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Examiners' Report

2006 examination - June series

- Advanced Subsidiary Single Award
- Advanced Subsidiary Double Award

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Effective Caring HC01

General comments

In the main, candidates appeared to be prepared appropriately for this examination. In particular, knowledge of life quality factors, caring skills and techniques, and barriers to treating people well were widely understood.

Candidates who did well on this paper combined accurate knowledge and clear understanding of concepts with the ability to read questions carefully and to respond with concise and relevant material. Candidates who did less well tended not to follow the instructions or guidance provided by the questions. They also tended to give long-winded, vague and repetitive answers, which revealed their uncertainty.

A very small number of candidates did not turn over the page for Question 4, despite the clear instruction following Question 3. Candidates should know that they will be expected to answer four questions in all AQA GCE Health and Social Care examination papers.

Comments on specific questions

Question 1

(a) Most candidates identified two or three relevant factors. Marks were not awarded for vagueness in providing examples from the scenario. Accurate quotations from the scenario, as opposed to vague paraphrases, were more likely to earn full marks.

(b) Similar points apply as in 1(a). A fundamental skill here is for candidates to recognise the clues provided in the scenario.

(c) Many candidates were able to suggest a relevant service. Only a few made the mistake of outlining a service that implied illness or accident, such as A & E.

(d) A minority of candidates gained full marks here. The most common error was to underspecify the service, with many candidates suggesting a 'nursery', leaving the examiner to wonder whether what they meant was a day nursery or a nursery school/class. Another common error was to suggest a service that would not meet the needs indicated in the question, such as a preschool (which would not provide care throughout every day).

Question 2

(a)(i) Almost all candidates answered this correctly. Some of those who answered incorrectly might have assumed that the question could not have been as simple as it appeared.

(a)(ii) Many candidates suggested a nurse. This did not receive credit. A more specific answer was required, such as 'practice nurse'. A wide variety of valid answers was credited.

(b)(i) Most candidates recognised at least one relevant barrier, taking their cue from the scenario. Many of these made an appropriate link with the scenario, but fewer explained why this might make treatment difficult. Others did explain this, but failed to link their answers to the scenario, as required by the question.

A small minority described practitioner barriers rather than client barriers and, therefore, gained no marks.

(b)(ii) There was a mixed response to this question. Some candidates briefly named two relevant precautions and gained the two marks; others gave long-winded answers based on rather vague suggestions that did not always seem practical, although they often reflected general good practice, such as keeping clients calm or well-informed.

2(c) Some candidates scored full marks by suggesting difficulties of mobility or transport, and elaborating these. Other candidates gave less elaborated, or less clear answers. Answers suggesting that the building might be difficult to access were not credited, because they in effect simply restated the fact that there was a barrier to access.
Barriers that were not directly physical, for example ignorance or lack of money, were not credited. Physical difficulties here really refer to barriers of time, mobility and space.

Question 3

(a) Almost all candidates answered this correctly.

(b) A majority of candidates was able to identify at least two relevant factors. However fewer were able to make specific and concrete suggestions as to how a factor could be provided. Answers (referring to adequate nutrition) which suggested that "someone should come in and cook for them" were not credited, whereas a suggestion that the person could receive meals on wheels was accepted. Generally, knowledge of relevant actual services or practitioners (e.g. physiotherapists to provide exercise) received credit.

A few candidates answered in terms of psychological life quality factors by mistake.

(c)(i) Some candidates made a number of relevant points to gain full marks here. Other candidates tended to identify one point and, instead of looking for further explanations, restated the point in different ways.

(c)(ii) Many candidates were able to give two relevant specific suggestions. Some of those who could not, repeated the point about keeping appointments, or arriving on time, and did not gain credit.

Question 4

(a)(i) Most candidates showed a reasonable understanding of what NHS Direct could do in this situation.

(a)(ii) About half of candidates identified two barriers from the information they were given. Less successful candidates suggested barriers ruled out by the scenario, for example that Claire might not have a telephone. Some answers indicated that that candidates had confused NHS Direct with NHS Direct Online.

(b) Most candidates were able to identify one benefit for Bill and one for Claire. Few candidates showed much further knowledge of the features or benefits of day care, such as supervision of Bill's condition and maintenance of his independence.

There was evidently some misunderstanding of day care, because some candidates assumed it was the same as domiciliary care. Others assumed that both Bill and Claire would attend day care, which is not what the scenario indicated.

(c) Some candidates gained full marks here by describing domiciliary care. Common errors included describing day care (clearly ruled out by the question) and residential care (ruled out because it would not be used 'in addition' to day care). Another common mistake was to describe the service briefly and then to evaluate it, when only description was required by the question.

Child Development HC04

General comments

Candidates showed quite good knowledge and understanding in those sections of questions relating to play. However, there was a noticeable lack of understanding of conservation tests and of agents of socialisation.

Comments on specific questions

Question 1

(a) While it was easy for candidates to gain full marks here, and a minority did so, some candidates tended to ignore the data in the table and speculate about the circumstances in which the reported injuries had taken place. As a result, some gave answers more appropriate for 1(b). More successful candidates indicated which types of accident were more common in each age group, often correctly pointing out that the incidence of scalds was very similar.

(b) Many candidates gained full marks here.

(c) Many candidates gained 3 or 4 marks here, usually referring to situations with baths and hot food or drinks. Some confused scalding with burning, and a few confused scalds with cuts.

(d) Many candidates were able to identify two or three appropriate ways of reducing risks. Answers that were not accepted included 'telling them not to go near the water', and 'putting up warning notices' (these were assumed to be unlikely to be effective).

Question 2

(a)(i) A minority of candidates gained marks for this section.

(b) This question produced a wide range of marks, with a large minority gaining full marks.

However, there was evidently quite a lot of confusion among candidates about the correct procedure in tests of conservation. One common error was in stating the materials used: some candidates assumed that only one ball of clay is needed for conservation of mass, and only two beakers needed in a basic conservation of volume test. In fact it is important that a child is able to make a visual comparison between the initial state and the changed state in each case, so one ball of clay/beaker of juice must remain unaltered.
Another common error was in the statement of the conservation question. Mistakes included giving ambiguous questions e.g. "Are these beakers the same?" when in fact it is the volume of juice that should be asked about and leading questions e.g. "Which beaker has more in it?" which implies that the answer 'neither' is not acceptable.

Most candidates recognised that a statement indicating there was no difference would display the ability to conserve.

Some candidates described tests that were not tests of conservation, but rather tests of gender concept, in which children were asked about the sex of a man who had dressed up in women's clothes.
A few candidates gave answers that related to different cognitive abilities, such as object permanence.

(c)(i) Most candidates distinguished between the influence of genetics and the environment, although some got these the wrong way round. It is easy to see why some confuse 'nature' with 'the environment'. Some candidates identified 'nature' as biological influence, when in fact biological factors can be 'nature' e.g. genes, or they can be environmental, e.g. nutrition.

(c)(ii) About half of candidates answered this correctly. Candidates who simply answered, "Yes" did not receive a mark.

(d) Most candidates scored one mark on this question, communicating the basic idea, but not elaborating at all.

Question 3

(a) Most candidates gained five or six marks here. Jessica was the child who was most often omitted.

(b) A minority of candidates gained three marks here. Evidently many were unfamiliar with the term 'agent of socialisation'.

(c) Those candidates who did not know what was meant by agents of socialisation often produced rambling and irrelevant answers about the importance for children of being sociable.
The best answers suggested how a specified agent, (e.g. a parent) might demonstrate a specified anti-social behaviour, (e.g. hitting) and how a child might model that behaviour. Effective discussions rarely occurred, but points made included the relatively small influence of television, and the involvement of processes such as reinforcement and modelling.

Some candidates seemed uncomfortable with the idea that parents in particular might contribute to the development of antisocial behaviours and couched their answers in terms of the discouragement of these behaviours.

Question 4

(a) The majority of candidates gained two marks here, recognising that Kieran is more likely to be upset, because he is more likely to have formed specific attachments.

(b) A large minority of candidates named one of more of the standard short-term effects, though fewer outlined them correctly. The most common confusion was between protest and despair.

(c) A minority of candidates suggested classic effects of affectionless psychopathy and delinquency. Other candidates gave rather vague answers based much more on views of how adults might respond to abandonment.

(d) Most candidates gained one mark on this question for a basic definition. Where candidates gained a second mark, this was often for an example of self-categorisation.

Nutrition and Dietetics HC05

General comments

It is pleasing to report a good range of candidate performance with a significant number of high marks. This reflects the pattern of the first paper last January. There were possibly slightly more weak scripts in this series, however, but generally candidates demonstrated that they had been prepared well for the test. As for most papers in Health and Social Care, the more able candidates were able to provide accurate and detailed responses demonstrating a good command of technical terminology. Lower ability candidates produced vague repetitive answers which failed to access many of the marks. There was no evidence that candidates had insufficient time to complete the test.

Comments on specific questions

Question 1

In part (a) most candidates gained at least half marks for explaining the likely health problems associated with eating a diet low in non-starch polysaccharides (NSP) and high in saturated fats. Lower ability candidates incorrectly suggested that NSP is a form of starch and consequently addressed issues related to carbohydrate intake. In part (b), most gained three of the marks available by knowing that saturated fat contains carbon, hydrogen and oxygen while the more able included fatty acids and triglycerides in their responses. Most were able to make suitable suggestions in part (c) on how Katrina could improve her diet.

Question 2

Most candidates recognised that Zac's diet was low in vitamin A and phosphorus. Lower ability candidates tended to suggest that he had too much protein and vitamin B rather than recognise that these amounts were close/only slightly in excess of the dietary reference values for a male of his age. Candidates generally found part (a) (ii) more challenging, but most gained marks relating to protein and the deficiency of vitamin A. Suggestions in part (b) for different factors other than age which would help determine Zac's dietary needs were appropriate.

Question 3

Candidates' knowledge of food causing allergic reactions was generally sound, as were common allergic responses other than anaphylactic shock. Candidates found part (b) more challenging with many becoming confused between Hinduism and Muslims, with the lower ability also confusing Jewish considerations with either or both of these. Generally, diabetic modifications to diet were better understood, but the lower ability candidates often confused fat and/or salt intake with sugar. Responses to part (d) were better, with most able to gain two of the three marks available by successfully suggesting factors which should be considered when planning a diet for an individual.

Question 4

Most candidates gained marks in part (a), fully understanding the need for storing food at the correct temperature and keeping raw food away from cooked foods. Understanding of the need to thaw food thoroughly before cooking tended to be less secure. In part (b) most candidates recognised the overall decrease in food poisoning over the three years, that campylobacter was the most common cause and/or e.coli was very much the least common. Only the more able candidates recognised that while falls in numbers between 2001 and 2002 were marked, numbers of cases of salmonella and e.coli rose slightly in 2003. Most candidates, however, correctly suggested raised public awareness and improved hygiene practices as reasons for the reduction in reported incidents.

Common Diseases and Disorders HC06

General comments

Candidates found all four questions accessible and a wide range of marks was evident.
Weaker candidates tended to find the questions requiring extended prose the most challenging aspects of the paper. There was much evidence of candidates being prepared well for the test and no evidence of insufficient time available for candidates to complete the paper. Generally candidates found data manipulation more difficult than other aspects of the questions.

Comments on specific papers

Question 1

The majority of candidates responded successfully in part (a)(i) by giving examples of diseases caused by a fungus and a virus. In part (a)(ii) most gained one of the two marks available, suggesting parasites of humans which are not fungi or viruses, e.g. scabies, tape worms, head/body lice and/or other named examples. Part (b) proved more challenging, with many candidates not recognising that infectious disease causes effects by toxin release, removing nutrients from the body and/or damaging the immune system. Candidates' knowledge of why some individuals may be more vulnerable to infection was sound and most suggested appropriate preventative strategies in part (c)(ii). The majority of these were based on suitable good hygiene practice, medical precautions and/or appropriate life style choices such as safe sex.

Question 2

Responses to parts (a) and (b) were generally good, as candidates demonstrated sound knowledge of what is meant by an allergy and the symptoms an allergy may cause, as well as being able to explain how skin testing for allergy can be performed. In part (c), most recognised Allergy 2 as the more common of the two allergies and that this allergy and/or both allergies were more common in the adults and elderly as opposed to children and adolescents, or that allergies were most common in the elderly age group. Weaker candidates incorrectly suggested it was the breakdown of the immune system in the elderly which was causing this.

Question 3

A significant number of candidates confused Rita's presbyopia with hypermyopia. Lower ability candidates sometimes suggested it was presbyacusis. In part (a)(ii) most gained two of the four marks available by explaining lack of convexity in her lens as the cause of the problem. Part (b)(i) proved less challenging, with different causes of headaches other than stress being well known, but part (b)(ii) was more demanding, as candidates were less sure on how headache pains are produced. Most gained half marks by describing a migraine successfully.

Question 4

Part (a) was attempted successfully by the large majority of the candidates who were able to draw appropriate conclusions from the data in the table by comparing the dental health of boys and girls and exploring the relationships between brushing teeth once, twice or less than once a day and/or numbers of fillings and/or teeth lost due to decay. In part (b), weaker candidates tended to gain only one or two marks, recognising the role of sugar and bacteria in tooth decay and plaque formation, while more able candidates often gained full marks for detailed accounts of demineralisation and damage to dentine and pulp.

Principal Moderators' Reports

Effective Communication HC02

One of the key educational aims of this unit is to give candidates the opportunity to improve the communication skills they are likely to need in health and social care. Speaking to small groups in formal or semi-formal situations, writing coherent reports, designing feedback materials and analysing data are all relevant skills.

It was evident from candidates' work that there is a significant need for the development of these skills.

A positive feature of the portfolios submitted was that most candidates produced independent work.

Some centres had clearly guided candidates in the requirements of the specification. However, in many centres the work produced by candidates did not meet the requirements of the specification. This might have been because candidates failed to follow the guidance provided, or it might have been that teachers did not focus closely enough on the requirements of this new unit.

The main requirements of the report are:

- a brief introduction to the talk stating the client type and the intended audience;
- the text (a transcript) of a talk focussed on communication skills for use by a practitioner/informal carer when working with the specified client type;
- a blank copy of a questionnaire designed to measure the effectiveness of the talk – especially the candidate's use of communication skills;
- presentation of processed data from the questionnaire;
- an evaluation section including the justification of design decisions, evaluation of own skills – based on feedback and suggested improvements;
- an appendix including all completed questionnaires, and sources used.

Section A

One common omission was the failure to provide the 'brief introduction' stating the client type and intended audience. Also surprisingly common was the failure to provide the text (a transcript) of the actual talk, a clear and major requirement of the specification. Some candidates included only slides of a visual presentation. Others included material that was not required, for example a description of the process of planning the talk, or an essay on generic communication skills.

Some candidates included talks that were not about, or not mostly about communication skills. Sometimes candidates gave talks that were mainly descriptions of placement experiences, or even anecdotal descriptions of particular individuals.

Some candidates ignored the requirement to refer to communication barriers in the talk.

A common weakness in talks that did focus on communication was a tendency to give generic descriptions of communication skills, which might be applicable to almost any type of client, rather than relating the skills to the client. Also evident was a tendency to rely too much on just one source of data, such as a visit or placement.

It is not necessary for candidates to make PowerPoint presentations. Some candidates evidently ran into problems with both software and hardware in this connection.

Candidates should not enclose videotapes or DVDs with the report.

There were some excellent talks. What these had in common was that a range of relevant communication skills was related to their actual application with a specified client type, and usually illustrated by realistic concrete examples. Evidently research for these talks combined some practical experience or observation (perhaps on a work experience placement or visit) with thorough research of published sources. These talks did not follow any one pattern. For example, some used visual aids, while others did not, some featured audience participation, while others did not. It is likely that candidates whose talks worked best designed their talks in ways that played to their own individual strengths, rather than adopting any uniform style or pattern.

Section B

Questionnaire design

As required, most candidates produced questionnaires that were clearly of their own devising. However, many did not follow the instruction to include a blank copy of this at the start of Section B.

The most successful questionnaires were those that featured clear, unambiguous items and produced informative feedback. These also featured clear instructions to respondents.

Most candidates wrote questionnaires that used a variety of item types. However there was a common tendency to write items with far too restricted a choice of responses. For example, a candidate might ask whether the speed of their speech was 'right' and give the options of 'Yes' or 'No' for respondents. This item is designed very poorly, in that it can yield very little useful information. For example, if someone answered 'No', this would not show whether they thought the speech was too fast or too slow. A better item would give the respondent these options.

Candidates also had difficulty in designing effective open question items. These were sometimes used to follow up previous closed questions, e.g. "If NO, why not?"

The use of Yes/No items tended to produce unanimous responses (with fellow students perhaps being reluctant to make negative responses). Such responses made it more difficult for candidates to evaluate their performance in Section C.
Some candidates collected data that did not seem relevant to the questionnaire's purpose, such as requiring the sex and age of respondents.
Some candidates focussed most of the items on the content of the talk or the quality of visual aids, while including few items about the actual delivery of the talk.

It would be useful for candidates to bear in mind that the purpose of designing the questionnaire is not merely to produce a questionnaire for assessment purposes, but also to collect the data that they will need to write an effective evaluation.

It should be noted that questionnaires completed by members of the audience should be anonymous, apart from the feedback provided by the teacher. Some teachers provided useful and legitimate help to their candidates by giving feedback additional to the questionnaire. This is particularly helpful for candidates whose questionnaires fail to provide much useful information.

Data analysis

Data processing and presentation presented a range of problems for candidates. Many candidates appeared to lose sight of the need to produce a clear and accurate summary of the data from the questionnaires. Lack of clarity resulted from a number of errors. One was to present graphs separately

from the other information presented. Another was the failure to indicate what the item reported was about. The best way to do this is to state the item and then give the summarised responses.
Another omission was the failure to give collated data (the actual number of respondents who gave each particular response). Some candidates presented raw data in this section (for example tally charts and verbatim lists of all responses to open items), and some included calculations. These should be put in an appendix.

Candidates should understand that unanimous responses do not require graphical illustration.

Some candidates produced very long data analysis sections, the length of which militated against their clarity.
Many candidates were unable to manage the software they used so as to produce well-labelled graphs. It would be better to hand-draw graphs, rather than produce poorly-labelled printed graphs.
Some candidates used a range of different graphical styles, when the consistent use of one style would have been clearer for the reader. Clear communication, rather than a fancy appearance, should be the aim.

There was a tendency for many centres to over-credit the content of Section B. In some cases this might have been because of unfamiliarity with the skills required.

Section C

A positive feature of candidates' work for Section C was a tendency to be frank and open when evaluating their own communication skills.

Most candidates attempted to say something about design decisions, own communication skills and suggested improvements. Candidates from some centres included sections that were not required, such as evaluation of the design of questionnaires.

The need to justify design decisions was not always well understood. Candidates should make conscious decisions such as whether or not to use visual aids, how much to involve the audience, how to engage attention and how to make the talk interesting.

Section D

Most candidates included all completed feedback forms. These are essential for assessors and moderators to check the accuracy of data analysis.

When giving references to sources used, it is helpful if candidates give brief statements of what information they obtained from each one.

Health, Illness and Disease HC03

It is pleasing to report that the first assessment of this unit revealed a good deal of quality work that had been undertaken by candidates. There were few instances of candidates submitting incomplete work, but it is important for centres to note that candidate record forms must be signed by the candidate prior to submission. Failure to sign may result in a zero mark. Generally, the work was presented in logical order, but it would greatly assist moderators if the work was simply treasury tagged together rather than in tight fitting plastic wallets. Most centres correctly followed the administration guidelines and submitted marks to moderators by the deadline. For centres for fewer than 10 candidates, the work should be submitted at the same time. A number of centres with more than 10 candidates did submit all

of the work. This does not assist moderators who often have problems with the bulk of portfolios and the storage problems they present. A significant amount of work was submitted without any comment other than the marks on the CRF. It greatly assists moderation where assessor comments are offered. In general, the rank order of candidates as assessed by the centres was upheld, but as with all new awards, adjustments were made to a large number of marks to bring them in line with the AQA standard.

The Questionnaire

Candidates were required to submit one blank copy of their questionnaire and should not submit completed versions. Introductions to the questionnaire dealing with explanations of the different factors are not required. It was pleasing to see that the majority of candidates covered all six factors, but a significant number did not explore the concepts of health and ill health. Questionnaire items should be included in order that the respondents' views on holistic, positive and negative concepts of health and well-being, illness, disease and disorder as concepts of ill health be explored. A minority of centres misinterpreted the intention of the questionnaire and inappropriately explored views on immunisation and screening.

The more able candidates generated a wide range of different types of questionnaire item in order to explore individual views. However, a number of candidates drifted from the focus and explored life style rather than views of the concepts and factors.

A significant weakness in many candidates' work related to collation and analysis. There is no value in dealing with each individual's responses to the questionnaire items as this is neither collation nor analysis. Question by question collation of results is appropriate, but candidates are required to explore interrelationships of the factors and this should be done by linking responses to the different questions e.g. what do the smokers think about exercise, what are regular drinkers' views on visiting the GP etc. Most candidates presented their collated results in an appropriate format, with only a significant minority attempting to draw bar graphs on lined rather than graph paper. The use of line graphs should be only applied to appropriate data, i.e. not to data which is discreet with no consequential/sequential relationship. Inappropriate examples included line graphs for different individuals and units of alcohol drunk, visits to the GP and whether they smoked or not. Evaluation of the questionnaires was generally very done well, with candidates showing a sound understanding of the strengths and weaknesses of their items and how they might be improved.

Report 1 Immunisation against disease

The majority of candidates gave appropriate descriptions of how active and passive immunity works, with more able candidates producing very detailed accounts demonstrating their understanding of the role of b-lymphocytes and memory and plasma cells. Weaker candidates did not always appreciate that active immunity can be gained from exposure to the disease itself and/or that passive immunity can be gained naturally and given artificially. Most candidates covered the diseases listed, but many offered more information than that required. This may have been a result of accessing the Internet for information and presenting it without modification. Generally referencing of information obtained from this and other sources was done well, but some candidates offered little more than a list of such information, which is not appropriate. A significant number of candidates failed to consider and evaluate immunisation versus non immunisation and/or the side effects immunisation may have.

Report 2 Value of Screening

As with Report 1, candidates had accessed the Internet for much of their information, and while more able candidates modified this into specification requirements, a significant number did not. This resulted in work sometimes presented in technical detail and/or terminology which the candidate clearly did not understand. A small number of candidates also include tests outside the scope of the specification.

Candidates should restrict themselves to a brief introduction on the importance of screening for different client groups and a brief description of each test, how it is performed and how a positive or negative result is recognised. More able candidates clearly demonstrated their understanding by explaining the 'scientific basis' of those tests where such a basis can be explained, e.g. amniocentesis, and blood tests.

Needs and Provision for Elderly Clients HC07

Candidates generally produced appropriate evidence on the three topics required by this unit. However, those candidates who arranged a number of interviews with their selected individual were clearly at an advantage over those who only held one interview. Weaker candidates tended to produce reports lacking in organisation and structure and it is strongly recommended that all candidates make explicit the four parts of the report in order to focus closely on the requirements of the specification.

The introductions to reports were generally sound, giving appropriate brief descriptions of the individual as they are now. The method sub-section describing how information was collected, recording methods and dates and times of interviews was less secure. This sub-section should contain a description of ethical precautions taken to protect the interests of the person studied. This requirement was sometimes absent or minimally represented in the work of some candidates. Candidates should include informed consent, avoidance of distress and anonymity evidence in their work in order to demonstrate protection of the chosen individual. The more able candidates described more than one method of data collection and recording method, often refining their work between interviews in order to extract more detailed information.

When considering the needs of the elderly person, candidates tended to concentrate on health needs rather than social needs. A significant number of candidates considered only health needs. In the work of the weakest candidates, needs were not explicit and some described them in terms of service provision rather than the needs themselves. Candidates must make explicit the difference between the needs of an individual and the services that provide for that need. Candidates in future should ensure that they give due consideration to social needs alongside the invariably numerous health needs of the elderly.

Service provision to meet current needs was generally well described, however, a significant number of candidates did not discuss the advantages and disadvantages of their services described. In addition, suggestions about service provision which may be appropriate for the individual in the next five years, together with information about how the service maybe accessed, was also ignored by significant numbers of candidates. In these cases, the work is considered to have significant omissions and as a consequence would gain lower marks than otherwise may have been the case.

The comparisons sub-section of the work tended to be the most detailed and strongest aspect of many candidates' evidence. There did not appear to be significant differences in terms of numbers and/or quality of those choosing to compare the individual's experience of growing up with the candidate's own experience, with those choosing to analyse the consequences and experience of being old from the chosen individual's perspective.

An appendix sub-section should be included at the end of the work. This was not always evident and in these cases the authenticity of the work is in question. Higher-achieving candidates included the originals of questions, copies of original records of responses and a blank copy of the letter seeking informed consent. Where information had been gained from other sources, e.g. printed and electronic for health conditions, these should be referenced in the work itself and included in a bibliography in this section.

Needs and Provision for Elderly Clients HC08

This unit generated a wide range of candidate response as may be expected when both local provision and candidate ability are taken into account. More able candidates successfully generated evidence in depth and detail throughout their work and logically and clearly organised their evidence in the four sections required by the specification. As with portfolios in other units, the work of lower ability candidates tended to lack organisation, structure and detail.

Candidates are required to choose an age range within the early years spectrum. There is no restriction on what this may be as it was intended to take into account candidates' local circumstances. While the vast majority did choose an age range, in a significant number of cases the evidence subsequently produced drifted from the chosen range into more general provision. The specification also requires that the needs of the chosen age range be detailed. Again, there is no requirement how this has to be done and candidates can choose to detail health, social and/or educational needs in a suitable format, e.g. physical, intellectual, emotional and/or social. Some candidates failed to do this and offered instead norms of development appropriate to their chosen age range. This presents a significant problem as without appropriate needs it is not possible to say how the needs are met by local services.

Candidates who restricted their choices of service provision rather than attempt to cover all services in their area invariably did better. This however, is dictated by the local situation. There were very few instances of candidates choosing to replicate different examples of the same form of service.
To gain the necessary detail on how and what is provided, candidates are expected ideally to have unrestricted access to the provision or at least good access to relevant personnel. Where a wide range of provision is attempted, detail will be lacking, and while candidates are not penalised for this, in future years access to higher marks may be restricted by this lack of detail. It is pleasing to report that the more able candidates described services appropriately and were able to analyse the provision in terms of how it met the needs they had outlined in the first section.

Generally, sources of information used were clearly indicated, but not always how and when these were accessed. Summary analyses of the local provision was generally done well by the middle and higher ability candidates. The evaluation section of the work, however, as might be expected, proved to be challenging for a significant number of candidates. It is important that candidates do not attempt to evaluate in terms of quality of provision as they are not in a position to do so and this could result in deteriorating relationships in the local care settings and consequent access problems in the future. Evaluations were best detailed by those candidates who considered the relative methods of the services they had studied compared with informal care. Candidates could also include evaluative evidence on how services can be accessed, developed and/or delivered, in order to meet local needs both now and in the future. Barriers to service access and how these may be reduced or removed may also be included. It is appropriate in this section to consider all local provision for the chosen age range if this can be productively considered productively alongside the chosen services studied.

Complementary Therapies HC09

One of the key educational aims of this unit is to give candidates practice in finding information and using critical and analytical skills to select, evaluate and present that information to produce a sound, interesting and unbiased guide.

Generally, centres and candidates seem to have understood the task fairly well. Candidates who chose to write about three therapies in relation to one ill-health condition, such as neuralgia, tended to produce more coherent, better-focussed guides.

Some of the main problems revealed in candidates' work are outlined below.

The selection and discriminating use of published information

The guides produced by less able and average candidates were often too much controlled and dominated by the sources of data they used. For example, some candidates included information not required by the specification, such as historical background to different therapies. Marginally relevant information was sometimes presented virtually unedited, running the risk of being considered plagiarism.

Sometimes the result of this was that candidates were diverted from the task set by the specification.

Aims and procedures were often described in vague outline only.

Since the most common and easily accessible sources of data are those produced by promoters of complementary and alternative therapies, the result was often a very biased account of therapies. Exaggerated statements about the effectiveness of some therapies were presented uncritically. In a few cases, candidates quoted advertising testimonials from satisfied clients as evidence to support statements about effectiveness. These candidates missed out on the opportunity to develop their critical and discriminatory skills.

Candidates should have the opportunity to practice discriminating between biased and neutral sources of information. Access to neutral sources, such as those mentioned in the teachers' guide, should also be facilitated.

Use of criteria for assessment

The most common omission was the failure to address some of the criteria mentioned in the specification, most often about training, registration and quality control. Assessments of the effectiveness of therapies were also often omitted, or unsupported with reference to reliable sources.

Some higher-achieving candidates made appropriate comparisons between therapies by stating whether or not they could cure or heal major diseases or injuries, whether their use was mainly palliative, or preventative, or whether their use was mainly directed towards producing feelings of comfort or well-being.

Utility as guides

A few candidates took the opportunity to design attractive, user-friendly guides. However, many produced rather conventional reports that did not seem to address the needs of the user. For example, some candidates presented very long, repetitive, dull and poorly-structured reports.

Some included technical terminology that the intended reader could not reasonably be expected to understand.

Other candidates structured material in a way that would be more useful to the reader, sometimes by using questions as headings, e.g. "What will happen at my first session?", "How much will it cost?" etc.

Absence of commentaries

The requirement to provide a commentary on the reliability of sources (including the interviewee) was the one most often ignored by candidates. Its purpose is partly to direct candidates' attention to the problem of reliability, and so to prevent or reduce incidence of the type of error described in section 1 above.

Interview practice

Generally candidates tended to carry out rather brief and shallow structured interviews, using set questions and no follow-up questions. This was often a missed opportunity. Some candidates evidently used a questionnaire instead of an interview. The specification clearly states that an interview should be conducted. Interviews should be well-documented, for example by stating what role the interviewee plays, (e.g. as a client or a practitioner of one or more of the therapies), when and where the interview was conducted. Interviewees should be anonymous.

Some candidates evidently substituted for the interview, a question and answer session with a visiting speaker. This is not good practice, as it denies candidates the opportunity to find, contact and interview respondents on their own initiative.

Psychological Perspectives HC10

One of the key educational aims of this unit is for candidates to discover for themselves the relevance of several basic ideas in psychology to everyday life issues in health, social care and early years.

Most candidates chose suitable topics, although a few topics were much too broad, such as 'ill health'.
Most included all the sections specified for the report.
Most candidates chose relevant perspectives for their topics.

Descriptions of perspectives were sometimes unclear. In particular there was a lot of confusion about the cognitive approach. Few candidates followed the instruction given in the specification to "explain [the perspective] with the use of everyday examples." However, candidates usually managed to relate the perspectives appropriately to the topic.

Many errors were made in describing and applying classical conditioning. In relation to operant conditioning, the concept of negative reinforcement was often misunderstood.

Descriptions of studies sometimes lacked the detail necessary to enable candidates to make effective criticisms of these studies. This also sometimes applied to candidates who had carried out their own studies.

Criticisms of studies were often rather brief, partly for the reason mentioned above.

Candidates often cited a number of studies in Section B which they did not include in the reference section. This unit requires candidates to give references of sources and studies, so a bibliography is not sufficient.

Mark Range and Award of Grades

Unit	Maximum Mark (Raw)	Maximum Mark (Scaled)	Mean Mark (Scaled)	Standard Deviation (Scaled)
HC01	60	60	33.7	8.6
HC02	80	80	39.3	13.2
HC03	80	80	39.3	13.7
HC04	60	60	28.7	9.7
HC05	60	60	30.1	8.8
HC06	60	60	31.1	7.7
HC07	80	80	37.9	13.4
HC08	80	80	36.3	13.4
HC09	80	80	38.8	14.6
HC10	80	80	33.4	14.3

For units which contain only one component, scaled marks are the same as raw marks.

HC01 (4521 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	60	45	41	37	33	30
Uniform Boundary Mark	100	80	70	60	50	40

HC02 (5520 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	80	59	52	45	39	33
Uniform Boundary Mark	100	80	70	60	50	40

HC03 (5559 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	80	60	53	46	39	33
Uniform Boundary Mark	100	80	70	60	50	40

HC04 (2008 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	60	42	38	35	32	29
Uniform Boundary Mark	100	80	70	60	50	40

HC05 (1140 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	60	42	38	34	31	28
Uniform Boundary Mark	100	80	70	60	50	40

HC06 (1062 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	60	41	38	35	32	30
Uniform Boundary Mark	100	80	70	60	50	40

HC07 (1187 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	80	61	53	46	39	32
Uniform Boundary Mark	100	80	70	60	50	40

HC08 (915 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	80	60	53	46	39	32
Uniform Boundary Mark	100	80	70	60	50	40

HC09 (1566 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	80	64	56	48	40	32
Uniform Boundary Mark	100	80	70	60	50	40

HC10 (787 candidates)

Grade	Max. mark	A	B	C	D	E
Scaled Boundary Mark	80	62	54	46	38	30
Uniform Boundary Mark	100	80	70	60	50	40

Advanced Subsidiary Single Award

Provisional statistics for the award (2661 candidates)

	A	B	C	D	E
Cumulative %	5.3	16.3	32.8	53.9	74.8

Advanced Subsidiary Double Award

Provisional statistics for the award (2311 candidates)

	AA	BB	CC	DD	EE
Cumulative %	2.4	9.7	24.4	49.2	73.8

Definitions

Boundary Mark: the minimum (scaled) mark required by a candidate to qualify for a given grade.

Mean Mark: is the sum of all candidates' marks divided by the number of candidates. In order to compare mean marks for different components, the mean mark (scaled) should be expressed as a percentage of the maximum mark (scaled).

Standard Deviation: a measure of the spread of candidates' marks. In most components, approximately two-thirds of all candidates lie in a range of plus or minus one standard deviation from the mean, and approximately 95% of all candidates lie in a range of plus or minus two standard deviations from the mean. In order to compare the standard deviations for different components, the standard deviation (scaled) should be expressed as a percentage of the maximum mark (scaled).

Uniform Mark: a score on a standard scale which indicates a candidate's performance. The lowest uniform mark for grade A is always 80% of the maximum uniform mark for the unit, similarly grade B is 70%, grade C is 60%, grade D is 50% and grade E is 40%. A candidate's total scaled mark for each unit is converted to a uniform mark and the uniform marks for the units which count towards the AS or A-level qualification are added in order to determine the candidate's overall grade.