



GCE EXAMINERS' REPORTS

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

SUMMER 2018

Grade boundary information for this subject is available on the WJEC public website at: <https://www.wjecservices.co.uk/MarkToUMS/default.aspx?l=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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UNIT 1: PROMOTING QUALITY CARE AND COMMUNICATION

General comments

Candidates' performance in this paper was in line with previous years. In a number of cases, there was no attempt to answer the question.

There is a worrying trend for candidates to learn their work by rote and and therefore prove unable to apply their knowledge within a range of care settings.

To avoid needless loss of marks, candidates must be aware of the need to read the questions thoroughly, paying particular attention to the command words and the use of vocational terminology. For example:

- Question 1. (a) and (b) explain how they have a positive effect ...
- Question 2. (a) explain how they would reassure ...
- Question 3. (d) explain the possible impact ...
- Question 1. (d) and 4(e) evaluate the importance of ...
- Question 2. (b) assess the importance of ...

Not reading questions carefully can restrict candidates' opportunity to access the mark bands.

It is very concerning that many candidates cannot identify the correct caring skills or apply them to the question set. This accounted for 15 marks in the paper (questions 2. (a) and 4.(b)).

Legislation and systems of redress remains a weak area and many candidates appeared to lack knowledge and understanding of safe working practices and codes of practice. This often resulted in candidates not even attempting the question or achieving no marks. This accounted for 12 marks in question 2.

Many candidates are using the continuation page but omitting to refer to this fact by the relevant question. This practice should be avoided to prevent confusion.

- Q.1** (a) (i) (ii) (iii) The majority of candidates identified lifestyle factors correctly and explained how they would have a positive effect. No marks were awarded for only stating "physical, intellectual, emotional or social". This practice has been noted in previous years. Weaker candidates failed to explain how the factors would affect Roy's life.

- (b) (i) This question was poorly answered. Many candidates did not pay sufficient attention to the command word and to the scenario at the start of question 1. Many explained why it was important to keep accurate and legible records in general or by a nurse but the question referred to the work of a care assistant. There was no reference to administering medication in the scenario but many candidates wrote about it.
 - (ii) This was answered by most candidates but few achieved full marks. Many explained the meaning of speaking clearly but did not explain how it would positively affect Roy.
 - (c) (i) (ii) Mixed responses were seen here. Many candidates did not give the correct barrier terminology. Weaker candidates identified caring skills as a barrier.
 - (d) This was poorly answered. Many candidates had no clear knowledge of safe working practices and made no reference to lifting, hygiene, and maintaining personal safety.
- Q.2**
- (a) (i) (ii) (iii) The majority of candidates identified suitable caring skills but could not explain the skill and how it would reassure Anjee. Distraction, working alongside and modelling were not accepted as caring skills relevant to the scenario. Candidates should identify showing approval as a correct caring skill and giving praise as a form of showing approval.
 - (b) Responses tended to be general. Many candidates gave examples of communication techniques that could be used but did not assess the importance of effective communication between Anjee and the health visitor/midwife.
 - (c) (i) Many candidates could not correctly identify The Work and Families Act.
 - (ii) Mixed responses were given to this question, with some candidates not even attempting the question. Weaker answers tended to give the importance of the act rather than its key principles.
 - (d) Many answers showed a lack of knowledge of the stages in the process of redress. Only a few identified and explained the correct sequence of a complaints procedure.
- Q.3**
- (a) This was answered well by most candidates.
 - (b) This was well-answered with relevant examples. Weaker candidates failed to give examples and instead gave the definitions of stimulation, safety and dignity.
 - (c) The response to this question was disappointing. Many candidates could not identify types of communication, nor did they take into consideration that Tom was of pre-school age. There was little evidence of evaluation.
 - (d) There were very poor responses to this question. Most candidates had little or no understanding of the barriers and did not attempt to explain the possible impact of two barriers on a child's development.

- (e) Answers tended to be general, giving a generic explanation of codes of practice, but not discussing how they would guide the staff.
- Q.4**
- (a)
 - (i) Many candidates did not know the full name of a relevant piece of legislation; that is, NHS and Community Act Care Act or Carers' Recognition Act.
 - (ii) This was poorly answered, with most candidates showing little understanding of a carer's assessment. Weaker candidates misread the question and explained that a carer's assessment would be made to assess the suitability of a person being a carer, and failed to explain how the assessment could support the carer.
 - (b)
 - (i) (ii) Generally sound responses were seen, with suitable caring skills identified. Weaker candidates omitted to describe each caring skill and how they would support Julie.
 - (c) Responses were generally sound, with most candidates identifying dignity, privacy and autonomy.
 - (d) This was well-answered by most candidates.
 - (e) This was generally answered well by most candidates, explaining how respite care could have an effect on the well-being of Julie and her parents. Weaker candidates only considered the effect on either Julie or her parents and made little attempt at evaluation.

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UNIT 2: PROMOTING GOOD HEALTH

General comments

Once again this year, a few centres still need to ensure that all candidates' work is easy to identify after removal of HSC1 forms and authentication sheets as part of the moderation process. It is recommended that a front sheet is included, clearly indicating the candidate name and number and the centre name and number.

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

Accurate assessment by most centres was seen; however, again this year, it should be noted that, in order to achieve a level 4 assessment, candidates must provide evidence of more detailed analysis and the use of specialist terminology. In addition, a few centres are still generous with their marking and it is advised that teachers refer to their centre-specific moderator's report for guidance. Use of the exemplar materials available on the secure WJEC website for additional support is also recommended.

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

Assessment objective 1

Perspectives of health was covered in detail by most centres, with candidates providing detailed information on the factors that affect the chosen target group, along with their short- and long-term effects.

Assessment objective 2

Again, this year there was clear evidence of carrying out the campaign in the form of photographic evidence, witness sheets and target group feedback. Evidence of interesting campaigns was seen. This was a strong section of the work for most centres.

Assessment objective 3

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 their choice of a suitable mode for delivery of their own campaign. Once again this year, many centres overlooked the research into the various methods of feedback that could be used.

Assessment objective 4

A vast improvement was seen once again this year in evaluating each stage of the campaign, candidates discussing the strengths and weaknesses and suggesting where improvements could be made. Candidates from most centres ensured that improvements related to any weaknesses in their campaign which were previously discussed. A few candidates still tended to discuss their own aims and objectives for the campaign and do a self-evaluation, which is not necessary. Candidates need to show clearly how the key workers could use their chosen campaign in their day-to-day work, and not describe the job role.

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

General comments

All centres submitted work on time with the paperwork in good order and all sent signed authentication forms. The list of the samples to be sent is now generated by the WJEC's internal assessment mark input system (IAMIS) and all centres sent in the correct sample. Most, but not all, centres annotated their work *which* helps the moderation process.

Most candidates showed evidence of good work and wrote a comprehensive report on the development of a case study child. All candidates chose a child of suitable age.

On balance, work was marked accurately by centres, although some centres were too generous. The marking scheme uses a 'best fit' approach, and all marking points in a mark band should be covered for that band to be awarded. For example, work that has most points at level 3 but a couple at level 4 (for example in AO1) would be marked at the top end of the level 3 mark band. It is pleasing to note that standards are improving, with good adherence to assessment objectives being shown in the majority of cases.

Exemplars and a checklist are available for guidance on WJEC's secure website.

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 candidates 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 their understanding more clearly. 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 some candidates tended to describe the child's development without comparing this development to the norms and therefore lost marks. 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 the most centres, although there was too much 'cut and paste' by some candidates. This can have an effect on AO2 as poor understanding of the work of theorists means that applying their work to the child is 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 candidates wrote little about the effect the factors described actually had on their 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 well 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. All the candidates included witness forms, giving permission to use the child as a case study, but some are still not being signed by the parent or guardian which is necessary to provide evidence that ethical guidelines were being observed. An unsigned letter does not show that consent has been given. All centres observed confidentiality if photos of the child were included by making sure that the child could not be recognised.

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

All candidates used questionnaires or interviews with the parents in addition to the observations. 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 the methods used needs to be included in the appendix or the candidate risks losing marks given for research.

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 evaluation 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 limit the evaluation to how much information they found, and to write reports which were descriptive rather than evaluative. Detailed evaluation of each stage of the study is needed for the highest marks. Many centres produced very good work and it is pleasing to see a good deal of improvement in this section.

Most candidates did give recommendations for improvement and further developments, although some gave very limited recommendations and would have benefited from giving more detail in this section.

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UNIT 4: CREATIVE ACTIVITIES IN A RANGE OF CARE SETTINGS

General comments

The standard of work was generally pleasing this year. There were some very well presented and researched portfolios which enabled the candidates to meet the assessment objectives outlined in the specification. However, some candidates wrote particularly lengthy reports; candidates should avoid repetition and be more concise in their writing.

Marking was completed accurately by most centres, although there was evidence of generous marking by a small minority in AO3 and AO4. Detailed annotation is important to justify the marks given by the centre and is very helpful during moderation – unfortunately, this is an area which some centres still fail to address. This has been noted in several previous reports and it is highly recommended that this is taken into account. There was again evidence that a few centres had not acted upon the advice given in last year's report, which may have resulted in a reduction in marks.

As noted in previous reports, the choice of activity is the key factor in the successful completion of this unit.

Assessment objective 1

Most candidates gave detailed examples of creative activities and their benefits, although some answers were too long. In some cases, it was not made clear how creative activities could benefit more than one client group, which is required for the higher levels of marks.

The explanation of job roles and their part in the provision of activities for individuals has improved but is still not addressed well by candidates from a minority of centres, which will be noted in the relevant individual centre reports. To gain higher marks, candidates need to explain thoroughly how the provision of creative activities fits within their job roles. A 'day in the life' of a specific job role is not sufficient alone for the higher mark band, nor is a questionnaire to find out how an individual uses creative activities. In both cases, candidates need to analyse their findings. It is also good practice for all candidates to relate the jobs to their chosen care setting.

Assessment objective 2

Addressing this objective has improved this year. However, some candidates are still not providing clear descriptions of their chosen care settings, whilst others are using generic notes, possibly from a school handbook. Some candidates are still not giving clear explanations of their chosen individuals' needs and, consequently, are losing marks.

Excellent evidence was seen of at least three or more activities and how they would benefit candidates' chosen individuals. 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. It is good practice to include varied activities; some centres are concentrating mainly on one area of development.

The explanations of barriers were sound but, to achieve the higher mark bands, candidates need to identify and explain in detail strategies to overcome the barriers.

Assessment objective 3

Assessment within this section has improved. However, many candidates are not producing 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 or placed in the appendix and not referred to in the report. Other candidates showed no evidence of undertaking any research to select an appropriate activity. Brainstorming does not provide sufficient evidence to gain the higher mark band. The research evaluation was not summarised well.

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 need to produce detailed records of resources required, costings and timing.

Most centres included health and safety issues and principles of care whilst implementing the activity. From some centres, 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. This was evident for many centres this year.

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. 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 AO4; or well-structured interviews with open-ended questions could be conducted, and their results recorded.

Assessment objective 4

There was some improvement in addressing this objective but it still remains the weakest section, with some centres marking very generously. 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 candidate's own skills and the feedback from other sources require thorough explanation. Achievement in this section was restricted by the lack of feedback from other sources in AO3 and the lack of planning. Candidates made a good attempt to give recommendations for improvement, although this section still lacks depth. Candidates should be encouraged to develop their evaluation skills to improve performance in this section.

All work should include a detailed bibliography and referencing throughout.

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UNIT 5: UNDERSTANDING INDIVIDUALS WITH DISABILITIES

There were significantly fewer entries for the examination this year. Candidates achieved marks across the range, but lost marks needlessly when questions were not read carefully, particularly in questions 1 (c), 2 (b), 3 (c) and 4 (c). The use of vocational terminology is still an area for improvement and candidates also need to pay more attention to command words, particularly in questions where they are required to 'assess' or 'discuss'. Many responses to such questions reflected clear understanding but were largely descriptive and, consequently, marks were restricted. Some candidates appeared to lack knowledge and understanding of different disability conditions and legislation. The majority of candidates attempted all questions and did not appear to be restricted by time.

- Q.1**
- (a) This question was answered well by the majority of candidates who were able to correctly identify three early symptoms of muscular dystrophy (Duchenne).
 - (b) There were mixed responses to this question, with only the more able candidates giving a clear description of the cause of muscular dystrophy (Duchenne) and achieving the full three marks – most candidates achieved one or two marks.
 - (c) To gain full marks, candidates needed to describe how the practitioners might support both Ali and his parents. Marks were lost in responses that referred only to Ali. The role of a physiotherapist was generally described well, but many responses reflected a lack of knowledge of the role of an occupational therapist.
 - (d) Generally, there was a poor response to this question, as many candidates lacked knowledge of muscular dystrophy (Duchenne) and its progression. Most candidates achieved two or three marks but very few responses gave a detailed discussion of how Ali might be affected as he got older.
 - (e) This was answered quite well, with many candidates achieving five or more marks. To gain marks in the higher band, candidates needed to discuss how the home would need to be adapted as Ali's condition deteriorated. Many candidates described a range of appropriate adaptations, but had difficulty discussing the need for such adaptations in relation to Ali's deteriorating condition, thus limiting the mark achieved.
- Q.2**
- (a) Most candidates were able to give at least two realistic difficulties, weaker candidates drawing only on the areas given within the context.
 - (b) This was poorly answered by quite a large number of candidates who did not read the question carefully and gave two *practitioners*, not two *services* that might provide support. Marks were lost needlessly here.

- (c) Responses to this question reflected a lack of knowledge and understanding of how legislation places a legal duty on local authorities to provide care for vulnerable individuals. Some candidates briefly referred to The NHS and Community Care Act (1990) but went on to discuss the care management process, rather than discussing the legal requirements to undertake assessments on vulnerable individuals and their carers, provision of care and support plans for individuals who meet the national eligibility criteria, and the requirement for local authorities to provide advice and information of the support available in the community, which could be accessed by individuals who do not meet the eligibility criteria. Very few candidates gained marks in the higher band, most gaining half marks or less.
- (d) This question was answered well by the majority of candidates who were able to discuss the advantages and disadvantages of residential care. Some candidates gave a very generic response, but more able candidates were able to discuss the advantages and disadvantages for Tom in relation to his situation, gaining marks in the higher band.
- Q.3**
- (a) This was answered well, with most candidates achieving two marks.
- (b) This was also answered well, with most candidates giving three appropriate ways in which informal care might be provided.
- (c) There was a mixed response to this question, with some candidates confusing 'aids' and 'adaptations', thus losing marks. Where candidates identified appropriate aids, explanations of how they might improve quality of life were clear, gaining two or three marks.
- (d)
- (i) Many candidates were able to accurately identify three symptoms of osteoarthritis and gained full marks. Some responses were too vague – for example, 'swelling' rather than 'swelling of the joint'.
- (ii) This was answered quite well and many candidates were able to explain how the day-to-day work of a nurse (for example, standing and walking for long periods, moving and lifting patients) placed excess pressure on joints that could lead to them developing osteoarthritis. A number of candidates misread the question and explained the difficulties Elaine might face because of her osteoarthritis, and consequently lost marks.
- (e) The responses to this question were mixed and, although many candidates were able to discuss the roles of a number of practitioners who could provide care and support, fewer candidates were able to apply their knowledge and understanding to discuss practitioner roles within a multi-disciplinary team and how they provide effective care.
- Q.4**
- (a) This question was answered very well, with the majority of candidates gaining three marks.
- (b) There was a poor response to this question, with very few of the more able candidates gaining full marks, but weaker candidates showing a lack of knowledge regarding the medical and social models of disability.

- (c) It is vital that candidates read the question carefully and respond appropriately to the given scenario. Candidates were required to discuss the lifestyle changes the GP might have suggested *before* Peter had a stroke. Most candidates were able to suggest appropriate changes with regard to diet, alcohol, exercise, etc., but many candidates gave responses that were out of context and, consequently, inappropriate, again losing marks needlessly.
- (d) Generally, this was answered quite well and responses showed good application of knowledge and understanding in relation to the scenario. More able candidates were able to clearly assess the benefits and limitations of the individual employing his own personal care assistants. Very few candidates referred to legislation that enables an individual to use 'direct payments'.

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UNIT 6: UNDERSTANDING COMMON ILLNESSES, DISEASES AND DISORDERS

General comments

Entries for this unit were lower this year; however, the more straightforward questions were answered well in most cases. Those that required a little more careful question reading and interpretation were often poorly done.

Q.1 A well-answered question, with many candidates gaining high marks.

- (a) The answer required here was the wording from the specification, or its equivalent meaning. Those candidates who followed this usually gained two or three marks, depending on the accuracy of their rendition (inaccurate wording can change the meaning enough to miss marking points).
- (b) Many candidates answered this correctly. The answer required an indication of understanding that infectious diseases are caused by an invasion of body cells/tissues by pathogens/living organisms/microbes.
- (c) Most candidates gained at least three marks here, where a list was required as per the specification.
- (d)
 - (i) Nearly all candidates gained this mark.
 - (ii) Good answers were seen here, mostly gaining two or three marks; only those candidates who were unable to read the chart failed to get good marks.
 - (iii) Please see (d) (ii) above.
- (e) This required a little thought to generalise principles of infection control from the specification to an unfamiliar situation. Those candidates that could see and explain how personal hygiene, PPE and equipment/workspace hygiene could be applied could get top marks.

Q.2 The quality of answer varied widely, depending on good specific knowledge and understanding.

- (a) (i), (ii), (iii) A list from the specification was required, but credit was given for appropriate examples other than those given in the list. Many candidates got maximum marks here but, disappointingly, some had little idea.

- (b)
 - (i) Most candidates gained one or two marks here. Two ideas were required: “faulty gene” and “passed on from parents”. Most understood the latter point, rather fewer the first. Vaguer statements about “inheritance from relatives” were not credited.
 - (ii) Some very good explanations were given here.
 - (iii) Most candidates understood the idea of having the gene but not the disease; fewer understood that a carrier has one copy of the faulty gene.
 - (iv) Many good answers were seen but some candidates had no idea. No credit was given for “excess mucus production”. The point is the effect on salt balance causes the mucus to be thicker and therefore difficult to clear.
 - (v) Mainly well answered.
 - (vi) Mainly well answered.
 - (vii) Most candidates could allude to the benefits of diet and exercise. The best marks accrued to those who were able to contextualise the benefits specifically to the problems of cystic fibrosis.

Q.3 Mostly middle to high marks gained here, depending on precision of knowledge and expression.

- (a)
 - (i) Generally two marks were gained here. A few candidates got the terms the wrong way round.
 - (ii) Most candidates opted for the headlice option and it was rare for this mark to be missed.
 - (iii) Candidates needed to get two ideas in here for both marks. Many did this, and nearly all gained at least one mark.
 - (iv) Achievement of four or five marks out of a possible six was common here. As always with this type of question, the poorer marks are scored by those candidates with a limited number of ideas or with a lack of explanation of how their proposed control method would work. Hair washing by itself is insufficient for credit, as lice flourish quite happily in clean hair and are not dislodged simply by washing.
- (b)
 - (i) Most candidates gained half marks or better here, clear knowledge and explanation of each step characterising scripts obtaining high marks. The poorest understanding was of exactly what the filtration step might do.
 - (ii) Most candidates were able to construct a “middle band” level of discussion here, the best marks being given for comprehensiveness and use of appropriate terms/explanations. Understanding that the word “sanitation” is about appropriate management of sewage in this context was rare.

- Q.4** Middle to low marks were most common here. Being more “open” questions, candidates found it more difficult to be both appropriate and comprehensive in their answers.
- (a)
 - (i) What was required here was something from the lists in the specification, or named strategies that have emerged since it was published. Anything reasonable was credited.
 - (ii) All sorts of details were possible here, depending on the candidates’ answer to (a) (i). Again, anything reasonable was credited. Answers with enough detail to get all three marks were rare.
 - (iii) Candidates had some difficulty disengaging from the ideas of (a) (ii) here, and often tended to expand on that answer rather than explaining in any detail how having, for example, more fruit and vegetables, could actually make an individual healthier. The best answers were where (a) (i) referred to anti-smoking or STD campaigns.
 - (b)
 - (i) Most candidates understood this, and breast screening and ante-natal screening were popular answers.
 - (ii) The best marks here were gained for specificity of detail in the name and methodology of the test.
 - (iii) Given that exact age ranges have varied over time for many programmes, exact answers were not required as long as any age group suggestion was reasonable for the screening selected. However, candidates need to realise that it is not the examiner’s job to extrapolate from one answer to another, so those referring to gender-specific screening needed to state the appropriate gender in their answer alongside any age group identification. Quite a few candidates lost marks this way.
 - (c) Those candidates who interpreted the question properly and discussed in the context of benefits to society in general scored well here. Many, however, contextualised in terms of benefits to the individual. It is still possible to score some marks this way, as there is some overlap of ideas but, inevitably, such discussions contain irrelevant material and score lower marks.

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

General comments

Most centres submitted their work on time.

Some centres did not include an authentication form for each candidate, while others did not enter the correct candidate numbers on the authentication forms which made administration difficult. There was also a tendency for centres to photocopy the authentication form with the teacher's signature – this is not good practice; each form should be signed individually by the teacher. The inclusion of an authentication sheet, signed by both the candidate and the teacher, is a formal requirement of this qualification.

Performance was mixed this year. In the choice of assignment, Assignment 2 was more popular than Assignment 1 but, on the whole, those attempting Assignment 1 performed better. For Assignment 1, some candidates misread the assignment and concentrated on the fact that Saran drank heavily and did not consider the possibility that she was showing signs of depression. This resulted in a loss of marks. For Assignment 2, some candidates concentrated only on the fact that Malcolm was a diabetic and made no reference to his impaired eyesight. Again, this resulted in marks being lost.

Specialist vocabulary was used effectively by most candidates.

Clear referencing throughout the work is an essential feature for higher band marks. This still needs to be addressed by many centres.

It is pleasing to note that the majority of candidates adhered to the recommended word count of 4,500 words, although a small number of candidates from a few centres continue to exceed this total.

A few centres continue to give internet access to their candidates during the ten hours' write-up time and this allowed candidates to take information directly from websites. Internet access is not permitted during this time, as clearly stated in the Unit 7 Teacher Notes (FAQs), available on. As noted in previous reports, there is continuing concern that, in some centres, all candidates are addressing the same needs, services, quality assurance procedures and legislation, resulting in very similar work throughout the cohort. 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 each candidate must make their own notes and not simply 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. Extra teacher guidance for this unit has been produced and is also available on the GCE Health and Social Care subject page of the WJEC's website.

Aims and Investigation

As noted in previous reports, aims were often poorly stated and many candidates tended to repeat the wording in 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 health and social care needs of the individual(s)

The care needs of the chosen client should relate to the context identified in the assignment. Many candidates gave only the effects of the condition for Sarah or Malcolm and did not clearly identify the care needs, which resulted in a loss of marks. Some candidates referred to factors such as privacy, dignity and psychological security but did not link them to the needs of their chosen assignment.

Existing services within the locality to meet the needs of the individual(s)

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. 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, 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 and made little reference to local provision or how services could support their chosen assignment.

Analysis of research into how the services identified meet the health and social care needs of the individual(s) with reference to: Practitioner roles and how they work together to provide effective care planning

Candidates need to identify practitioners from the services mentioned in the previous section. Some candidates identified practitioners such as GPs/consultants having made no reference to these health services in the previous section. This has been noted in previous years. Many candidates gave generic explanations of the roles of the practitioners in caring for the chosen individual and failed to explain how they would work together as a multi-disciplinary team and how they would contribute to the care plan.

This section is still quite weak with many candidates 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 the care of the individual. It is worrying to note that some candidates made no reference to a care plan at all. Generic notes, often taken from career websites, are also being used for practitioner roles without application to the chosen assignment.

Quality assurance procedures

Work in this section has improved. However, reference should be made to several quality assurance procedures, such as monitoring procedures, performance tables, complaints procedures, staff training and regulatory bodies. Work is still often factual and generic, and does not show knowledge and understanding of the effect of procedures on the services identified in previous sections. This contributed to a further loss of marks. Candidates from some centres addressed the same quality assurance procedures, national policy and legislation, using almost identical wording for this section, which is concerning. Candidates must produce individual work unaided.

Effects of current national policy and legislation on service provision

It was pleasing to note that many candidates referred to current legislation. Higher mark band candidates explained and showed a 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 their 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. Again, it is a requirement that individual work is produced unaided.

Evaluation

In this section there is evidence that the quality of candidates' work is showing some improvement. Weaker candidates tended to submit work that was brief, vague and lacking evaluation.

The effectiveness of procedures 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. 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.

The findings of study in relation to the 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 assignment briefs.

Demography – as noted last year, this was generally a weak area, with continuing concerns that some candidates from the same centre used the same generic statistics. 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.

Government initiatives and funding – this was often omitted by many candidates, or work tended to refer to general statistics which did not link to their chosen assignment. Very few candidates made reference to proposed changes to health and social care provision and funding cuts applicable to their chosen assignment. In relation to national policy, it was disappointing to note that candidates made little reference to mental health or healthy eating to reduce diabetes despite the high coverage in the media at present.

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UNIT 8: UNDERSTANDING HUMAN BEHAVIOUR

It was pleasing to see that most candidates attempted all questions; only a very small number did not attempt some questions. Most candidates attempting questions gained some credit, with very few attempts being completely incorrect, suggesting candidates were better prepared for the exam and had some knowledge across a range of areas.

All candidates demonstrated effective time management through fully completed answers for all questions, indicating that they did not run out of time. Time was allocated appropriately, with candidates appearing to have enough allocated time to write extended answers to Question 4.

The last series saw far fewer candidates than in previous years using either the continuation sheets at the end of the answer booklet or an additional answer book; and this continued this series with a further fall in candidates requiring this additional writing space. This would suggest more focus on the demands of the question and development of more concise writing skills. Where additional writing space was required, a booklet was used rather than the two additional continuation pages within the script; however, the use of additional answer booklets was inappropriate, with centres providing 16-page answer booklets for candidates to write a further two or three sentences, when continuation pages in the script were not used. The question lines allocated for each answer provide a guide to the amount of writing required for the marks awarded. There is often additional space under the writing lines, where continuation of a response can be made, and candidates should be encouraged to use this, as opposed to continuing their answer in another area, as this supports candidates' continuous engagement with the question, rather than stopping and restarting their response.

Good written communication, punctuation and spelling which was appropriate for level three standard was seen. Use of psychology-related terminology, often seen within theories, was used effectively. Illegible hand writing was rarely seen, and even when candidates were writing under time pressures towards the end of the examination, handwriting remained legible.

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

There were several questions in this series that showed that candidates were not reading questions fully, and therefore omitting important aspects; for example, Question 2 (b), where there was a lack of reference to the family or cognitive development in many candidates' responses. Some smaller questions saw evaluation points being made when the question did not require this, such as in responses to Question 1 (b) (i). Question 4 (b) also presented this problem, with strategies being included in responses that were not required by the question. As Question 4 (b) was a ten-mark question, this lost candidates a significant amount of marks.

Candidates' engagement with the case studies from the scenarios was varied. Often, the inclusion of minimal reference to, for example, stress and anxiety in Question 3 (b) (i) and aggression in Question 3 (c), would impact significantly on the marks awarded.

In the same vein, there was a lack of 'following through' with points made; for example, when required to link to development (Questions 1 (c), 2 (a) and 4 (b)), responses too often did not end with a clear link, when the answer other than this was informed.

- Q1.**
- (a)
 - (i) Understanding the emotional effect of living in a high crime area was answered competently, with most candidates gaining two out of the three marks with ease and many also gaining the full three marks.
 - (ii), (ii) The majority of candidates gained full marks for emotional and social. Where they did not, this tended to be within social (ii), where points were somewhat repetitive.
 - (b)
 - (i) A humanistic theorist was identified, with Maslow being the popular choice.
 - (ii) A fair response by most candidates, but often limited to three or four marks due to a lack of or limited engagement with the case study 'Noel'. Some better responses linked the bullying and Noel's view that he is stupid clearly to specific levels of Maslow's hierarchy of needs. When Rogers was chosen, those candidates who engaged with the question made some clear links with actual to ideal self in terms of Noel.
 - (iii) Candidates either knew the main features of person-centred therapy or they did not. Therefore, candidates usually either gained full marks or were limited to one or two marks for a generic, 'counselling'-focused response. Where four marks were not awarded but understanding of person-centred therapy was evident, it was often due to a lack of range of the features given, or a lack of description of the therapy in relation to the features, just stating the features.
 - (c)
 - (i) Answers showed a good understanding. Candidates could clearly link this to development. More able candidates presented a hereditary example through to development; for example, dyslexia, Downs syndrome, with the specific link to the area of intellectual development being impaired.
 - (ii) Candidates struggled with presenting their knowledge of how maturation affects development. Most candidates were able to gain some marks for showing an understanding of what maturation is.

- Q2.** (a) The meaning of cognitive development was not always fully expressed. Some generic responses that could have applied to other areas of development were given; for example, the development of skills, as opposed to specific ‘problem solving skills’. Examples were needed to gain the full three marks. Candidates often seemed to struggle to go beyond references to, for example, ‘mental processes’.
- (b) The family’s influence on cognitive development rarely gained full marks. There either tended to be no engagement with reference to the family, which suggested candidates did not read the question fully, or the engagement did not focus on cognitive development, with social development seen quite often. Some candidates brought Vygotsky into their response by referring to scaffolding and the parent as the more ‘knowledgeable other’.
- (c) (i) The focus here was on language development through play and, to this end, most candidates did gain some marks. Specific reference to play activities added greater depth, and offered access to more marks than a general reference to play.
- (ii) Candidates rarely gained the full five marks here. Answers often offered very generic references to problem-solving. Better answers presented examples of play activities. Links to problem-solving were more focused on numeracy development. While numeracy can clearly link to problem-solving; that is, a child can solve a problem through sharing resources, responses rarely engaged fully with this.
- (d) Piaget was the popular theorist for this question. Identification of Piaget’s stages gained marks, with further marks gained for description and reference to some key features within the appropriate stages; for example, egocentrism, abstract thought. Candidates could generally pull out some strengths and weaknesses in order to engage with the command to ‘assess’ the chosen theorist’s account of cognitive development. Assessment was often under-developed and appeared more like an afterthought at the end of a descriptive answer.
- Q3.** (a) Eysenck was the clearly the popular choice. Candidates could explain basic elements of Eysenck’s theory of personality and identify some of the personality dimensions. Better responses were able to develop this identification and offer description of the different types of personalities that the various dimensions would present, with clear references to the biological nature of personality. Candidates who did not choose Eysenck did not perform well, with answers lacking content that was detailed enough to gain three to four marks.
- (b) (i) Candidates answered this with informed detail, being competent in assessing drug treatments by offering a range of points. Better responses drew several assessment points back to stress and anxiety, such as anxiety returning when drug treatment is stopped, and not dealing with the root cause of the anxiety. Some responses were quite physiological in content, and presented a well-informed understanding of the effect of anti-anxiety drugs on the brain.

- (ii) Responses to relaxation training presented some general content on what relaxation involves and how it can reduce stress and anxiety. More developed answers offered links to the sympathetic nervous system, but these were rare. Assessment was often simplistic, containing points that could have been more developed.
 - (c) (i) Accounting for aggression through the biological approach offered a genetic-focused response by a large majority of candidates. Many candidates repeated their response to Question 1 (c) (i), with little or no 'tailoring' the response to aggression. Surprisingly, very few candidates offered testosterone as a biological account for the client's aggression. There were some very informed responses that explained a 'genetic predisposition' for aggression; that is, increasing the likelihood of aggression in the presence of an environmental trigger, rather than a more simplistic response that points to genetics resulting in aggression.
 - (ii) Social learning was addressed competently by most candidates. Reference to Bandura and his work was not required. Links to aggression being previously observed was clearly expressed.
 - (iii) Candidates showed a varied understanding of how the psychodynamic approach could account for aggression. Some basic responses referred to traumatic experiences in childhood, which gained some credit, while more developed responses linked the impulsive and destructive nature of id to aggression. Accurate reference to the defence mechanism of displacement was also seen in some responses, which presented informed understanding.
- Q4.** (a) (i) This was not answered well by most candidates. There was a lack of understanding as to what the term 'socio-economic' meant. Some responses made links with poverty due to not working, but then did not follow this through with the influence of this on development; for example, not being able to afford a healthy diet – increased risk of illness – unable to pay bills – high level of stress.
- (ii) Overall, candidates were awarded the full three marks. The scenario relating to Ken offered a lot of scope for considering psychological factors and was answered effectively with clear application to Ken.
- (b) It was clear that many candidates did not read this question carefully. It did not require consideration of behavioural strategies, but many candidates included this in their response, and some offered this as their main focus. There was a lot of crossing out of content and restarting the response when candidates realised that strategies were the focus of part (c), not part (b).
- Pavlov was the theorist of choice and his work with classical conditioning in dogs was covered well. Some candidates were able to use the correct stimulus-response terminology within classical conditioning to account for Ken's phobia, and made reference to negative reinforcement in terms of operant conditioning. This presented an informed level of understanding.
- Attempts at discussion often resulted in the strengths and weaknesses of classical or operant conditioning or the work of the theorist, rather than discussion of how the behavioural approach could account for Ken's phobia.

- (c) Systematic desensitisation and flooding were the two popular strategies. As the plural, strategies, was used in the question, a minimum of two strategies were required. Most candidates picked up on this and offered this range. There was some informed content within the description of systematic desensitisation and how it could be used to treat Ken and his phobia of birds.

Token economy was not regularly seen, but some candidates did consider this as a strategy. This was difficult to apply to the scenario of Ken, being an adult and not in a setting where the token economy application could be controlled; hence, the choice of strategies was an important factor for candidates to consider.

Assessment of how the strategies could be used to treat Ken's phobia was often repetitive and stated but did not explain that what was a strength of systematic desensitisation was a weakness of flooding. This approach to meeting the requirement to 'assess' lacked application to Ken, and failed to show a depth of understanding of the strategies.

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UNIT 9: WORKING IN HEALTH AND SOCIAL CARE

General comments

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

The work submitted was generally well-presented, with few exceptions.

The necessary paperwork was generally 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.

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.

Assessment objective 1

This appears to be an area of strength for most centres and is completed well even by less able candidates.

The volume of work, however, can be particularly excessive. It is recommended that candidates limit the amount of work that is produced. In excess of thirty pages is deemed excessive and should be discouraged.

The employment sectors within health, social care and children's services were described well by candidates and a range of job roles within these services were identified.

Factors affecting the availability of jobs were described generically and more able candidates were able to put the factors into context and apply them to the roles of their chosen practitioners.

A very small minority of centres had allowed candidates to include the advantages and disadvantages of each employment sector. This is not a requirement of the assessment and cannot gain any credit; therefore it should be avoided.

Assessment objective 2

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

A small minority of centres had allowed candidates to choose two job roles within the nursing profession; for example, a midwife and a nurse. This should be discouraged as many aspects of their roles are similar, therefore limiting the marks that can be awarded.

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

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.

There were also candidates that had used in excess of seventy questions. This should be discouraged, as it could potentially make the analysis of the responses quite difficult. It is recommended that a maximum of forty questions be asked, with an optimum of around thirty. This should enable the practitioner responses to be sufficient to complete a detailed report of the findings.

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

Some candidates included overall conclusions analysing how the roles meet the practitioners' individual needs. This is good practice and, if completed well enough, can allow candidates to obtain higher marks.

Ethical issues were considered in great detail by the majority of candidates, which is good practice. Practitioners should not be identified by their full names and pictures should not be included, as this breaches confidentiality.

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.

A small number of candidates had not addressed all sections of the evaluation, therefore marks awarded were limited, as not all of the assessment objectives had been fully covered.

Unfortunately, issues from previous years have not been addressed by a small number of centres and the comparisons are still being completed incorrectly. A minority of centres are still allowing candidates to make comparisons between each of their chosen practitioners' roles, when the assessment requirement is to draw comparisons between practitioner responses from primary research and candidates' findings from their secondary research; that is, they should compare primary research findings with secondary research findings.

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UNIT 10: CARE FOR OLDER INDIVIDUALS

General comments

The majority of centres submitted work on time and, in general, administrative procedures were carried out well, with all work authenticated. Work was generally well-presented but centres should ensure that work is well-secured and pages are numbered. Again this year, a few centres submitted work with no front covers and loose pages, making moderation more difficult.

Candidates should be encouraged to include a contents page and work must be referenced appropriately, with a full bibliography included. Questionnaires/interview schedules should be included in an appendix to provide evidence for the assessment of AO3.

Detailed annotation and justification of marks were evident in the work from the majority of centres, but some submitted work with no annotation or very superficial comments, which gave little or no indication of how marks had been awarded.

Most candidates introduced their case study with clear aims, reflecting good practice. Tasks were appropriate from most centres and addressed the assessment criteria, enabling candidates to present their studies in the required format.

There was evidence of more accurate assessment this year, but some centres are still awarding marks in the higher bands when the assessment criteria has clearly not been met. Work that is largely descriptive, with little evidence of analysis and evaluation, cannot be awarded marks in the highest band. There was evidence of internal standardisation in larger centres.

There were some very interesting case studies produced and most candidates had selected an appropriate individual to study. As mentioned in previous reports, the selection of an appropriate individual is a key factor to the successful completion of this unit. Some candidates selected individuals who are active and healthy which tends to limit the study with regard to service provision and the role of an informal carer. This also applies where candidates have selected an individual in a care home.

Assessment objective 1

Overall, age-related conditions and the theories of ageing were described well, with more able candidates demonstrating their ability by linking theories with conditions. It was pleasing to see that the majority of centres have taken on board the advice given in previous reports and have encouraged candidates to produce more concise descriptions of age-related conditions and theories of ageing, but detailed descriptions of conditions affecting the individual being studied. However, some candidates are still submitting very lengthy descriptions, often including pages of downloaded information.

Accurate assessment of this strand was apparent in most centres, but some centres are still awarding marks in the highest band when theories of ageing have not been linked to age related conditions. Candidates who knew the individual well generally produced better descriptions of the age-related conditions affecting the individual, and scored higher marks in this section.

Assessment objective 2

There was evidence of sound analysis of the primary research undertaken to produce detailed case studies, with interesting descriptions of the impact of age-related conditions on the daily lives of individuals. Again, where candidates knew the individual well, there was generally a better understanding of the effects of social, emotional and economic factors and consequently higher marks were awarded. Candidates who had selected a healthy, active individual who was not greatly affected by their conditions struggled in this section. The need for confidentiality must be stressed here as some candidates had fully identified the individual and service providers. Generally, this section was completed well, but some candidates produced pages of generic information with little application to the individual in the study.

Assessment objective 3

There was wide variation in the quality of research undertaken. More able candidates demonstrated effective planning with evidence of sensitive, well-structured interviews/questionnaires used to access information regarding conditions affecting the individual, services used and support from informal carers. Some questionnaires/interviews however, were not well structured, but marks had been awarded in LoA 4. More able candidates were able to analyse their research well to provide detailed descriptions of services and the support provided by informal carers. Weaker candidates produced descriptions of all services in the local area with little reference to the individual in the case study. Some candidates who had not selected an appropriate individual made very little reference to how the individual might be supported by informal carers. Ethical issues were covered well by many candidates. Overall, there was an improvement in performance in this section this year, but some candidates had been awarded very generous marks at the higher end.

Assessment objective 4

This focuses on how well the services used meet the needs of the individual and how they might be improved. More able candidates were able to provide a good assessment of service provision in meeting the needs of the individual but many candidates had difficulty relating the effectiveness of services and the National Framework for Older People. Candidates should also assess the strengths and weaknesses of the multi-disciplinary team in terms of providing effective services. Information here was often generic, with little application to the individual. Most candidates gave careful consideration to the procedures they had used to complete the study and made realistic suggestions for improvement. Some candidates completed excellent, objective assessments with very detailed evaluations of service provision but, generally, this section was completed least well, with evidence of generous marking.

It was pleasing to see a general improvement in the standard of work and more accurate assessment this year. However, work submitted for moderation by a few centres had been awarded very generous marks, which could not be supported by the evidence presented.

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UNIT 11: THE ROLE OF COMPLEMENTARY THEORIES IN THE CARE OF INDIVIDUALS

General comments

Moderation of received sample work indicated that candidates appeared 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.

The standard of work submitted indicated that centres are continuing to enter candidates across the full range of grades.

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 relying 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 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.

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.

Candidates addressed clearly the methodology used to collect data and the results had 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. This section lacked the depth required.

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 involved practitioners and requires candidates to bring some order to the collected views and opinions, with sound arguments to support statements.

To gain marks in assessment objective 4, candidates need to analyse their findings and, in conclusion, draw together key points. The work was noticeably better organised this year, with a clearer structure. It was positive to see so many candidates attempted an evaluation of their findings and considered the positives and negatives within their evaluation.

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.

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

General comments

It was apparent, overall, that centres had an excellent understanding of the requirements of the Assessment Objectives (AOs) across all tasks. Most candidates were able to directly address the assessment requirements in their work, the best doing so thoroughly. Centre preparation of the work of candidates whose presentation and achievement were exemplary is to be congratulated once again this year. Candidates showed the ability to apply their knowledge and understanding to their two chosen individuals. In most cases, candidates selected some very suitable and interesting individuals on which to base their work.

There was consistency in terms of the use of a standard referencing system and bibliography; there was also an understanding of precisely what parts of the unit assessment evidence required the use of a wide range of sources – for example, in AO1. The majority of centres presented portfolio work in a well catalogued manner which ensured the moderation process ran smoothly. Annotation of coursework continues to vary from centre to centre but on the whole some detailed annotation was seen by most and this also aids the moderation process.

Assessment objective 1

Some excellent work on the explanation of what is required as part of a healthy diet was seen, as were the descriptions on the possible advantages to individuals of exercise in relation to physical, mental/psychological and social benefits. Some centres' candidates had described the same guidelines but other centres showed some more individualised work for this section. It is always advantageous for candidates to carry out their own research and make a personal choice of guidelines from which to choose. Although decreasing in number, some centres are still advising learners to include generic descriptions of dietary requirements for different life stages in AO1. There is no requirement in the assessment for this which wastes the precious time of candidates.

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 general/regular health measurements. Some newer methods were evident this year.

Centres guided their candidates well this year to ensure that the tests and measurements chosen reflected on the health and well-being of the chosen individuals. All centres met the requirements to include both dietary and physical elements in their programmes for both individuals. Centres should also remember to lead their candidates into discussing the health and safety requirements such as warm up and cool down, stretching, taking part in health questionnaires such as the PAR-Q before implementing their programmes.

Assessment objective 3

It is pleasing to see more centres meeting the quantitative nature of AO3 as it is dedicated to the programme-setting, data collection and monitoring of results. Candidates were generally able to show good knowledge and understanding of the meaning of different data. Some other centres need to improve on ensuring that calculations are used accurately to assess health and well-being. These should be detailed for marks in the higher mark ranges. Improvement is also needed on how their candidates set realistic targets which show progression from short- to medium- and long-term targets for their chosen individuals.

Some centres guide their candidates to produce detailed weekly plans for both diet and exercise. Where this was done and the health measures were used effectively to assess health and well-being, marks could be awarded from the higher mark ranges. Where candidates wrote generally about diet and exercise but did not relate the health measures to their chosen individual or gave unrealistic targets, marks were limited.

Assessment objective 4

More candidates this year showed a good level of evaluation. This section really separates the higher level candidates from the rest. However, it is still evident that many candidates continue to be unable to demonstrate a good level of analytical and evaluative skills. A high percentage of the work seen was descriptive and centres should lead their candidates in developing these skills as they are important attributes across all coursework.



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