also lacked information. Some candidates gave a lack of availability, lack of transport and lack of resources as answers, for which no marks were awarded.

- (b)** Many candidates did not read the question and only gave the meaning of modelling, and working alongside, and did not give examples suitable for a nursery school setting.
- (c)**
  - (i)** This was well answered by most candidates. The answer “do not talk to other members of staff about a child” was not awarded any marks as it was too general.
  - (ii)** This was well answered.

- (d)** The majority of candidates identified suitable working practices. Weaker candidates lost marks because they did not discuss safe working practices that could be applied whilst caring for children. They tended to discuss safe working policies and made reference to training in general, for which no marks were awarded.

**Q.4 (a)** This was well answered by most candidates.

**(b) (i) & (ii)**

The response to these questions was disappointing. Many candidates had little or no understanding of the meaning of “demonstrates hostile behaviour” or “conceals problems” and failed to assess how the communication barriers could have an effect on Steven’s care.

**(c) (i) & (ii)**

Generally sound. Caring skills were identified clearly but some answers failed to explain their positive effect on Steven’s well-being.

**(d) (i)** Mixed responses to this question, with many candidates not even attempting it, thereby losing 7 marks. Many candidates could not identify either the NHS Community Care Act, the Care Act or the Social Services and Well-being Act.

**(ii)** The key principles were well explained by the candidates who had identified a correct Act in (d) (i).

### **Summary of key points**

- Candidates should read the questions carefully to avoid irrelevance and needless loss of marks.
- Candidates need to apply their knowledge to the care setting identified in the text and not give general, irrelevant, information.
- Special attention should be paid to command words; for example: explain, identify, assess, evaluate.
- A thorough knowledge and understanding of the principles of care is required.
- Candidates must know and understand the caring skills and techniques used whilst caring for, or treating, individuals within different care settings.

**HEALTH AND SOCIAL CARE**  
**General Certificate of Education (Legacy)**  
**Summer 2019**  
**Advanced Subsidiary/Advanced**  
**UNIT 2: PROMOTING GOOD HEALTH**

**General comments**

Centres submitted portfolios on time, with signed candidate declaration sheets.

The work submitted by all centres was well presented.

Annotation of work, even though not a formal requirement, does support allocated marks given and aids the moderation process.

Once again this year, a few centres still tended to be generous in their marking and it is advised that teachers refer to their individual centre moderator's report for guidance. Use of the exemplar materials available on WJEC's secure website for additional support is also recommended.

On the whole, the work produced was of a good standard, with interesting health campaigns carried out.

**Comments on individual questions/sections**

**Assessment Objective 1**

Perspectives of health was covered in detail by most centres. Most centres covered detailed information on the factors that affect the chosen target group, along with their short- and long-term effects. A strong section of the work for most centres this year.

**Assessment Objective 2**

Again this year, clear evidence of carrying out the campaign was seen in the form of photographic evidence, witness sheets and target group feedback. Evidence of interesting campaigns was seen.

**Assessment Objective 3**

Once again this year, most centres ensured that only the relevant government initiatives were researched and applied to their chosen target group. Many candidates demonstrated a very sound knowledge of the possible modes of delivery for their campaign and were able to provide detailed justification for choice of a suitable mode of delivery for their own campaign. There was a vast improvement on the research into the various methods of feedback that could be used.

**Assessment Objective 4**

The majority of evaluations that were seen were detailed and followed the correct format. Clear headings used by candidates assisted the moderation process.

This year most candidates clearly showed how the key workers could use their chosen campaign in their day to day work.

### **Summary of key points**

Accurate assessment of this unit was seen by most centres; however, again this year, it should be noted that candidates must provide evidence of more detailed analysis and the use of specialist terminology in order to achieve a level 4 assessment.

## HEALTH AND SOCIAL CARE

### General Certificate of Education (Legacy)

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### UNIT 3: CHILD DEVELOPMENT: PRINCIPLES AND THEORIES OF GROWTH AND DEVELOPMENT (0-8 YEARS)

#### General comments

On balance, work was marked accurately by centres, although some were generous. Most candidates showed evidence of good work and wrote a comprehensive report on the development of a case study child. The marking scheme uses a 'best fit' approach, and all marking points should be covered in a mark band for that band to be awarded.

All centres submitted work on time with the paperwork in good order and all sent signed authentication forms. All centres sent in the correct sample. Most, but not all, centres annotated their work which is useful during the moderation process.

#### Comments on individual questions/sections

##### Assessment Objectives 1 and 2

All candidates chose a child of the correct age group (up to 8 years) on which to base their case study, and most chose an older child within that age group which made their work easier. Many of the stronger candidates made several visits to observe the child, which emphasises the need to choose a child to which the candidates have easy access over the period of the study.

Coverage of the milestones of development was well done by many candidates. It is useful to write a description of the norms of development, as well as a table which shows the candidates' understanding more clearly. Some centres had covered the milestones for a range of ages which meant that coverage of the milestones for the child under investigation was relatively brief. AO1 is strengthened by having the milestones described separately as well as being used in the comparison in AO2.

For most centres, the comparison of the child to the norms was well done, but the work from some only described the child's behaviour without comparison to the norms. Clearly, a good comparison needs the milestones to be described adequately in AO1. Differences from the norm need to be justified, not just described, to obtain the top mark band.

Coverage and application of the work of theorists was well done by most centres but not all. Some candidates showed limited understanding and either wrote very brief descriptions or 'cut and pasted' the information. The explanations/descriptions should cover the theories themselves rather than a life history of the theorist. In addition, this affected AO2 as poor understanding of the work of theorists meant that applying their work to the child was not well done.



Four theorists need to be clearly described to obtain level 4 in AO1; and, in AO2, this level requires the observed behaviour/development of the child to be linked to the work of at least three theorists.

Factors were well described and well applied by the stronger candidates; however, some wrote little about the effect the factors described actually had on their particular child and just wrote about effects in general.

Government initiatives – for example, legislation introducing the foundation phase of education or the introduction of a breakfast club – were described with good coverage. The types of play were also well covered.

### **Assessment Objective 3**

Most candidates described how they would deal with ethical issues and gave a description of problems encountered. This is essential to access the higher mark bands in this section. Most candidates included signed witness forms, giving permission to use the child as a case study. Most centres observed confidentiality if photos of the child were included by making sure that the child could not be recognised, but some showed identifiable photos of the child which should be discouraged.

All candidates used questionnaires or interviews with the parents to gain information. It is essential to use a range of primary information to access mark bands 3 and 4, so those candidates who only used one method of gaining primary information were not able to gain these marks. Evidence of these needs to be included in the appendix or the candidate risks losing marks given for research.

In addition to interviews, most candidates completed observations on their case study, and most used a structured observation sheet which helped them focus on the developmental aspect they were looking for and write a more focused report.

Better candidates referenced within the work as well as at the end. Harvard referencing is recommended. A bibliography is essential to show the secondary information used. It is difficult for the moderator to assess how much secondary research has been done if there is no attempt to include references or sources.

### **Assessment Objective 4**

This requires detailed evaluation of each stage of the study, including the planning and implementation of evidence collection methods and how ethical issues were dealt with, so that these can be incorporated into the analysis and evaluation. Weaker candidates tended to write descriptive rather than evaluative reports. Many candidates did good work in this section.

Most candidates gave recommendations for improvement and further development but this was often the weakest part of this section. Some gave very limited recommendations or none at all and therefore lost marks.

## Summary of key points

- Centres entered good work for this unit on the whole, with a lot of excellent primary investigation.
- All candidates chose a child of suitable age, but those from two centres discussed milestones for all ages up to eight instead of discussing the milestones for the age of their chosen child in more depth.
- Coverage of the work of theorists was variable, with candidates from some centres showing very good work, but some covered this poorly. It would help candidates if the centres selected the four theorists they felt easiest to understand and apply and taught these to help their candidates' understanding.
- Protecting the confidentiality of the child is part of making the study ethical, so photos need to be changed to ensure children's faces are not shown.
- The evaluation section was completed well.

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### UNIT 4: CREATIVE ACTIVITIES IN A RANGE OF CARE SETTINGS

#### General comments

There were significantly fewer entries for this unit this year.

The standard of work was pleasing again this year. There were some very well presented and researched portfolios which enabled the candidates to meet the assessment objectives outlined in the specification.

Centres need to ensure that all candidates enter the correct centre and candidate numbers on the authentication form and that the form is signed by both candidate and teacher.

Work was marked accurately by most centres although there was some evidence of over-generous marking by a small minority in AO3 and AO4. It is pleasing to note that all centres acted upon the advice given in last year's report.

#### Comments on individual questions/sections

##### Assessment Objective 1

The majority of candidates gave good descriptions of the purpose of creative activities used for therapeutic and recreational activities. Most candidates gave detailed, if at times lengthy, examples of creative activities and their benefits. In some cases, it was not clear how creative activities could benefit more than one client group, which is required for higher levels.

The explanation of job roles and their part in the provision of activities for individuals has improved but is still not well addressed by a minority of centres. This will be noted in individual centre reports. To gain a higher mark, candidates need to explain thoroughly and give examples of how the creative activities fit within their chosen job roles. This is often not evident within the work. It is good practice to relate the jobs to their chosen care setting.

##### Assessment Objective 2

Candidates need to provide clear descriptions of their chosen care settings and explain how they meet the needs of their individual. Some candidates are still not giving clear explanations of their chosen individual's needs and care settings and, consequently, are losing marks.

There was excellent evidence of at least three or more activities and how they would benefit their chosen individual. Candidates should ensure that the selected activities are the ones they would carry out with their chosen individual and show how they would meet their physical, social and psychological needs.

To achieve higher mark bands, barriers to participation and strategies to overcome them should be clearly identified and explained. Candidates should refer to the barriers which they encountered and overcame whilst implementing their activity.

### **Assessment Objective 3**

Assessment within this section tended to be generous. Often, there was no evidence of detailed research in order to select a suitable activity. Some candidates prepared questionnaires or devised an interview in order to select an appropriate activity, but these were often incomplete. The research evaluation was not summarised well. A detailed summary of this research could be used in their final evaluation in AO4.

For the higher mark band, records of planning and implementation should be covered thoroughly. Detailed evidence of this task is still not always evident, resulting in a loss of marks.

Higher mark band candidates must produce detailed records of resources required, costings and timings. This was not always evident.

The majority of centres included health and safety issues and principles of care whilst implementing the activity. For some, this section continues to be generic and not related to the activity. A risk assessment of the activity could be used to cover the health and safety aspect of this work.

There is a requirement for candidates to obtain feedback from more than two sources on their performance and the suitability of the activity. The sources were often basic or not included at all. Teachers' feedback on the candidates' plans could be a third source. Feedback questionnaires need to be designed to provide sufficient information for the candidate to fully evaluate the activity. Detailed evaluation was often lacking. This requirement is vital for the higher mark candidates. Feedback from the questionnaires could also be used for assessment objective 4.

### **Assessment Objective 4**

There has been an improvement in addressing this objective, but it still remains the weakest section. Candidates' work tended to be repetitive and evaluations of their activity lacked detail. Strengths and weaknesses need to be addressed in all areas of the activity, not only when considering the implementation of the activity.

Evaluation of the candidates' own skills and the feedback from other sources require detailed explanation. Achievement in this section was restricted by the lack of feedback from other sources in AO3 and the lack of planning. Most candidates did give recommendations for improvement, although this section often lacked depth. It would be beneficial if candidates used their strengths and weakness evaluations to make detailed recommendations for improvement. Candidates need to be encouraged to develop their evaluation skills to improve performance in this section.

It is important that all work includes a detailed bibliography and is referenced throughout.

## Summary of key points

- The choice of activity is the key factor to the successful completion of this unit. Some candidates are taking part in an activity which they have prepared in pairs or groups and are therefore not planning and implementing the activity themselves, thereby limiting the grade they can achieve.
- The lack of explanation of how the job roles use creative activities still restricts candidates from gaining the higher mark band in AO1.
- Evidence of research in order to select a suitable activity should be included and analysis of the feedback discussed whilst justifying their final choice in AO3.
- Evaluations need to be more detailed; work often lacks depth. Candidates need to discuss feedback from other sources whilst discussing strengths and weakness of planning, organisation and implementation of their activity.

**HEALTH AND SOCIAL CARE**  
**General Certificate of Education (Legacy)**  
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**UNIT 5: UNDERSTANDING INDIVIDUALS WITH DISABILITIES**

**General comments**

The number of candidates sitting this examination was similar to 2018. Overall performance was quite disappointing, with many candidates losing a number of marks on the short-answer questions, largely due to a lack of knowledge and understanding of disability conditions. A small number of candidates did not attempt some parts of the questions, reflecting a lack of thorough revision. There was no evidence to suggest that candidates were restricted by time.

**Comments on individual questions/sections**

- Q.1** Overall, responses to this question were weak, with the majority of candidates achieving fewer marks compared with other questions.
- (a)** Very few candidates achieved full marks, with many candidates confusing the risk factors for spina bifida with those for other conditions. A number of candidates correctly identified a lack of folic acid during pregnancy but very few identified obese or diabetic mothers, family history or certain medication taken during pregnancy.
- (b)** Again, many candidates were unable to correctly identify a test for spina bifida and many gave confused descriptions. Some responses referred to 'a scan' and only a few candidates referred to the '20 week' or 'anomaly' scan, though most candidates were able to describe the procedure and indicate that a defect in the spinal cord may indicate spina bifida. Other responses – 'blood test' instead of 'AFP blood test' – were too vague; blood is tested for a number of reasons during pregnancy.
- (c)** There were very mixed responses to this question. Candidates were required to explain how the symptoms of spina bifida could affect individuals. Most candidates were able to explain that paralysis or weakness would limit movement and individuals may need to use a wheelchair. Very few candidates referred to bowel and/or bladder problems causing incontinence, constipation and other problems, or hydrocephalus which could cause learning difficulties.

- (d) Generally, there was a poor response to this question and answers were vague and lacked detail. Most candidates discussed specially adapted rooms for disabled students or a personal assistant to support daily living; others referred to adaptations relating to access in and around campus for wheelchair users being made. However, all public buildings have been required to make these adaptations for many years.
- (e) Some candidates gave detailed responses to this question and, consequently, achieved high marks. Other candidates gave responses that related to a number of other barriers and, consequently, limited their mark.

**Q.2** Overall performance in this question was significantly better than in question 1.

- (a) Many candidates were able to correctly identify other causes of disability and gain full marks.
- (b) Most candidates were able to identify at least two appropriate aids or adaptations but crutches, walking sticks, etc are not appropriate for an individual who is paralysed from the waist down.
- (c) There was a good response to this question, the majority of candidates describing the support provided by a GP, physiotherapist or occupational therapist.
- (d) Many candidates were able to explain the social model of disability but had difficulty explaining how this model aims to enable disabled individuals to be equal in society. To gain full marks, candidates needed to give examples of how barriers that restrict life choices for such individuals could be removed to enable greater independence, equality and more inclusive ways of living.
- (e) Responses to this question were very mixed, some candidates providing very general responses with no reference to any specific piece of legislation, others giving detailed responses to include the main features of The Disability Discrimination Act (1995), the Equality Act (2010) and the NHS and Community Care Act (1990).

**Q.3** Overall performance in this question was quite good.

- (a) Most candidates were able to correctly identify two early signs of dementia.
- (b) Many candidates referred to mental agility tests to assess cognitive ability and brain scans to rule out other conditions or identify the type of dementia.
- (c) This question was generally answered well, and many candidates achieved marks in the highest band. Those who achieved high marks were able to discuss how Betty could be affected by Georgia's dementia, reflecting clear knowledge and understanding of the effects of dementia.
- (d) Overall, the response to this question was poor. Candidates were required to explain the role of a social worker in drawing up care plans for George and Betty. In response, candidates should have explained the assessment process, i.e. the first stage of the care planning process.

However, many candidates included all stages of the process and, consequently, the explanations of assessment procedures lacked the detail required to achieve high marks.

- (e) Candidates were required to evaluate the social care provision available to both Betty and George which could enable George to remain in his own home for as long as possible. Some responses only referred to residential care for George which did not address the question. Most candidates considered home care, aids and adaptations, domestic help, day centres and/or respite care, and meals-on-wheels. It was encouraging to see that a number of candidates were aware of assistive technology specifically for individuals with dementia. Very few candidates referred to the role of voluntary groups in supporting social care provision; for example, night sitting provided by Crossroads, befriending service provided by dementia Care.

**Q.4** Overall performance in this question was quite good.

- (a) Most candidates were able to give a clear description of residential care.
- (b) Many candidates achieved one or two marks in this question, very few gained full marks. Correct responses include long-term illness or disability, unable to manage daily living tasks even with support and being a danger to oneself or others. Reasons such as 'being lonely', no-one to look after them or wanting to 'downsize' are not valid.
- (c) There was some confusion relating to this question. Most candidates knew that a residential care home is a long-term care facility where residents live full-time, but many candidates referred to individuals having 'nursing care' in their own homes. Relatively few candidates referred to the fact that individuals who require nursing care will have significantly higher care needs than those in residential care, and nursing homes must have a fully qualified nurse on duty at all times.
- (d) While most candidates were aware that a 'financial assessment' is carried out to determine how much money an individual has, relatively few described that it is used to determine an individual's contribution to the cost of their care.
- (e) There were some detailed responses to this question where candidates were able to analyse key considerations that family members may have when a family member has to go into a care home. Responses were realistic and sensitive. Other candidates misread the question and answers referred to the advantages and disadvantages of moving into a care home.
- (f) This was generally answered well, with many candidates being able to clearly discuss the positive effects on individuals of moving into a care home. Candidates who addressed PIES in their responses tended to achieve higher marks as a wider range of effects were considered.



## **Summary of key points**

In order to achieve higher marks, candidates should:

- Pay greater attention to the command words – ‘discuss’, ‘assess’, ‘evaluate’.
- Read questions very carefully as marks are being lost needlessly with responses that do not fully address the question.
- Revise thoroughly as many responses lack detail and evidence of clear knowledge and understanding.
- Be fully aware of the importance of good written communication, including the effective use of vocational terminology.

**HEALTH AND SOCIAL CARE**  
**General Certificate of Education (Legacy)**

**Summer 2019**

**Advanced Subsidiary/Advanced**

**UNIT 6: UNDERSTANDING COMMON ILLNESSES, DISEASES AND DISORDERS**

**General comments**

A limited range of marks were awarded this year.

Mostly experienced centres entered very limited numbers for this legacy unit. Few very high marks, and, for most centres, few very low marks were awarded. Some of the questions were answered well in most cases; variation between questions limited marks for individual candidates. Those that required a little more careful question reading and interpretation were often poorly done.

**Comments on individual questions/sections**

**Q.1** Most marks were in the middle teens – variability in the quality of the responses, rather than obvious lack of knowledge, accounted for lost marks.

**(a) (i) - (iv)**

The answers required here are directly from the specification, or equivalent meaning. Those candidates who followed this were usually awarded 3 or 4 marks, depending on accuracy of rendition.

**(b)** Most were awarded at least 2 marks here; the idea most commonly missed was that of multiplication within the host, before being passed to a new host.

**(c) (i)** Tended to be an “all or nothing” answer. Those candidates who knew the answer nearly all scored both marks, very few managed a partial credit.

**(ii)** Considering how often this question has been approached in previous papers, the answers were relatively poor, showing some idea, but insufficient clarity/detail for full credit.

**(d)** Most candidates knew the subject area here. Those that presented some discussion rather than just a list of relevant measures achieved into the higher mark bands.

**Q.2** Please see overall comment as for question 1 above.

**(a) (i)** A definition from the specification was required here. Many candidates were awarded maximum marks here, lower marks were given where wording was inaccurate or incomplete.

- (b)**
  - (i)** Most candidates scored 1 or 2 marks here. The idea that we cannot manufacture some required nutrients, therefore need them from our diet, was often not clearly expressed.
  - (ii)** Most candidates scored this mark.
  - (iii)** Most candidates scored the marks here, although lack of detail sometimes limited credit to one mark.
- (c)** Most candidates understood the reduction in oestrogen; fewer managed to clearly explain the impact of this on calcium balance in the bones, and hence the reduction in bone density.
- (d)**
  - (i)** Most candidates had some idea here, although some got stuck on the term “balanced diet” without elaborating clearly on what this actually implies. Again, the higher marks were obtained from those which moved away from list writing into genuine discussion.
  - (ii)** This required a little more thought/in depth knowledge, whereas credit was given for mentioning management of calcium and vitamin D intake. The best marks were available to those who could explain both that these needed to be in excess of normal dietary intake, and why this should be the case. Credit was also given for ideas of weight or alcohol control, although, again, more details of “why” are needed to gain higher band marks.

**Q.3** Mostly middle marks were awarded here, depending on precision of knowledge and expression.

- (a)**
  - (i)** Generally well answered. Ability to read and quantify graphical data has developed well in this module.
  - (ii)** Please see comment for (i) above.
  - (iii)** Candidates needed to understand two ideas (many more young mothers, so, despite lower risk, still more Down’s births) here for both marks. Some did this, and nearly all scored at least 1 mark. Credit was given for coherent arguments against the statement as the stated conclusion is not easily obvious from the figures.
- (b)**
  - (i)** Generally disappointing knowledge of amniocentesis, but most candidates got the mark for use of a needle to obtain the sample.
  - (ii)** Processing of the sample was not well described. A highly technical answer was not required, but understanding that it is cells that are scrutinised, and chromosomal abnormalities that are looked for, are key points.
  - (iii)** Most candidates scored 2 or 3 marks here.
  - (iv)** Most candidates had some useful ideas here, but few could frame the discussion in terms of the parents weighing up relative risks.

**Q.4** Middle to low marks were most commonly awarded here. Being more “open” questions, candidates found it more difficult to be both appropriate and comprehensive in their answers.

- (a)**
  - (i)** Both previous mark schemes and course material have covered this in detail. Most candidates scored something, although few succeeded in being sufficiently clear.
  - (ii)** Please see comment for (i) above.
- (b)**
  - (i)** A definition quoted in the unit materials. Most candidates scored 2 or 3 marks here.
  - (ii)** This required a little more mental flexibility in drawing together aspects of the specification. Many candidates cannot seem to make the mental jump to realising that water management and food hygiene are as much a part of health care in the UK as doctors, hospitals and health promotion; hence, the coverage of these ideas in this unit, and their relevance to a detailed discussion of this question. Any reasoned evaluation of the UK would have been given credit, but few candidates managed to couch their discussion in evaluative terms, preferring simply to list things that the UK does – so mainly lower or lower middle band marks were awarded here.

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### UNIT 7: PROVISION OF HEALTH, SOCIAL CARE AND CHILDREN'S SERVICE

#### General comments

Most centres submitted their work on time but some centres did not include the authentication form for each candidate. This is a formal requirement of the qualification. Some centres are not entering the correct centre number or candidate number on the authentication form which causes confusion for examiners.

All reports should be presented in an orderly fashion and securely fastened. Some centres submitted loose reports which, again, causes a lot of extra administrative work for examiners.

There was a growing trend this year for candidates to submit work using a very small font size and line spacing which made reading and marking the scripts extremely difficult.

It is pleasing to note that the majority of candidates adhered to the advised word count of 4,500 words although a minority of candidates from a few centres continue to exceed this total. The word count was taken into consideration as reports that were excessively over this amount could not be deemed to be well structured and relevant; therefore, work could not meet the criteria for the higher mark band.

A few centres continue to give their candidates internet access during the 10-hour write-up time for the assignment and candidates had clearly taken information directly from websites. It is vital to follow the guidance for centres carefully as this is not permitted. As noted in previous reports, there is a continuing concern that, in some centres, all candidates are addressing the same services, quality assurance procedures and legislation, making their work very similar. Candidates may be given initial guidance after receiving the assignment but should carry out their own research. If visiting speakers or external visits are arranged to aid candidates, they must make their own notes and not just rely on information provided by the speaker or venue. This will help candidates avoid replication of work, minimise issues relating to plagiarism, and aid differentiation, which would also enable them to gain a higher overall mark.

Candidates' performance for this series was, on the whole, weak compared to the last series.

Assignments 1 and 2 were of equal popularity. Many candidates responded well to their chosen assignment. Specialist vocabulary was used effectively by most candidates. Referencing throughout the work is an essential feature for higher band marks. This still needs to be addressed by many centres.

## **Comments on individual questions/sections**

### **Aims and Investigation**

As noted in previous reports, aims were often poorly stated and many candidates tended to repeat the wording of the assignment. Candidates need to state clear aims, plan of work and resources that they intend to use, with reference to their local area.

### **Investigation of the care needs of the individual**

This section on care needs tended to be very lengthy, four pages in some instances, which is not making good use of the word limit. Candidates are also still wasting valuable word count by including background notes on the condition of their chosen assignment. Weaker candidates are not relating the care needs of the chosen client to the context identified in the assignment. Many candidates gave the effects of the condition and did not clearly identify the care needs. There was a tendency for some candidates to discuss all the PIES but the points made were not always relevant which resulted in a loss of marks.

Candidates in the higher mark band gave a thorough investigation of the condition and linked it to physical, intellectual emotional and social care needs.

For Assignment 1, many candidates did not discuss the health and social care provision available to support Paul now and in the near future, which resulted in loss of marks; and for Assignment 2, many candidates did not make reference to Nia's husband's needs, which resulted in a loss of marks.

### **Existing services**

Candidates need to show knowledge and understanding of local health and social care services provided by voluntary and private sectors, as well as statutory provision. Lower marks were awarded to candidates who failed to discuss a range of services in each sector. It remains disappointing to note that many candidates continue to identify only two or three services which is not sufficient to gain marks in the higher mark band. Many candidates did not discuss health and social care services, which was surprising, as this is a health and social care qualification. Evidence of primary research is needed; for example, by noting specific local services such as the names of hospitals/social centres. Where a patient needs to use a service which is not within their immediate locality, such as a specialist health unit this should be included within the assignment. Candidates should also explain thoroughly how these services meet the care needs of their chosen assignment. Weaker candidates tended to give generic information about the services. There was an over-emphasis on general notes on the meaning of statutory, private, voluntary services where no marks were awarded.

### **Analysis of research of how the services identified meet the individual's care needs, with reference to:**

#### **Practitioner roles**

Candidates need to identify practitioners from the services mentioned in the previous section. Some candidates identified practitioners such as GPs/consultants with no reference to these health services in the previous section.

Many candidates gave generic explanations of the role of the practitioner in caring for the chosen individual and failed to explain how they worked together as a multi-disciplinary team and how they would contribute to the care plan.

### **Care planning**

This section has improved; however, weaker candidates are still giving generic notes or making brief reference to care plans without explaining how the different stages would be used, or how the multi-disciplinary team contributes to their care.

### **Quality assurance procedures**

This section is still quite weak. Reference needs to be made to several quality assurance procedures, such as monitoring procedures, performance tables, complaints procedures, staff training, regulatory bodies. Work is still often factual and generic, and is not applied to the care or services used for their chosen individual. This contributed to a further loss of marks.

### **Effects of national policy and legislation**

It is pleasing to note that many candidates are referring to current legislation.

Higher mark band candidates explained and showed thorough understanding of legislation and policies and how they would benefit their chosen individual. Weaker candidates focussed only on the main legislation. To obtain higher marks, candidates' work should relate to their chosen individual and services identified in the main body of the report. Candidates should try to show knowledge and understanding of a range of policies and legislation that may affect the care provision for the specified individual. Work presented as a list or factual description is worthy only of lower band marks. It is still concerning that, in some centres, all candidates addressed exactly the same policies and legislation and used generic class notes.

### **Evaluation**

In this section, there is evidence that the quality of candidates' work is showing little improvement. Weaker candidates tended to submit work that was brief, vague and made no attempt at evaluation.

### **Procedure used to collect data**

There was a further pleasing improvement in this section. Higher band candidates gave a detailed evaluation and justified the resource methods used by giving names and titles of resources which included primary and secondary data. Weaker candidates still tended to give extensive bibliographies but did not explain how useful, or not, the methods had been. There was a tendency by many candidates to include general notes on advantages and disadvantages of general research methods but not relate them to the sources that they used.

It is important to note that some candidates made reference to sources for which there was no evidence within the main body of the report, especially for primary research.

## **Findings of study in relation to your chosen assignment**

This section of work showed an encouraging improvement, with more candidates reaching valuable conclusions whilst evaluating service provision in their local area.

Higher band candidates were able to assess whether the service provision in their area was sufficient to meet their individual's needs, or whether the individual had to go further afield to access suitable services. They also considered ease of access to the services, and barriers that might be encountered by the individual (for example, lack of funding, waiting lists, geographical barriers) whilst accessing the services. Weaker candidates continue to list general barriers to health (for example, physical, sensory, psychological) rather than barriers related to the assignments.

## **Demography**

This was generally a weak area, with continuing concerns that some candidates from the same centre used the same generic statistics. Please note that candidates must collect their own statistics for their chosen individual and discuss them in relation to their assignment, as noted in last year's report. Candidates need to relate the statistics to their chosen assignment.

## **Government initiatives and funding**

This was often omitted but good answers referred to proposed changes to health and social provision and cuts to funding with good, sound data to back up findings.

## **Summary of key points**

### **Aims and investigation**

- Candidates should describe care needs and show knowledge of the condition.
- A range of local care services should be identified from statutory, private and voluntary provision and a clear description must be given of how they could support the condition. Names or referencing of these services must be given.

### **Analysis and research**

- Candidates should identify practitioners from services mentioned in the aims and investigation section and explain how they could support their chosen individual.
- Care plans should show clear identification of stages, and reference needs to be made to the candidate's chosen individual.
- Quality assurance – several methods should be identified and candidates should explain how the identified methods could support their chosen individual or service provision that they use.
- National policy and legislation – this should be current, and candidates should explain how it would benefit their chosen individual.



## **Evaluation**

- Candidates should justify resource methods and give names and titles of resources which include primary and secondary resources.
- Candidates should explain if the service provision is sufficient within their area or if their chosen individual needs to go further afield.
- Candidates need to discuss and explain barriers/funding/national policy in detail in relation to their chosen assignment.

## HEALTH AND SOCIAL CARE

### General Certificate of Education (Legacy)

Summer 2019

#### Advanced Subsidiary/Advanced

### UNIT 8: UNDERSTANDING HUMAN BEHAVIOUR

#### General comments

It was good to see that most candidates attempted all questions, with only a small number omitting answers; for example, in question 4 (c). Most candidates attempting questions gained some credit, although there were some questions where there was clearly a lack of knowledge, such as questions on self-fulfilling prophecy and biological theories. Time management did not appear to affect performance.

The last series saw far fewer candidates than in previous series using either the continuation sheets at the end of the answer booklet or an additional answer booklet; and this trend continued in this series. This would suggest more focus on the demands of the questions and the development of more concise writing skills from the candidates. Where additional writing space was required, continuation paper was used rather than a booklet, a change from the last series that was good to see.

Good written communication, punctuation and spelling was appropriate for a GCE paper. Use of psychological terminology showed mixed ability across the paper. Illegible hand writing was rarely seen and, even when candidates were writing under time pressure towards the end of the examination, handwriting remained legible.

There remains a general lack of thorough application of the command words within questions, 'assess' and 'discuss' being key commands for the extended response questions. While responses generally did not fail to address the question requirements in terms of offering some assessment and discussion, they did not offer the level of sustained engagement required for the higher band grade, making only simplistic points that lacked depth of understanding. Candidates should be reminded to focus on the command words of the questions from the beginning of their responses, and to understand that, however detailed their responses, if the command word is not being addressed thoroughly, then only minimal credit may be given.

There were only a few responses to questions this series that suggested candidates were not reading the questions fully and therefore omitting important aspect; for example, in question 2 (c), where peer approval was misread by some candidates who answered in more general terms of peer comments. Likewise, in question 4 (c), general strategies were considered rather than family strategies.

#### Comments on individual questions/sections

##### Q.1 (a) (i), (ii) & (iii)

Candidates competently achieved at least two marks from the positive effects of each of factors stated. From the three factors, 'access to health services' proved more challenging for candidates to gain the full award of three marks.

Responses here often centred around having quicker access, but failed to develop this point; for example, in terms of how this could specifically improve health or increase psychological security.

**(b) (i) & (ii)**

Both the negative effects of crime and housing on Flo's development were addressed well by many candidates. There was, however, the occasional response, when considering the effect of crime, that implied Flo would learn from the crime around her and start committing crime herself, as she sees it as acceptable. Given Flo is elderly, such responses did not show effective application of knowledge to the scenario.

Mould and respiratory problems were often stated as negative effects of housing. Other effects were rarely considered.

**(c) (i) & (ii)**

These questions were poorly answered. Candidates did not appear to have the background understanding of behaviour therapy or cognitive behavioural therapy (CBT) to provide answers with content explicitly relevant to the therapies. Responses showed limited understanding or were generic; for example, in the case of CBT, responses considered counselling rather than specific aspects of CBT. Token economy was regularly included in behaviour therapy responses, despite it not being a therapy. It was disappointing to see a lack of reference to flooding or systematic desensitisation for behaviour therapy.

- Q.2 (a)** Candidates were able to apply Sadie's behaviour within the social learning theory. There was, however, a lack of specialist terminology in responses: reference to 'role models' was common, but anything beyond this terminology was infrequent. More able candidates were able to consider possible reinforcements Sadie's mother may be gaining, which Sadie would see and which would strengthen Sadie's eating behaviour.

Bandura's Bobo doll study was not regularly included within responses. Where the study was included, it generally was not applied in a way that clearly supported social learning theory's explanation of Sadie's behaviour.

Discussion was not apparent in most responses. Considering alternative viewpoints would have been a way to develop a discussion, such as the other influences on Sadie's eating behaviour, other than her mother; for example, the media.

- (b) (i)** There was a high percentage of candidates who understood the token economy strategy and were able to offer a description of the strategy. The application to eating disorders was required in order to gain the full four marks, including for what behaviour tokens would be given (for example, weight gain, eating meals) and what would be appropriate rewards within a residential centre.
- (ii)** Most candidates were able to explain two weaknesses of the token economy strategy. Although candidates offered two points, some were often not distinct enough from each other to receive credit.

- (c) Peer approval was the question focus, although a number of candidates did not read the question carefully and did not answer the question in terms of 'approval'. Subsequently, answers did not address the demands of the question, as they suggested peers would influence Sadie to stop her weight loss. Candidates did consider both physical and social development in their responses, but candidates were able to offer more development within physical development than social.
  - (d) Candidates clearly understood self-actualisation and Maslow's hierarchy of needs, but the application to 'skipping meals' generally did not offer enough development to move beyond three marks.
- Q.3**
- (a) The psychodynamic theory chosen was split between Freud and Bowlby. Key terminology of the theories was generally in place, although some confused content was seen in the understanding of Freudian theory. Candidate responses could have been improved by consistently linking back from points made to the importance of early childhood experiences.
  - (b) While candidates had a reasonable understanding of what self-concept and self-esteem were, the expression of this was not well expressed. Often, the understanding of these were considered in isolation to each other, rather than how they interact to affect emotional development, which a few of the more able candidates were able to explain.
  - (c) Barely any candidates demonstrated any understanding of the term 'self-fulfilling prophecy'.
  - (d)
    - (i) Most candidates were able to apply reinforcement and conditioning to a pre-school setting. More specific details within the setting would have strengthened responses.
    - (ii) This question proved demanding. Candidates understood the various aspects that constitute culture but struggled to make clear links to intellectual development. Language was the most popular link to intellectual development.
- Q.4**
- (a) Candidates were able to show an understanding of the nature-nurture debate. They were able to offer examples of factors from each side of the debate. The more able candidates were able to offer examples of the interaction in practice, for example, in terms of intelligence.
  - (b) This question was poorly answered. The requirement to discuss strategies that a family could take often focused on therapy, particularly play therapy, and also social skills training. Candidates were given some credit for such responses, but the failure to consider strategies specific to the family significantly limited responses.
  - (c) There was a significant number of candidates that failed to offer an answer here or offered a theory which was not a biological theory. This suggested a lack of knowledge rather than poor time management at the end of the examination. Where the correct theory was used, Eysenck and Gesell were equally popular. The question required assessment, which was usually addressed at the end of response and was often limited in development and depth of understanding.

### **Summary of key points**

- The command verbs 'assess' and 'discuss' require more candidate focus from the start of the response.
- Candidates did not have an understanding of self-fulfilling prophecy.
- More use of psychological terminology, particularly within theories, is expected.

## HEALTH AND SOCIAL CARE

### General Certificate of Education (Legacy)

Summer 2019

#### Advanced Subsidiary/Advanced

### UNIT 9: WORKING IN HEALTH AND SOCIAL CARE

#### General comments

Centres submitted portfolios on time, with signed candidate declaration sheets.

Generally, the work submitted was well-presented and easy to moderate.

The necessary paperwork was in very good order with appropriate annotation and supporting comments which clearly highlighted where marks had been awarded and, in turn, assisted the moderation process. Unfortunately, a small minority of centres are still not carrying out this aspect of good practice.

#### Comments on individual questions/sections

##### Assessment Objective 1

As in previous years, this assessment objective had been completed very well by centres, although the volume of work was particularly lengthy, some centres allowing candidates to complete in excess of fifty pages, which is deemed as excessive and should be discouraged.

The employment sectors within health, social care and children's services were described well by candidates and a wide range of relevant job roles within these services were identified. Some centres are still encouraging candidates to describe the job roles identified, but this is not a requirement of the specification and a table or spider diagram identifying the different roles that fall within each of the sectors would suffice.

A handful of centres are still allowing candidates to include the advantages and disadvantages of each of the sectors. This is not a requirement of the assessment, therefore no marks can be awarded for this

##### Assessment Objective 2

On the whole, candidates had chosen appropriate contrasting job roles on which to base their portfolio pieces.

Unfortunately, one centre had allowed candidates to choose secondary school teachers on which to focus their research.

Although this is rare and the majority of centres are aware of what is required throughout this assessment objective, choosing inappropriate job roles can affect candidates' marks, so care must be taken to ensure the job roles chosen are within the requirements of the specification.

Generally, thorough research was seen within this section and work tended to be well-referenced and showed a thorough understanding of the requirements of each job role.

### **Assessment Objective 3**

The majority of candidates are now considering the possible ethical issues based around their primary research. This tended to be considered in great detail, which is good practice.

Candidates generally used a range of question types and showed evidence of planning, although some primary research was poor due to using limited questions and question types. It is suggested that candidates use thirty to forty questions to enable them to complete a detailed report of their findings.

Reports were generally detailed and practitioners' responses were summarised well, which allowed for an in-depth view of their roles.

### **Assessment Objective 4**

The majority of evaluations that were seen were easy to moderate, in depth and followed the correct format. Clear headings used by candidates assisted the moderation process.

Most candidates showed thought when considering their suitability for working in each of the job roles that they had chosen.

The use of caring skills used by each of the chosen practitioners were evaluated well and good examples of how they are used were given by candidates.

Candidates generally completed in-depth comparisons between the practitioner responses obtained by primary research and the research gathered by secondary sources.

### **Summary of key points**

- On the whole, thorough research undertaken by candidates was seen.
- On the whole, accurate assessment was seen. Centres appear to be aware of the requirements of the specification and applied the mark scheme fairly and consistently.
- Candidates need to reduce the excessive volume of research in assessment objective 1.
- The advantages and disadvantages of working within health, social care and children's services should not be included in assessment objective 1.
- Centres need to ensure appropriate job roles are chosen by all candidates and that if a candidate would like to base their research on the role of a teacher, this must be either a primary school teacher or a nursery school teacher.

## HEALTH AND SOCIAL CARE

### General Certificate of Education (Legacy)

Summer 2019

#### Advanced Subsidiary/Advanced

### UNIT 10: CARE FOR OLDER INDIVIDUALS

#### General comments

There were significantly fewer candidates who submitted coursework this year, but the standard of work was generally very pleasing. All centres submitted work on time, administrative procedures were carried out well and all work had been authenticated.

Most centres submitted work that was well presented and secured, but some centres are still submitting work as loose sheets contained in document wallets, which makes moderation more difficult, particularly when pages have not been numbered.

The majority of candidates produced case studies that followed the structure for assessment as outlined in the specification. The work from the majority of centres had been clearly annotated, making it easy to see how marks had been awarded and aiding the moderation process. Centre assessment, on the whole, was quite accurate, but some centres are still awarding marks in the higher bands when the assessment criteria had clearly not been met.

There were some very well researched and interesting case studies produced and most candidates had selected a suitable individual to study.

#### Comments on individual questions/sections

##### Assessment Objective 1

The majority of candidates completed this section well and centre assessment was mostly accurate.

This section requires candidates to explain the physical and cognitive changes that occur during the ageing process in relation to the theories of ageing, and the age-related conditions that affect the individual selected for study.

A variety of approaches were seen; most candidates explained the theories of ageing as a means of introducing the study, then went on to describe a range of age-related conditions, including those affecting the individual, with more able candidates demonstrating their knowledge and understanding by linking theories with conditions. Some candidates also linked the theories to the individual being studied. The majority of centres had encouraged candidates to limit the descriptions of age-related conditions and to focus on the conditions affecting the individual, with a briefer overview of other conditions, thus producing a more concise report.



Some candidates, however, are still producing pages and pages of information, often reflecting little synthesis. This is very time-consuming and, as the maximum mark for this section is fifteen, time would be better spent on other areas.

Candidates who knew the individual well generally produced more detailed descriptions of the age-related conditions affecting the individual concerned, consequently achieving higher marks.

### **Assessment Objective 2**

In this section, candidates are required to explain how age-related conditions affect the daily life of the individual in the study and how the individual is affected by social, emotional and economic factors.

Again, a variety of approaches were seen. Some candidates included the effects of age-related conditions with the description of the conditions affecting the individual (AO1). This is acceptable, but candidates must explain the effects in detail to achieve marks in the higher bands. Candidates who knew the individual well had a better understanding of the effects of social, emotional and economic factors. Some candidates included pages of largely generic information relating to these factors, often with little application to the individual in the study, though marks awarded in many centres did not reflect this.

### **Assessment Objective 3**

This section focuses on primary and secondary research undertaken to investigate the range of local services used by the individual and the type of informal care they receive. Ethical issues related to the case study should also be addressed.

The quality of research undertaken varied widely across centres. Candidates who demonstrated effective planning with detailed, well-structured questionnaires and/or interview schedules and thorough analysis, to describe in detail the services used and informal care received by the individual, achieved marks in the highest band. Some candidates described all the services available in the area, with little or no application to the individual, whilst others produced descriptions that lacked depth and breadth, largely due to the selection of an unsuitable individual to study. Ethical issues were addressed well by most candidates and awareness of the need for confidentiality was more evident.

Overall, this section was completed well but, again, marks awarded by some centres were very generous.

### **Assessment Objective 4**

In this section, candidates are required to evaluate how well the needs of the individual have been met through services used and informal care. The effectiveness of services should also be considered, together with an explanation of procedures used and suggestions for improvement.

Most candidates were able to provide a good assessment of service provision in meeting the needs of the individual, but some struggled to assess the effectiveness of services and the influence of the National Framework for Older People. Information here was often generic and, again, to achieve high marks, must be related to the individual.

Most candidates gave careful consideration to the procedures used and made realistic, objective suggestions for improvement. Performance in this section varied greatly across centres but, generally, there was an improvement in the work submitted for this section.

### **Summary of key points**

In order to successfully complete this unit of work, candidates should:

- Select a suitable individual to study – individuals who are active and healthy are likely to use fewer services and do not require informal care. Consequently, studies may be restricted with regard to the effects of age-related conditions, service provision and informal care. When it is unavoidable to select a suitable individual, candidates can extend their case study by adopting a ‘what if?’ approach, by investigating services and informal care that might be used in the future.
- Plan and organise their work carefully – questionnaires and/or interviews should be well structured and include a range of question types. They should be included in an appendix to provide evidence for the assessment of AO3 and not in the main body of the case study. Work should be referenced appropriately.

**HEALTH AND SOCIAL CARE**  
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**UNIT 11:**  
**THE ROLE OF COMPLEMENTARY THERAPIES IN THE CARE OF INDIVIDUALS**

**General comments**

Moderation of sampled work indicates that candidates appear to be able to access information about the subject and research a very wide range of complementary therapies. This is because of the wealth of information available online, transparency of organisations and easy access to the Internet. Moreover, complementary and alternative therapies have become more acceptable with standardisation and are universally available.

Centres should avoid sending all their completed questionnaires and surveys as this makes the folders very bulky for posting; a sample of one or two is sufficient.

**Comments on individual questions/sections**

**Assessment Objective 1**

This section examines the existence and status of complementary and alternative medicine used alongside conventional medicine. Candidates are expected to provide details of therapies, their nature and their effects, yet remain concise. This is a writing skill that varies considerably amongst candidates.

It was interesting to see that candidates from some centres conducted a survey of their locality to map the various service providers rather than rely on existing online directories; some appeared to provide a comprehensive listing of complementary and alternative therapies which is required for level 4 criteria.

Assessment Objective 1 was well covered by the majority of centres. Variance between candidates was seen in the section considering the differences between complementary and conventional medicine.

**Assessment Objective 2**

Here, candidates are expected to focus on two individuals who have experienced the use of complementary and alternative medicine. Candidates need access to these two case studies and communicate to some degree with the actual practitioner providing the service or therapy.

The majority of centres included as a major part of their analysis the physical, emotional and social needs of the selected two service users. The lifestyle, attitudes and beliefs of the subjects of these case studies were, for the most part, charted in detail, with some evidence of research; although level 4 requires a thorough explanation of why each therapy is suitable for the individuals and an analysis of how their lifestyle, beliefs and attitudes influenced their choice of therapy.

The practitioner section showed that ample visits were carried out and the practitioners themselves were described as being welcoming and responsive to the enquiring candidate. Information including training, ethical considerations and health and safety were well researched. Greater emphasis on practice standards would be useful in future.

### **Assessment Objective 3**

Assessment Objective 3 concerns primary and secondary research methods undertaken to generate data. User views in the light of experiences of complementary and alternative medicine was handled with some competency. The actual analysis of the data generated was good when it was well supported. Organised presentation, clarity in discussion and logical arguments meant that some candidates scored highly in this section.

Centres should address in detail the methodology used to collect data and that their results have validity. Even though the research tends to be qualitative in nature, candidates would benefit from dedicated research methodology sessions. Level 4 criteria require an explanation of how valid, biased or reliable the research is, with suggestions for improvements.

### **Assessment Objective 4**

Assessment Objective 4 explores the strengths and weaknesses of the overall portfolio. In essence, this means bringing together the views held by the public, health professionals, the two chosen individuals and the practitioners involved.

To gain marks in Assessment Objective 4, candidates needed to analyse findings and, in conclusion, draw together key points. Work this year was noticeably better organised, with a clearer structure. It was positive to see so many candidates attempt an evaluation of findings and consider the positives and negatives within their evaluation.

The section requiring candidates to bring some order to the collected views and opinions of the sample has improved, with sounder arguments to support statements.

There were valid suggestions regarding the future for complementary and alternative therapies. Many candidates acknowledged the increase in qualifications and training, particularly in the higher education sector, for complementary and alternative therapies.

### **Summary of key points**

Annotation of the assessment objectives and levels assists the moderation process.

Centres should ensure that all criteria for each assessment objective are met within each mark band. To award level 4, candidates need to show a high level of understanding, structure, clear expression and analysis.

Candidates continue to research and present interesting choices of therapies which are appropriate to their chosen individuals. It is evident from candidates' findings that complementary therapies can work well alongside conventional treatments.

**HEALTH AND SOCIAL CARE**  
**General Certificate of Education (Legacy)**

**Summer 2019**

**Advanced Subsidiary/Advanced**

**UNIT 12: THE INFLUENCES OF FOOD AND FITNESS ON HEALTH AND WELL-BEING**

**General comments**

There was evidence throughout all assessment criteria that candidates had a thorough understanding of the relevant key concepts and theories. Candidates showed the ability to apply knowledge and understanding to their two chosen individuals. A good attempt was made by candidates to organise their work in structured and extended writing. The majority of centres presented portfolio work in a well catalogued manner which ensured the moderation process ran smoothly. On the whole, annotation of coursework is very good and this also aids the moderation process. Centres' flexibility when allowing their candidates to choose their own individuals allowed for personalised work.

**Comments on individual questions/sections**

**Assessment Objective 1**

Some thorough work on the requirements of a healthy diet was seen from most centres and some higher standard candidates describing the implications of dietary deficiencies to further their depth of work. The descriptions of the possible benefits to individuals of exercise was also of a very high standard this year, with some comprehensive work in relation to the physical, mental/psychological and social benefits. Some centres are still leading their candidates through the older guidelines for diet and physical activity. However, it was pleasing to see some of the newer guidelines for both diet and physical activity in some work.

**Assessment Objective 2**

In AO2, candidates need to describe a range of methods to measure and evaluate lifestyle, diet and exercise. Most centres are using a good range of fitness tests and health measurements. Some centres are still allowing their candidates to describe a wide range of tests and measurements that their individuals are not planning to complete. The tests and measurements should be ones chosen specifically for the needs of their individuals. Centres are also making sure that the chosen individuals are from different life stages. All centres met the requirements to include both dietary and physical elements in their programmes for both individuals.

**Assessment Objective 3**

AO3 is dedicated to the programme setting, data collection and monitoring of results. It is pleasing to see a high number of centres meeting the qualitative and quantitative nature of this section. Some interesting and personalised diet and physical activity programmes for each individual were seen across candidates' work. Centres should ensure that this includes in-depth reference to aims and objectives, the physical activity and diet modifications to be taken and relevant safety factors to be met. Some impressive digital methods of monitoring were seen this year.

For the results of exercise testing and health monitoring, the use of graphs or tables showing weekly changes would serve as a better platform to analyse the data more effectively.

Some candidates/centres are still not meeting the requirements of this section to refer to the limitations of the programmes. However, some centres are showing a high level of response to this section which included how to overcome these limitations.

#### **Assessment Objective 4**

Most candidates showed a good level of evaluation. This section seems to separate the higher standard candidates from the rest. Some excellent work was evident within the evaluation task and this is commendable. However, some centres are missing out on the higher mark bands in AO4 and it is recommended that candidates refer to their own effectiveness in the planning, implementation and monitoring of the dietary and fitness programmes, as well as making detailed and realistic suggestions for possible improvements to both programmes.

#### **Summary of key points**

- The use of bullet points should be discouraged. This is most evident in AO1 when describing the requirements of a healthy diet.
- Candidates should be discouraged from including too much generic information on different health problems in AO1 but, instead, should tailor the information to be specific to the individuals' profiles.
- The use of qualitative and quantitative monitoring/analysing is needed in AO3 to achieve higher marks.
- Candidates should be encouraged to include in-depth reference to aims and objectives in AO3.
- Also in AO3, the relevant safety factors to be met should be described.
- Structuring the evaluation in AO4 allows candidates to meet all the requirements of this section.



WJEC  
245 Western Avenue  
Cardiff CF5 2YX  
Tel No 029 2026 5000  
Fax 029 2057 5994  
E-mail: [exams@wjec.co.uk](mailto:exams@wjec.co.uk)  
website: [www.wjec.co.uk](http://www.wjec.co.uk)