GCE

Rewarding Learning
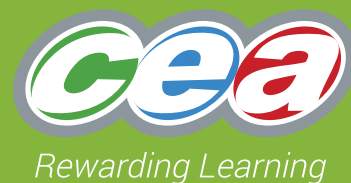
CCEA GCE Specification in

Health and Social Care

(Single Award and Double Award)

Version 2: 5 August 2021

For first teaching from September 2016
For first award of AS level in Summer 2017
For first award of A level in Summer 2018
Subject Code: 0003

Contents

1   Introduction

This specification sets out the content and assessment details for our Advanced Subsidiary (AS) and Advanced GCE courses in Health and Social Care (Single and Double Award). First teaching is from September 2016.

Students can take:

- the AS course (Single or Double Award) as a final qualification; or
- the AS units plus the A2 units for a GCE A level qualification (Single or Double Award).

We assess the AS units at a standard appropriate for students who have completed the first part of the full course. A2 units have an element of synoptic assessment (to assess students' understanding of the subject as a whole), as well as more emphasis on assessment objectives that reflect higher order thinking skills.

The guided learning hours for this specification, as for all GCEs, are:

- 180 hours for the Advanced Subsidiary level Single Award;
- 360 hours for the Advanced Subsidiary level Double Award;
- 360 hours for the Advanced level Single Award; and
- 720 hours for the Advanced level Double Award.

We will make the first AS awards for the specification in 2017 and the first A level awards in 2018. The specification builds on the broad objectives of the Northern Ireland Curriculum.

If there are any major changes to this specification, we will notify centres in writing. The online version of the specification will always be the most up to date; to view and download this please go to www.ccea.org.uk

1.1 Aims

This specification aims to encourage students to:

- develop their interest in health, social care and early years;
- draw together different areas of knowledge, skills and understanding;
- develop higher order thinking skills, creative thinking and problem-solving, where appropriate;
- apply their skills to work-related scenarios;
- work with others in groups;
- carry out research and present their findings in different formats;
- develop advanced study skills that help them prepare for third level education;
- develop knowledge and understanding relevant to degrees in nursing, allied health professions, social sciences, social policy, social work and early years;
- develop skills, aptitudes and values for employment in the health, social care and early years sectors;
- provide extended responses and evidence of quality of written communication; and
- demonstrate through internal and external assessments that they understand and can apply key concepts.

1.2 Key features

The following are important features of this specification:

- Single Award includes three assessment units at AS and another three at A2, including two compulsory internally assessed and two compulsory externally assessed units.
- Double Award includes six assessment units at AS and another six at A2, including eight compulsory internally assessed units and two compulsory externally assessed units.
- It allows students to develop their subject knowledge, understanding and skills in relation to health, social care and early years work contexts.
- Assessment at A2 includes more question types, more demanding evaluative tasks, extended writing, and synoptic assessment that encourages students to develop their understanding of the subject as a whole.
- It can give students a sound basis for progression to higher education or work in health, social care or early years.
- A range of support is available, including specimen assessment materials, exemplar schemes of work, teacher and student guidance, fact files and ebooks.

1.3 Prior attainment

Students do not need to have reached a particular level of attainment before beginning to study this specification. However, the specification builds on some of the knowledge, understanding and skills developed in GCSE Health and Social Care.

1.4 Classification codes and subject combinations

Every specification has a national classification code that indicates its subject area. The classification code for this qualification is 0003.

Please note that if a student takes two qualifications with the same classification code, universities and colleges that they apply to may take the view that they have achieved only one of the two GCEs. The same may occur with any two GCE qualifications that have a significant overlap in content, even if the classification codes are different. Because of this, students who have any doubts about their subject combinations should check with the universities and colleges that they would like to attend before beginning their studies.

2 Specification at a Glance

The table below summarises the structure of the AS and A level courses:

Content	Assessment	Single Award Weightings	Double Award Weightings
AS 1: **Promoting Quality Care** **Compulsory for AS Single and Double Award**	**Internal assessment** Students produce a written report based on practice in a health, social care or early years setting that they have experienced. Teachers mark the tasks and we moderate the results.	25% of AS 10% of A level	12.5% of AS 5% of A level
AS 2: **Communication in Health, Social Care and Early Years Settings** **Compulsory for AS Single and Double Award**	**Internal assessment** Students produce a written report on communication in a health, social care or early years setting. Teachers mark the tasks and we moderate the results.	25% of AS 10% of A level	12.5% of AS 5% of A level
AS 3: **Health and Well-Being** **Compulsory for AS Single and Double Award**	**External written examination** 2 hours Students answer **three** compulsory questions.	50% of AS 20% of A level	25% of AS 10% of A level
AS 4: **Safeguarding Children** **Compulsory for AS Double Award and A level Double Award**	**Internal assessment** Students produce a written report and an information resource for staff working in an early years setting. Teachers mark the tasks and we moderate the results.		12.5% of AS 5% of A level

Content	Assessment	Single Award Weightings	Double Award Weightings
AS 5: **Adult Service Users**	**External written examination** 2 hours Students answer **three** compulsory questions.		25% of AS 10% of A level
AS 6: **Holistic Therapies** **Compulsory for AS Double Award and A level Double Award**	**Internal assessment** Students produce a written report in the use of holistic therapies in managing a medical condition and in care settings. Teachers mark the tasks and we moderate the results.		12.5% of AS 5% of A level
AS 7: **Understanding the Physiology of Health and Illness**	**External written examination** 2 hours Students answer **three** compulsory questions.		25% of AS 10% of A level
A2 1: **Applied Research** **Compulsory for A level Double Award only**	**Internal assessment** Students produce a research report on a health and social care or early years topic of their own choosing. Teachers mark the tasks and we moderate the results.	15% of A level	7.5% of A level
A2 2: **Body Systems and Physiological Disorders** **Compulsory for A level Double Award only**	**Internal assessment** Students carry out a practical investigation of the physiological status of individuals and research the diagnosis and treatment of a disorder. Teachers mark the tasks and we moderate the results.	15% of A level	7.5% of A level

Content	Assessment	Single Award Weightings	Double Award Weightings
A2 3: **Providing Services** **Compulsory for** **A level Single and** **Double Award**	**External written examination based on pre-release material** 2 hours Students answer **three** compulsory questions.	30% of A level	15% of A level
A2 4: Public Health and Health Promotion **Compulsory for** **A level Double Award only**	**Internal assessment** Students produce a report on public health issues and how they are being addressed in Northern Ireland, undertake a health promotion activity and report their findings. Teachers mark the tasks and we moderate the results.	15% of A level	7.5% of A level
A2 5: **Supporting the Family** **Compulsory for** **A level Double Award only**	**Internal assessment** Students produce a review of changes to family structure, a case study and a report on services for families experiencing issues. Teachers mark the tasks and we moderate the results.	15% of A level	7.5% of A level
A2 6: **Understanding Human Behaviour**	**External written examination** 2 hours Students answer **three** compulsory questions.		15% of A level
A2 7: **Human Nutrition and Health**	**External written examination** 2 hours Students answer **three** compulsory questions.		15% of A level

ASSESSMENT UNIT CONTENT AND DESIGN

List of Compulsory and Optional Units
The subject content is not presented in any particular order. Teachers can choose to teach the units in any order that suits their needs.

For Single Award students must complete six units: three units at AS level and three units at A2.

For Double Award students must complete twelve units: six units at AS level and six units at A2.

For any Award, one third of the units are externally assessed, with a 50 percent weighting.

Section 3 of this specification describes the subject content in specific detail for each unit.

Unit AS 1:	Promoting Quality Care	Internal
Unit AS 2:	Communication in Health, Social Care and Early Years Settings	Internal
Unit AS 3:	Health and Well-Being	External
Unit AS 4:	Safeguarding Children	Internal
Unit AS 5:	Adult Service Users	External
Unit AS 6:	Holistic Therapies	Internal
Unit AS 7:	Understanding the Physiology of Health and Illness	External
Unit A2 1:	Applied Research	Internal
Unit A2 2:	Body Systems and Physiological Disorders	Internal
Unit A2 3:	Providing Services	External
Unit A2 4:	Public Health and Health Promotion	Internal
Unit A2 5:	Supporting the Family	Internal
Unit A2 6:	Understanding Human Behaviour	External
Unit A2 7:	Human Nutrition and Health	External

Three Unit AS (Single Award)

Students must take all **three** units.

Unit AS 1:	Promoting Quality Care	Compulsory
Unit AS 2:	Communication in Health, Social Care and Early Years Settings	Compulsory
Unit AS 3:	Health and Well-Being	Compulsory

Six Unit AS (Double Award)

Students must take Unit AS 1, Unit AS 2, Unit AS 3, Unit AS 4, Unit AS 6 and either Unit AS 5 or Unit AS 7.

Unit AS 1:	Promoting Quality Care	Compulsory
Unit AS 2:	Communication in Health, Social Care and Early Years Settings	Compulsory

Unit AS 3:	Health and Well-Being	Compulsory
Unit AS 4:	Safeguarding Children	Compulsory
Unit AS 5:	Adult Service Users	Optional
Unit AS 6:	Holistic Therapies	Compulsory
Unit AS 7:	Understanding the Physiology of Health and Illness	Optional

Six Unit GCE (Single Award)

Students must take **four** compulsory units (Unit AS 1, Unit AS 2, Unit AS 3 and Unit A2 3) and two units from Unit A2 1, Unit A2 2, Unit A2 4 or Unit A2 5.

Unit AS 1:	Promoting Quality Care	Compulsory
Unit AS 2:	Communication in Health, Social Care and Early Years Settings	Compulsory
Unit AS 3:	Health and Well-Being	Compulsory
Unit A2 1:	Applied Research	Optional
Unit A2 2:	Body Systems and Physiological Disorders	Optional
Unit A2 3:	Providing Services	Compulsory
Unit A2 4:	Public Health and Health Promotion	Optional
Unit A2 5:	Supporting the Family	Optional

Twelve Unit GCE (Double Award)

Students must take **ten** compulsory units (Unit AS 1, Unit AS 2, Unit AS 3, Unit AS 4, Unit AS 6, Unit A2 1, Unit A2 2, Unit A2 3, Unit A2 4 and Unit A2 5) and two other units, one at AS (either Unit AS 5 or Unit AS 7) and one at A2 (either Unit A2 6 or Unit A2 7).

Unit AS 1:	Promoting Quality Care	Compulsory
Unit AS 2:	Communication in Health, Social Care and Early Years Settings	Compulsory
Unit AS 3:	Health and Well-Being	Compulsory
Unit AS 4:	Safeguarding Children	Compulsory
Unit AS 5:	Adult Service Users	Optional
Unit AS 6:	Holistic Therapies	Compulsory
Unit AS 7:	Understanding the Physiology of Health and Illness	Optional
Unit A2 1:	Applied Research	Compulsory
Unit A2 2:	Body Systems and Physiological Disorders	Compulsory
Unit A2 3:	Providing Services	Compulsory
Unit A2 4:	Public Health and Health Promotion	Compulsory
Unit A2 5:	Supporting the Family	Compulsory
Unit A2 6:	Understanding Human Behaviour	Optional
Unit A2 7:	Human Nutrition and Health	Optional

3   Subject Content

3.1   Unit AS 1: Promoting Quality Care

In this unit, students explore values of care. By investigating practices in a selected health, social care or early years setting, students learn how care workers apply the values on a daily basis. Students learn how legislation impacts on health, social care and early years settings. They evaluate the effectiveness of policies in promoting quality care. Students research one example of poor practice and its effects on the well-being of service users, potential service users, the staff responsible, families and care workers or the organisation. Students must take care to maintain confidentiality.

This unit is internally assessed. For more information, please refer to the Assessment Task at the end of this unit and Assessment Evidence and Mark Bands in Appendix 1.

Content	Learning Outcomes

Values of care	Students should be able to:
	
	• demonstrate knowledge and understanding of the values of care that underlie all health, social care and early years practice and how practitioners apply them in their work, promoting:
	  − individual rights and choices;
	  − anti-discriminatory practice relevant to race, beliefs, gender, disability, cognitive ability, mental health and sexuality; and
	  − respect and dignity; and
	
	• demonstrate knowledge and understanding of how the application of values of care has a positive impact on service users.

Content	Learning Outcomes

Legislation that promotes quality care	Students should be able to:
	
	• apply knowledge and understanding of how the key features of the following impact on health, social care and early years settings:
	  − The United Nations Convention on the Rights of the Child (UNCRC) ratified 1990;
	  − The Special Educational Needs and Disability (Northern Ireland) Order 1996 updated 2005 and again by the Special Educational Needs and Disability Act (Northern Ireland) 2016;
	  − Safeguarding Vulnerable Groups (Northern Ireland) Order 2007;
	  − The Human Rights Act 1998;
	  − Disability Discrimination Act 1995 and Disability Discrimination (Northern Ireland) Order 2006; and
	  − The Mental Health (Northern Ireland) Order 1986.

Health and safety	• demonstrate knowledge and understanding of the key features of the Health and Safety at Work (NI) Order 1978 (including Control of Substances Hazardous to Health (COSHH) and Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)) and discuss how they are applied in the chosen setting; and

Policies	• evaluate the effectiveness of policies in promoting quality care in health, social care and early years settings, for example:
	  − whistle-blowing;
	  − complaints;
	  − use of social media;
	  − safeguarding;
	  − consent, for example to a child being photographed or to hospital treatment;
	  − records and information management;
	  − management of medicines; and
	  − other policies specific to the setting.

Content	Learning Outcomes
The impact of poor practice	Students should be able to: • research poor practice in a health, social care or early years setting in the UK; and • assess the potential impact of the poor practice on service users, the staff responsible, potential service users, families, care workers or the organisation.

Promoting Quality Care Assessment Task

Students produce a written report, based on a health, social care or early years setting that they have experienced. The report based on their investigation of the setting should:

A   discuss how staff may apply the three values of care in their work, and how these impact positively on service users (**1200** words);

B   describe how two pieces of legislation impact on the chosen setting (**800** words);

C   discuss the application of appropriate aspects of health and safety legislation in the setting (**1200** words); and

D   evaluate the effectiveness of two policies in promoting quality care in the chosen setting (**800** words).

They also research an example of poor practice in a health, social care or early years setting in the United Kingdom. Students' work should include:

E   (i)   a summary of the example, briefly commenting on the validity of the evidence (**300** words); and

        (ii)   an assessment of the impact or potential impact of the poor practice on service user(s) and two of the following:

               − the staff responsible for the poor practice;
               − potential or other service users;
               − families;
               − other staff; or
               − the organisation (**700** words).

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

In this unit, students explore communication skills and techniques used in a health, social care or early years setting and develop their communication skills.

Students gain an understanding of how important effective communication skills are in developing good relationships and promoting quality care.

Students complete a report on the communication skills they observe in a health, social care or early years setting. They also evaluate their own communication skills by carrying out an interaction. This interaction must take place in the setting.

This unit is internally assessed. For more information, please refer to the Assessment Task at the end of this unit and Assessment Evidence and Mark Bands in Appendix 1.

Content	Learning Outcomes
Communication in health, social care and early years settings	Students should be able to: • identify the wide range of people that staff communicate with (for example service users, a range of professionals, colleagues or families) in health, social care and early years settings; • demonstrate knowledge and understanding of different types of communication in health, social care and early years settings: – verbal; – non-verbal; – written; and – electronic communication (such as email, SMS or videoconferencing); and • describe the purposes of communication in health, social care and early years settings, for example: – to promote relationships and offer support; – to get to know service users and their needs; – to promote interaction between group members; – to negotiate and liaise with service users, their family members, colleagues and a range of professionals; – to explain procedures; and – to exchange information.

15

Content	Learning Outcomes

Factors that support effective communication	Students should be able to:
	
	• explain how the following factors positively affect communication with service users:
	   – confidentiality, for example maintaining privacy when discussing personal information with service users;
	   – physical factors such as appropriate dress, personal grooming, respecting personal space and the physical environment;
	   – emotional factors such as confidence, a positive attitude, trust, empathy and compassion; and
	   – practitioners' communication skills such as clarity, pace and tone of speech and the use of prompts, probes, silence, questioning, turn taking, reflection, eye contact, facial expressions, posture, gestures, touch and observation;

Recognising and overcoming barriers to communication with service users	• identify and describe potential barriers that can make communication with service users more difficult, such as:
	   – sensory impairments, for example hearing and sight;
	   – service users' learning disabilities, for example reading difficulties, speech problems or aphasia;
	   – illness and pain, for example problems resulting from a stroke;
	   – mental health problems, anxiety and stress;
	   – lack of a common or shared language;
	   – differences in age, gender and cultural beliefs; and
	   – challenging behaviour; and
	
	• assess the ways communication difficulties can be overcome by, for example:
	   – using special equipment and resources (such as picture cards, apps or computer technologies);
	   – using specialist language such as sign language, Makaton or braille;
	   – using a translator or interpreter;
	   – using advocates, including family members or carers;
	   – creating a conducive environment;
	   – considering individuals' needs; and
	   – building empathy and trust.

Content	Learning Outcomes

The importance of communication when working in teams	Students should be able to:
	
	• use observations made in a health, social care or early years setting to highlight the importance of effective communication when working in a team;
	
	• analyse the main ways the members of one team communicate with each other, for example staff briefings, meetings or minutes of meetings;
	
	• analyse how effective communication within this team can contribute to quality care by, for example:
	  – ensuring continuity of care;
	  – sharing essential information;
	  – avoiding or defusing conflicts; and
	  – developing the skills of staff; and

Critical evaluation of an interaction in the chosen setting	• critically evaluate a group or one-to-one interaction they engaged in, including the following, where relevant:
	  – physical factors, emotional factors, their own communication skills and barriers; and
	  – making realistic suggestions based on best practice on how to improve their own communication skills in future interactions.

Communication in Health, Social Care and Early Years Settings Assessment Task

Students produce a report examining communication skills in a health, social care or early years setting. They also produce a critical evaluation of their own communication skills in a one-to-one or a group interaction.

Students' work must include:

A   a description of two different types of communication used in their chosen setting and an explanation of the purpose of each (**800** words);

B   a description of how the following factors support effective communication with service users in their chosen setting:
    — confidentiality;
    — physical factors;
    — emotional factors; and
    — practitioners' communication skills (**1200** words);

C   a description of potential barriers to communication with service users in the chosen setting and an assessment of how these can be overcome (**1200** words);

D   an analysis of how members of one team in their chosen setting communicate and how this contributes to quality care for service users (**800** words); and

E   a critical evaluation of either a one-to-one or group interaction they engaged in in the chosen setting, and suggestions for improvements to their own communication skills based on best practice (**1000** words).

In this unit, students must take care to maintain confidentiality.

3.3 Unit AS 3: Health and Well-Being

In this unit, students learn about key concepts of health and well-being, the range of service users' needs and the impact of health and ill health on individuals. They investigate a range of factors that affect health and well-being. Students examine health promotion approaches and consider the roles of a range of organisations responsible for health and well-being. Students recognise the impact of discrimination on health and well-being and the importance of anti-discriminatory practice in health, social care and early years settings.

Assessment for this unit consists of a two hour written examination that requires both short and extended responses.

Content	Learning Outcomes

Concepts of health and well-being	Students should be able to:
	
	• define the following concepts:
	  – health;
	  – ill-health;
	  – disease;
	  – stress-related illness;
	  – mental health; and
	  – mental illness;
	
	• demonstrate knowledge and understanding of the physical, intellectual, emotional and social needs of service users such as children, older people, those with illnesses, physical disabilities, learning disabilities or mental health needs;
	
	• demonstrate knowledge and understanding of how to meet these needs in a range of health, social care and early years settings;
	
	• evaluate the potential impact of physical health and ill-health on psychological well-being; and
	
	• assess the potential effects of ill-health for both individuals and their families on:
	  – education;
	  – employment;
	  – income;
	  – leisure activities; and
	  – relationships.

Content	Learning Outcomes
Factors affecting health and well-being	Students should be able to: • discuss how the following socio-economic factors can affect the physical, social and psychological health and well-being of individuals: – gender; – social class; – housing; and – culture and ethnicity; • discuss how the following physical factors can affect the physical, social and psychological health and well-being of individuals: – the genetically inherited conditions cystic fibrosis and Huntington's disease; and – two conditions associated with the ageing process, namely osteoarthritis and type 2 diabetes; • discuss how the following environmental factors can affect the physical, social and psychological health and well-being of individuals: – geographical location; – pollution; and – occupational hazards; • discuss how the following behavioural factors can affect the physical, social and psychological health and well-being of individuals: – exercise and lack of exercise; – poor diet and healthy diet; – smoking; – alcohol misuse; and – illegal drug use; and
Health promotion	• describe and evaluate the following approaches to health promotion: – medical; – social change; – educational; – behaviour change; and – fear arousal.

Content	Learning Outcomes

Health promotion (cont.)	Students should be able to:
	
	• demonstrate understanding of how individuals can take responsibility for their own health and well-being through:
	   – lifestyle choices;
	   – accessing health and social care services; and
	   – self-advocacy;

The roles of organisations responsible for health and well-being	• discuss how the World Health Organisation (WHO) contributes to health and well-being;
	
	• discuss how the following statutory organisations contribute to health and well-being:
	   – Department of Health (DoH);
	   – Public Health Agency; and
	   – Health and Social Care Trusts;
	
	• discuss how voluntary organisations contribute to health and well-being for people in Northern Ireland, for example Marie Curie, Age NI, Northern Ireland Chest, Heart and Stroke, Praxis, Childline, Simon Community or Mencap; and
	
	• discuss how private or commercial organisations contribute to health and well-being, including pharmacies, drug companies, holistic therapists, private practitioners, private nursing homes and home care providers.

Content	Learning Outcomes
Discrimination and anti-discriminatory practice in health, social care and early years settings	Students should be able to: • define the terms prejudice and discrimination; • describe examples of discrimination and anti-discriminatory practice relevant to: – race; – beliefs; – gender; – disability; – cognitive ability; – mental health; and – sexuality; • analyse how managers may promote anti-discriminatory practice in health, social care and early years settings, for example through: – policies such as complaints and whistle-blowing; – practices such as training and supervising staff; – setting examples in their own practice; and – directly challenging discriminatory practices and using disciplinary procedures or reporting staff to their professional bodies; and • demonstrate understanding of how both discriminatory and anti-discriminatory practice can impact on the physical, social and psychological health and well-being of service users.

3.4 Unit AS 4: Safeguarding Children

This unit introduces students to the difficult and sensitive issues surrounding child protection. It gives them knowledge and understanding of safeguarding in early years settings. Students identify a setting and describe the developmental norms of a child of a specific age (1–8 years) who might attend that setting. They also analyse how staff in the setting promote development and how theories can influence practice. Students also produce an information resource for a new member of staff in an early years setting, highlighting how early years workers could recognise abuse and their responsibilities for safeguarding. Students analyse a range of factors that contribute to child abuse.

This unit is internally assessed. For more information, please refer to the Assessment Task at the end of this unit and Assessment Evidence and Mark Bands in Appendix 1.

Content	Learning Outcomes
Promoting positive development in early years settings	Students should be able to: • identify physical, intellectual, emotional and social developmental norms for a child aged between 1 and 8 years who might attend an early years setting; • analyse different strategies staff in the particular setting can use to promote physical, intellectual, emotional and social development for a child of the chosen age, for example by: – organising activities; and – encouraging interaction; and
The influence of theories in early years settings	• discuss how theories could influence practice in the chosen setting, for example in promoting language development, managing behaviour, encouraging learning or settling policies: – cognitive development or constructivism (Piaget); – social constructivism (Vygotsky); – operant conditioning (Skinner); – social learning theory (Bandura); – psychosocial development (Erikson); or – attachment theories (for example Bowlby).

Content	Learning Outcomes
Understanding abuse	Students should be able to: • describe types of abuse, for example: – physical; – sexual; – emotional; or – neglect; • describe potential indicators of abuse in children, for example: – unexplained bruising or other injuries indicating physical abuse; – aggression or withdrawal indicating emotional abuse; – constant hunger or unkempt appearance indicating neglect; or – bruising around genitals, frequent urinary infections or sexual language or behaviour indicating sexual abuse;
Implementing safeguarding policies in early years	• discuss the safeguarding responsibilities of staff in the chosen early years setting as described in: – a child protection policy; and – a whistle-blowing policy; and
Factors that could put children at risk of abuse	• analyse factors that could increase the risk of child abuse, for example: – child factors, such as age or disability; – community and environmental factors, such as poverty, unemployment, social isolation or culture; – parent or caregiver factors such as impaired parenting skills, learning disability, substance misuse, parent history of abuse or lack of attachment; or – other family factors such as dysfunctional family relationships or stressful life events.

Safeguarding Children Assessment Task

Students identify an early years setting and a specific age for a child who might attend (between 1 and 8 years) and write a report that includes:

A   a description of the physical, intellectual, emotional and social developmental norms for a child of the chosen age (**800** words);

B   an analysis of different types of strategies staff in the particular setting can use to promote the physical, intellectual, emotional and social development of the child (**800** words); and

C   a discussion of how two theories could influence practice in the chosen setting (**1000** words).

Students also produce an information resource for staff working in an early years setting. This should contain:

D   (i)   an outline of types of abuse and potential indicators of child abuse (**600** words); and

    (ii)   a discussion of the safeguarding responsibilities of staff in the setting as described in the child protection policy and the whistle-blowing policy (**600** words); and

E   an analysis of three factors that could increase the risk of child abuse, based on at least two secondary sources for each factor (**1200** words).

3.5 Unit AS 5: Adult Service Users

In this unit, students focus on the range of adult service users who require support, assistance or treatment from health and social care services. Service users may have physical disabilities, mental illnesses, learning disabilities or may be older people. Students examine key concepts and needs and how to meet these. They also develop a knowledge and understanding of the roles of key professionals involved in providing care for service users. Students investigate how services are planned, from government policy to the care planning cycle. They also examine relevant policies and the values of care that underpin the work of the caring professions. They examine how integrated health and social care services provide care. They also analyse relevant legislation and policies that support carers and service users.

Assessment for this unit consists of a two hour written examination that requires both short and extended responses.

Content	Learning Outcomes

Concepts relevant to adult service users	Students should be able to:
	
	• explain the following concepts commonly used when working with adult service users in health and social care settings:
	  – concept of need;
	  – adults in need of protection;
	  – disability;
	  – empowerment; and
	  – person-centred care;

Identifying and meeting the needs of service users	• demonstrate knowledge and understanding of the physical, intellectual, emotional and social needs associated with adult service user groups (older people and those with physical disabilities, learning disabilities and mental illnesses); and • discuss how these needs may be met and the importance of meeting them.

Content	Learning Outcomes
Identifying and meeting the needs of service users (cont.)	Students should be able to: • demonstrate knowledge and understanding of the roles of the following practitioners: – physiotherapists; – speech and language therapists; – occupational therapists; – GPs; – psychiatrists; – nurses (adult, mental health and learning disability); – social workers; – home care workers; – support workers; – care assistants; and – advocates;
Planning and providing for adult service users	• demonstrate an understanding of the concept of reablement, how it differs from traditional home care and its potential benefits; • analyse the care planning cycle and how it may be implemented for adult service users, including: – assessment; – planning; – implementation; – monitoring; – evaluating; and – modifying; and • demonstrate knowledge and understanding of the Bengoa Report; *Systems, Not Structures: Changing Health and Social Care*: – Section 2: The Burning Platform – An Unassailable Case for Change; – Section 3: The Panel's Vision – A New Model for Health and Social Care.

Content	Learning Outcomes
Planning and providing for adult service users (cont.)	Students should be able to: • demonstrate knowledge and understanding of the content of the following policies in health and social care organisations and how these should enable service users to receive a high standard of care: – confidentiality policy; – safeguarding adults policy; and – whistle-blowing policy; • demonstrate knowledge and understanding of the range of services for adult service users provided by: – statutory providers; – independent (both private and voluntary) providers; and – informal carers; • demonstrate knowledge and understanding of how statutory, private and voluntary providers are funded; • discuss the strengths and weaknesses of service provision by: – private providers; – statutory providers; and – voluntary providers; • analyse the role of informal carers and the difficulties they may experience; • discuss the strengths and weaknesses of informal care for the adult recipients; and • demonstrate knowledge and understanding of the Carers and Direct Payment Act (Northern Ireland) 2002 and assess its impact on service users and carers.

3.6   Unit AS 6: Holistic Therapies

In this unit, students investigate the holistic approach to managing various medical conditions. They have the opportunity to research a range of holistic therapies and compare these to medical treatments.

Many health and social care settings now offer holistic therapies to their service users as part of their treatment. Students investigate the use of holistic therapies in these settings. They also research current trends and evaluate the effectiveness of holistic therapies. Students produce an information resource on holistic therapies and a report on their use in one setting.

This unit is internally assessed. For more information, please refer to the Assessment Task at the end of this unit and Assessment Evidence and Mark Bands in Appendix 1.

Content	Learning Outcomes
Holistic therapies	Students should be able to: • describe holistic therapies, for example: – acupuncture; – aromatherapy; – herbalism; – pilates; – reflexology; or – kinesiology; • demonstrate knowledge and understanding of the history, uses and safety aspects of the holistic therapies described; and
Management and treatment of medical conditions	• describe the use of medical approaches (such as medication, surgery and physiotherapy) and holistic therapies in treating medical conditions such as: – asthma; – insomnia; – high blood pressure; – arthritis; – migraines; – back pain; – depression; or – irritable bowel syndrome (IBS).

Content	Learning Outcomes
Management and treatment of medical conditions (cont.)	Students should be able to: • compare holistic therapies and medical treatments in managing one medical condition, taking into account: – cost; – availability; – duration; and – side effects;
Evidence on using holistic therapies	• investigate and describe current trends in using holistic therapies; • evaluate the effectiveness of holistic therapies using a minimum of three sources, including at least one secondary source such as: – research reports; – journals and outcome studies; – media articles and reports; and – primary sources such as service users and practitioners;
Use of holistic therapies in health and social care settings	• demonstrate knowledge and understanding of how holistic therapies are used in settings such as: – residential or nursing homes; – hospices and hospitals; – day centres; and – GP surgeries; and • assess the benefits of holistic therapies for service users in one chosen setting.

Holistic Therapies Assessment Task

Students produce an information resource that includes a description of three holistic therapies and an evaluation of the management of a medical condition using medical treatments and holistic therapies. They also produce a report on using holistic therapies in a health or social care setting.

The information resource must include:

A   a description of **three** holistic therapies, including a brief history, their uses, description of treatment and safety aspects (**1200** words);

B   a description of the management of a medical condition using medical treatments and a maximum of **three** holistic therapies (**800** words);

C   a comparative analysis of the use of medical treatments and holistic therapies in managing the chosen medical condition considering cost, availability, duration and side effects (**800** words);

D   (i)   a discussion of current trends in the use of holistic therapies (**400** words); and

    (ii)   an evaluation of the effectiveness of holistic therapies, drawing information from a minimum of **three** sources, including at least **one** secondary source (**900** words); and

E   a report that describes the use of holistic therapies in a health or care setting and assesses the benefits to service users of the holistic therapies used (**900** words).

3.7   Unit AS 7: Understanding the Physiology of Health and Illness

In this unit, students develop knowledge and understanding of the physiology of some of the main systems of the body. Students consider what happens when normal function is disrupted and the impact this can have on an individual's health.

Students learn about several disorders of the main systems and the impact that living with each disorder can have on an individual, for example on the individual's work, income, leisure, diet, education and relationships.

Assessment for this unit consists of a two hour written examination that requires both short and extended responses.

Content	Learning Outcomes
Cells and tissues	Students should be able to: • describe the structure and function of an animal cell to include: – cell membrane; – nucleus and nucleolus; – mitochondria; – ribosomes; – rough and smooth endoplasmic reticulum; – Golgi apparatus (Golgi body); – vesicles; and – lysosomes; • describe how cells can be specialised into four main types of tissue and their functions: – epithelial; – connective; – muscle; and – nervous; and
The nervous system	• demonstrate knowledge and understanding of the organisation and function of the nervous system to include differentiation between the central nervous system (CNS) including brain and spinal cord and peripheral nervous system (PNS) including the autonomic and somatic systems.

Content	Learning Outcomes
The nervous system (cont.) **The endocrine system**	Students should be able to: • identify the major areas of the brain and explain their functions: – the cerebellum; – cerebrum; – thalamus; – hypothalamus; – pituitary gland; and – medulla oblongata (brain stem); • identify the structure and function of the reflex arc to include neurotransmission across a synapse; • compare transmission along a neurone with transmission across a synapse; • describe the physiological causes of the following disorders: – multiple sclerosis (MS); – paraplegia and quadriplegia; and – stroke; • demonstrate knowledge and understanding of: – the inter-relationship between the nervous system and the endocrine system; and – the differences between the nervous and endocrine systems; • demonstrate knowledge and understanding of the main glands of the endocrine system, the hormones they release and their function, including: pituitary, thyroid, adrenal, pancreas and gonads (ovaries and testes); and • describe the physiological causes of type I and type II diabetes.

Content	Learning Outcomes

The digestive system	Students should be able to:
	
	• demonstrate knowledge and understanding of the structure and function of the main organs in the digestive system to include:
	  – the mouth;
	  – salivary glands;
	  – oesophagus;
	  – stomach;
	  – ileum (including villi and microvilli);
	  – large intestines;
	  – pancreas;
	  – liver; and
	  – gall bladder;
	
	• describe the physiological causes of the following disorders:
	  – chronic and acute pancreatitis;
	  – cirrhosis of the liver; and
	  – stomach ulcers;

The urinary system	• identify the two main roles of the urinary system as excretion and osmoregulation;
	
	• demonstrate knowledge and understanding of the structure and function of the main organs of the urinary system to include:
	  – the structure of the kidney nephron;
	  – the function of the kidney nephron, including filtration, re-absorption and secretion; and
	  – the role of the anti-diuretic hormone in osmoregulation;
	
	• describe the physiological causes of the following disorders:
	  – renal failure; and
	  – incontinence;

Water balance	• define the concept of dehydration; and • demonstrate knowledge and understanding of the causes and potential impact of dehydration.

Content	Learning Outcomes
Impact of disorders on individuals	Students should be able to: • assess the potential impact for each of the nervous, endocrine, digestive and urinary systems disorders on individuals, including: – work; – income; – leisure; – diet; – education; and – relationships.

3.8 Unit A2 1: Applied Research

In this unit, students investigate a health, social care or early years topic in depth by carrying out individual research. Students conduct primary and secondary research on the selected topic, present their findings and evaluate both their findings and the research process in a written research report.

Students learn about the research process, including developing research objectives and a hypothesis; using primary and secondary methods of research; the importance of ethical practice in research; and analysing, evaluating and presenting research findings.

This unit is internally assessed. For more information, please refer to the Assessment Task at the end of this unit and Assessment Evidence and Mark Bands in Appendix 1.

Content	Learning Outcomes
Select a research topic	Students should be able to: • identify a topic for research and justify their choice, explaining its relevance to health, social care or early years by developing a rationale for the research; • set out objectives for the research and develop a hypothesis, taking into consideration ethics, the availability of primary and secondary sources of data and the timescale for the research;

Literature review	• conduct a literature search with a clear focus on testing the research objectives and hypothesis using at least four secondary sources such as:
	  – books;
	  – newspapers;
	  – journal articles;
	  – government reports and publications;
	  – television documentaries; and
	  – internet sites; and

Primary research	• investigate the following methods of primary research for collecting quantitative data:
	  – a questionnaire;
	  – an interview; or
	  – an observation.

Content	Learning Outcomes

Primary research (cont.)	Students should be able to:
	
	• design a suitable research tool to collect quantitative data to test the hypothesis using:
	  – a questionnaire;
	  – an interview schedule; or
	  – an observation chart;
	
	• apply the concepts of validity and reliability in the research design, including ways of refining and improving research tools, using tests such as:
	  – face validity;
	  – content validity;
	  – pilot testing; or
	  – test–retest;
	
	• meet ethical standards in the primary research, taking into account:
	  – confidentiality;
	  – informed consent; and
	  – harm or distress for participants;
	
	• identify and use an appropriate sampling technique to select participants, choosing from:
	  – random sampling;
	  – stratified sampling;
	  – quota sampling;
	  – snowball sampling; and
	  – opportunity sampling;

Analyse research results	• collate the quantitative data from the primary research; • present the data using appropriate graphs; • analyse the results and draw conclusions on the objectives and hypothesis; and
Evaluation and recommendations	• evaluate the research methodology and make recommendations for improvements in the research and for future research.

Report Format

Heading	Description
Title	• a title that identifies the research topic;
Contents	• a list of the following sections with page numbers;
Introduction	• a rationale for the topic chosen, research objectives and hypothesis;
Literature review	• a clearly referenced (using the Harvard referencing system) review of the information gained from secondary sources to address the research objectives;
Methodology	• a discussion of the primary research: — identifying the primary research method used and justifying its selection over one other method; — identifying the sampling technique used and justifying its selection over two other techniques; — describing any tests of validity and/or reliability conducted; and — describing how the ethical issues were addressed and outlining the research procedure;
Research tool	• a copy of the research tool;
Results	• clearly labelled tables and graphs (no written comments required);
Discussion and conclusions	• a discussion of the findings, including: — a detailed analysis of the results from the primary research, highlighting similarities and comparisons with the findings from secondary sources where possible; and — conclusions based on a review of the original research objectives, drawing together the key findings from primary and secondary sources and accepting or rejecting the hypothesis.

Heading	Description

Evaluation and recommendations	• an evaluation of the research, including:
	  − the relevance and validity of the secondary sources;
	  − the effectiveness and validity and/or reliability of the primary research methods, including sources of bias and how representative the sampling was;
	  − recommendations for improvement in the research; and
	  − recommendations for future research on the topic; and

References	• use the Harvard referencing system to compile a complete list of all the secondary sources of information used.

Applied Research Assessment Task

Students produce a written report on research that they have designed and carried out on a health, social care or early years topic. They structure their work according to a traditional research report format. The report should be written in the third person and passive voice.

The report must include:

A   an introduction, comprising a rationale for the research topic chosen, research objectives and a suitable hypothesis (**300** words);

B   a clearly referenced literature review (using the Harvard referencing system), outlining findings from at least **four** relevant secondary sources (**1500** words);

C   a method section:
  – describing the primary research method used and justifying its selection over one other method;
  – describing the sampling technique used and justifying its selection over **two** other techniques;
  – describing any tests of validity and/or reliability conducted;
  – describing how the ethical issues are addressed; and
  – outlining the research procedure (**1200** words);

D   a copy of the research tool (questionnaire, interview schedule or observation chart);

E   a section displaying results as graphs based on analysis of the primary research findings;

F   a discussion section, analysing the results of the primary research, highlighting key results from both primary and secondary research and drawing conclusions on the original research objectives and hypothesis (**1000** words); and

G   an evaluation of the research conducted, including the validity of the primary and secondary sources and the representativeness of the sampling, noting any sources of bias in the research, making suggestions for improvements in the research and for future research on the topic (**1000** words).

3.9   Unit A2 2: Body Systems and Physiological Disorders

In this unit, students learn about the structure, function and control mechanisms of two major body systems. This unit contributes to an understanding of how and why we might monitor these body systems and the importance of safety, ethics and accuracy.

As part of the practical component of this unit, students monitor the two body systems for two individuals. Students gain an understanding of why measurements may fall outside the expected range and the implications of this. They also investigate a physiological disorder in depth by looking at diagnosis, the impact of the disorder on the individual and their family or carers, how effective the care is and the support services available.

This unit is internally assessed. For more information, please refer to the Assessment Task at the end of this unit and Assessment Evidence and Mark Bands in Appendix 1.

Content	Learning Outcomes

Circulatory and respiratory systems
 	
Monitoring physiological status
	Students should be able to:
	
	• describe the structure, function and control mechanisms of the following body systems:
	    – circulatory; and
	    – respiratory;
	
	• demonstrate knowledge and understanding of how individuals' behaviour can help to maintain the physiological health of these two body systems, for example:
	    – avoiding alcohol, smoking and drugs; or
	    – maintaining a healthy body mass index;
	
	• identify normal ranges for breathing and pulse rates and investigate possible causes of deviation; and
	
	• take steps to ensure the safety and well-being of participants when monitoring, including:
	    – informed consent;
	    – fitness to participate; and
	    – safety of the environment.

Content	Learning Outcomes

Monitoring physiological status (cont.)	Students should be able to:
	
	• safely monitor the circulatory and respiratory systems before and after exercise, using the following measuring techniques:
	  – recording the pulse rate for the circulatory system; and
	  – counting breaths per minute for the respiratory system;
	
	• present the results of measurements by using an appropriate format;
	
	• analyse the results obtained;
	
	• assess the accuracy and reliability of the measurements;

Physiological disorders	• demonstrate knowledge and understanding of a physiological disorder, for example:
	  – coronary heart disease;
	  – cancers;
	  – diabetes;
	  – asthma;
	  – epilepsy;
	  – multiple sclerosis; or
	  – Parkinson's disease; and
	
	• demonstrate an understanding of using a variety of diagnostic techniques for the chosen disorder, for example:
	  – computed tomography (CT) scan;
	  – magnetic resonance imaging (MRI) scan;
	  – spirometry;
	  – bone mineral density test (DXA scan);
	  – electrocardiogram (ECG);
	  – blood tests;
	  – urine tests;
	  – glucose tolerance tests;
	  – chest X-rays;
	  – angiograms or venograms; or
	  – physical examinations.

Content	Learning Outcomes

Physiological disorders (cont.)	Students should be able to:
	• demonstrate knowledge and understanding of managing the disorder by investigating:
	  – treatments;
	  – care pathways;
	  – practitioners; and
	  – support services; and

Effects of the disorder and illness on individuals	• analyse the possible effect of the disorder on individuals, for example on:
	  – work;
	  – income;
	  – leisure;
	  – diet;
	  – education; and
	  – relationships.

Body Systems and Physiological Disorders Assessment Task

Students produce evidence that shows their understanding of the functioning of body systems. Students should:

A   describe the structure, function and control mechanisms of the circulatory and respiratory systems (**800** words);

B   assess how the behaviours of individuals can help to maintain the physiological health of their circulatory and respiratory systems, drawing information from at least four secondary sources (**1000** words);

C   monitor the circulatory and respiratory systems for **two** individuals before and after exercise, using the two measuring techniques to measure once at rest and then after exercise every minute until the measurements return to the resting rate then record the results and:

   (i)   present results in an appropriate format; and

   (ii)   analyse the results of monitoring, drawing conclusions (**600** words);

D   evaluate the application of safe practice and the measuring techniques used (**400** words);

   They should also provide a written report, based on individual research, of a physiological disorder, using primary and secondary sources or secondary sources only.

E   describe the physiological disorder and the methods used to diagnose it, analyse the treatments available, the care pathway(s) and practitioners involved; and discuss the limitations of the diagnostic process and the treatment (**1200** words); and

F   analyse the possible effects of the disorder on individuals (**1000** words).

In this unit, informed consent is essential. Students must take care to maintain confidentiality.

3.10 Unit A2 3: Providing Services

In this unit, students develop knowledge and understanding of service provision in the health, social care and early years sectors. Students learn about how services have developed and how they are structured, regulated and funded. They examine how policy, legislation and demographic characteristics can influence service provision. Students also explore the role of practitioners and how they work in partnership to identify and meet service users' needs. Service user groups include:

- children and families;
- older people;
- people with physical disabilities or illnesses;
- people with learning disabilities; and
- people with mental illnesses.

As this unit is synoptic, elements from the other units will inform the students' understanding of the subject. The unit is assessed externally by a two hour written examination based on pre-release material that we provide, which focuses on one service user group. The pre-release material will specify the relevant service user group. It will be available eight weeks before the examination.

Students must not bring any research material into the examination.

Content	Learning Outcomes
The effects of legislation and policy on service provision	Students should be able to: • explain the origins of the welfare state; • demonstrate knowledge and understanding of how legislation and government strategies influence health, social care and early years service provision in Northern Ireland, as specified in the pre-release material, including: – The Health and Personal Social Services (Northern Ireland) Order 1972; – The Health and Social Services (Reform) Northern Ireland Act 2009; – The Children (Northern Ireland) Order 1995; – The Special Educational Needs and Disability (Northern Ireland) Order 1996 updated 2005 and again by the Special Educational Needs and Disability Act (Northern Ireland) 2016; – Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 as amended by Protection of Freedoms Act 2012; – The Mental Health (Northern Ireland) Order 1986 (amended 2004); – The Disability Discrimination Act 1995 and Disability Discrimination (Northern Ireland) Order 2006; – The Chronically Sick and Disabled Persons (Northern Ireland) Act 1978; – The Carers and Direct Payments Act (Northern Ireland) 2002; – The Freedom of Information Act 2000; – The Data Protection Act 1998; and – The Bengoa Report; *Systems Not Structures: Changing Health and Social Care*; • demonstrate knowledge and understanding of the content and purpose of policies and evaluate their effectiveness, for example: – confidentiality; – whistle-blowing; – special educational needs; – safeguarding adults; and – child protection.

Content	Learning Outcomes
Meeting individual needs	Students should be able to: • describe factors that influence demographic trends and how these impact on health, social care and early years service provision. • demonstrate knowledge and understanding of health and social care provision by statutory and independent (private and voluntary) providers and informal carers; • explain how the following are funded: – statutory providers; – private providers; – voluntary providers; and – informal carers; • evaluate the role of each of the providers above in the provision of care; • evaluate the integrated approach to the provision of care; • demonstrate knowledge and understanding of and evaluate community care; • demonstrate knowledge and understanding of the physical, intellectual, emotional and social needs of service users and how these might be met by a range of service providers, for example: – foster carers meeting children's needs; – hospice staff meeting the needs of individuals for end of life care; – staff in sheltered accommodation meeting the needs of adults with learning disabilities; and – a range of services in the community meeting the needs of people with mental illnesses.

Content	Learning Outcomes

Meeting individual needs (cont.)	Students should be able to:
	
	• explain how individuals access health, social care and early years services, for example:
	   – self-referral;
	   – professional referral;
	   – third party referral;
	   – emergency referral;
	   – recall; and
	   – compulsory referral.
	
	• analyse barriers to accessing services, for example:
	   – lack of knowledge;
	   – financial constraints;
	   – geographical location;
	   – physical barriers;
	   – psychological barriers;
	   – language;
	   – communication barriers; or
	   – cultural barriers;

Overcoming barriers	• assess how barriers to access may be overcome, for example:
	   – internet access;
	   – 24 hour telephone access;
	   – providing literature in different languages and formats; or
	   – using translators and interpreters;
	
	• consider the debate on rationing services, demonstrating understanding of the consequences for:
	   – service users;
	   – their families; and
	   staff and organisations.

Content	Learning Outcomes
The differing roles and responsibilities of practitioners	Students should be able to: • demonstrate knowledge and understanding of the roles of a range of health, social care and early years practitioners, including: – home care workers; – care assistants; – support workers; – nurses; – social workers; – doctors; – occupational therapists; – radiographers; – physiotherapists; – psychologists; – speech and language therapists; and – early years workers. • demonstrate knowledge and understanding of the specialisms in these roles, as identified in the pre-release material, for example: – community psychiatric nurse (CPN); – children's nurse; – GP; – diagnostic or therapeutic radiographer; – midwife; – psychiatrist; or – hospital social worker;
Working effectively in teams	• demonstrate knowledge and understanding of interdisciplinary team working; • evaluate interdisciplinary team working; • assess the consequences for staff, service users and their families of a breakdown in team working;

Content	Learning Outcomes

Quality assurance	Students should be able to:
	
	• discuss the role of codes or standards of practice and conduct in guiding health and social care workers, for example those provided by Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC);
	
	• demonstrate knowledge and understanding of other quality assurance mechanisms, including:
	  – feedback from service users and families such as surveys and complaints, including the role of the Patient and Client Council (PCC); and
	  – inspections conducted by the Regulation and Quality Improvement Authority (RQIA); and
	
	• demonstrate knowledge and understanding of the regulatory role of the:
	  – Northern Ireland Social Care Council (NISCC);
	  – General Medical Council (GMC); and
	  – Nursing and Midwifery Council (NMC).

3.11 Unit A2 4: Public Health and Health Promotion

In this unit, students develop an understanding of public health issues in the UK and how they are being addressed in Northern Ireland. They select and carry out their own investigation of three public health issues and how they are being addressed. They also investigate one current health promotion campaign run by the Public Health Agency (PHA) in Northern Ireland. They plan, implement and evaluate a small-scale health promotion activity either individually or in a group of no more than five. The activity should use at least one health promotion approach and may make use of existing health promotion materials. Appropriate settings for the activity may include schools, residential homes and day centres.

This unit is internally assessed. For more information, please refer the Assessment Task at the end of this unit and Assessment Evidence and Mark Bands in Appendix 1.

Content	Learning Outcomes

Public health and health promotion	Students should be able to:
	
	• demonstrate knowledge and understanding of:
	  — the concept of public health;
	  — the range of public health issues in the UK and how these are being addressed in Northern Ireland, for example, through:
	    • legislation, strategies and policies;
	    • health promotion and public safety campaigns and activities; and
	    • other actions by government departments, local councils and voluntary providers;
	
	investigate a current health promotion campaign run by the Public Health Agency in Northern Ireland.
	
	• identify the key objectives of the campaign;
	
	• describe the methods and materials used to deliver the campaign; and
	
	• describe and evaluate the approach or approaches used in the campaign, for example medical, social change, educational, behaviour change and fear arousal.

Content	Learning Outcomes
Planning a health promotion activity	• plan and carry out a health promotion activity that: – addresses a public health issue; and – focuses on a particular target audience; • investigate approaches to health promotion and decide which are the most appropriate for their activity: – the behaviour change approach; – the educational approach; and – the use of fear arousal; • consider a range of delivery methods, for example: – posters; – leaflets; – video clips; – demonstrations; or – talks; • select methods and develop materials that can be used to deliver the activity effectively to the target group; and

Content	Learning Outcomes

Planning a health promotion activity (cont.)	Students should be able to:
	
	• draw up a plan that:
	   − justifies their choice of topic;
	   − identifies the aim and objectives of the activity;
	   − describes and justifies the approach or approaches they will use;
	   − explains how they will implement the activity, including the role of each group member as appropriate;
	   − describes and justifies the choice of target group;
	   − describes the methods and materials that they intend to use to deliver the activity such as posters, leaflets, videos, talks or demonstrations;
	   − identifies the resources required, for example venue, equipment or time for the activity; and
	   − sets out an achievable timescale for completing the activity.

Preparing to evaluate the activity	• understand the importance of the evaluation process in any health promotion activity;
	
	• design tools to evaluate the success of the activity, for example:
	   − pre- and post-test assessments;
	   − comment cards; or
	   − self, peer, participant, teacher or observer questionnaires;

Carrying out the activity	• implement the activity with the chosen target audience; • assess the activity using their evaluation tools;

Content	Learning Outcomes
Evaluating the activity	Students should be able to: • evaluate the success of the planned activity by reviewing key aspects of the activity, for example: – suitability of the target audience; – achievement of the aim and objectives of the activity; – suitability of the approach or approaches used; – how effective the role of each group member was; – the methods and materials used to deliver the activity; – other aspects, for example, venue, equipment and timescale; and – make recommendations for improvements.

Public Health and Health Promotion Assessment Task

Students individually investigate public health issues and health promotion in Northern Ireland and write a report. Students must:

A   discuss how **three** public health issues are being addressed in Northern Ireland (**1200** words); and

B   investigate a current health promotion campaign run by the Public Health Agency and:
   – identify its key objectives;
   – describe the methods and materials used for delivery; and
   – describe and evaluate the approach or approaches used (**1000** words).

Students plan and implement a small-scale health promotion activity based on a public health issue. They must produce an individual report of the activity. Students may carry out this activity individually or in a group of no more than five, in which case each member of the group must have a defined, active role in the activity. Students choose the setting for the activity. They may use materials from an existing health promotion campaign.

C   plan an activity that:
   – justifies the choice of topic;
   – identifies the aim and objectives of the chosen health promotion activity;
   – describes and justifies the approach or approaches to be used;
   – explains how the activity will be implemented (including the role of each group member, if appropriate);
   – describes and justifies the choice of target audience;
   – describes and justifies the materials and methods to be used to deliver the activity;
   – identifies the resources that they will need, for example venue and equipment; and
   – sets out an achievable timescale for the completion of the activity (**1200** words);

D   (i)   describe how the success of the activity will be evaluated through the use of evaluation tools for participants and observer(s) (**500** words); and

   (ii)   provide a copy of the evaluation tools;

E   evaluate the success of the activity after implementing it; and make recommendations for improvements to the activity (**1100** words).

3.12 Unit A2 5: Supporting the Family

In this unit, students focus on changing and evolving family structures in today's society. Students develop an understanding of factors that influence family life. They research the range of family structures and the functions of families. They also investigate the wide range of services available to families and the support that these services offer. Students produce a case study that describes their findings. They also investigate and produce a report on how statutory services and voluntary organisations support families with significant issues.

This unit is internally assessed. For more information, please refer the Assessment Task at the end of this unit and Assessment Evidence and Mark Bands in Appendix 1.

Content	Learning Outcomes

Family structures	Students should be able to:
	
	• describe how family structures have changed since the end of World War II, considering for example:
	  – nuclear families;
	  – cohabiting and married couples;
	  – extended families;
	  – lone-parent families;
	  – blended families;
	  – same-sex parent families;
	  – shared care families; or
	  – families with fostered or adopted children;
	
	• assess the reasons for these changes, considering for example:
	  – changes in legislation;
	  – improved contraception;
	  – changes in employment; and
	  – changes in norms and attitudes; and

How families meet the needs of vulnerable members	• demonstrate knowledge and understanding of how a family meets the needs of vulnerable members such as an individual experiencing an illness or disease or who is vulnerable as a result of age, mental illness or learning disability, including:
	  – physical needs (warmth, clothing, food and shelter);
	  – intellectual needs (knowledge and learning);
	  – emotional needs (love and security); and
	  – social needs (interaction).

Content	Learning Outcomes
Support provided for individuals and their families	Students should be able to: • demonstrate knowledge and understanding of the health and social care services that may be needed to support a family, for example: – to meet their health needs; – in times of crisis (such as family breakdown or bereavement); and – for individuals with specific needs, for example mental illnesses, learning disabilities, age-related conditions or physical disabilities; • investigate and demonstrate knowledge and understanding of the support offered by health and social care services, including the: – statutory sector (for example, services such as health centres, hospitals, respite care or fostering); – private sector (for example, organisations such as private health centres, hospitals, respite care or nursing homes); and – voluntary sector (for example, Parenting NI, Women's Aid, Northern Ireland Council for Ethnic Minorities, Aware, Defeat Depression, Relate, National Society for the Prevention of Cruelty to Children (NSPCC) or Cruse Bereavement); • evaluate the effects on families of accessing these services, for example: – reducing dependency; – increasing self-sufficiency; – developing self-esteem; – increasing their sense of empowerment; and – developing alternative coping mechanisms.

Content	Learning Outcomes

Family issues	Students should be able to:
	
	 • demonstrate knowledge and understanding of two of the following issues that families may face and explain their effects on adults and children in families:
	   – domestic violence;
	   – poverty;
	   – mental illness;
	   – poor parenting skills;
	   – children with behavioural problems;
	   – children with special educational needs;
	   – child abuse;
	   – racism;
	   – bereavement; or
	   – addiction;
	
	 • investigate and explain how statutory services support families experiencing the two issues; and
	
	 • assess the role played by voluntary organisations in supporting families experiencing the two issues.

Supporting the Family Assessment Task

Students produce a review of changes to family structures, a case study of a real or fictional family and a report on services for families experiencing particular issues.

The review should:

A   describe how family structures have changed since World War II and assess the reasons for these changes (**800** words).

Students should base their case study on a family that has a member who receives support from the statutory, private, voluntary and/or informal sectors. Students should:

B   describe the structure and membership of the family, identify the family member who needs support and analyse how other members of the family meet their needs (**600** words);

C   (i)   discuss how health and social care services meet the needs of both the individual identified and the family member(s) supporting the individual (**800** words); and

    (ii) assess the effectiveness of the support given (**400** words).

Students should also produce a report that focuses on support for families experiencing **two** issues. This must include:

D   an analysis of how the **two** issues selected may affect children and adults in families (**800** words);

E   for each of the chosen issues, an analysis of the different ways statutory services support families in dealing with these issues (**800** words); and

F   an assessment of the roles of **two** voluntary organisations that aim to support families, one for each of the chosen issues (**800** words).

In this unit, students must take care to maintain confidentiality.

3.13 Unit A2 6: Understanding Human Behaviour

In this unit, students develop an understanding of the behaviour of individuals. Students learn about the main psychological perspectives, or ways of viewing human behaviour, with a view to exploring how these contribute to understanding individuals and to the strategies employed in helping particular groups of individuals. This unit focuses on psychological explanations of human behaviour, but students also learn about the influence of socio-economic factors on depression, aggression, stress, eating disorders and phobias.

Assessment for this unit consists of a two hour written examination that requires both short and extended responses.

Content	Learning Outcomes
Psychological perspectives on behaviour and personality	Students should be able to: • demonstrate knowledge and understanding of the following perspectives in psychology: — the psychoanalytic perspective, in particular the key concepts in Freud's theory of personality development; — the humanistic perspective, in particular the key concepts in Rogers' theory of personality development; — the behaviourist perspective, in particular Pavlov's experiments with dogs and the key concepts of his theory of learning through classical conditioning and Skinner's experiments with the Skinner box and the key concepts of his theory of learning through operant conditioning; — the cognitive perspective, in particular the key concepts in Beck and Ellis's work on cognition; — the social learning perspective, in particular the Bobo doll experiment and the key concepts in Bandura's theory; and — the biological perspective on human behaviour, in particular the role of genetic, physiological and neurobiological processes in depression, aggression and stress.

Content	Learning Outcomes

The application of perspectives to understanding and treating individuals	Students should be able to:
	
	• assess how the following perspectives contribute to understanding and treating depression and evaluate the treatment or therapies:
	  – the psychoanalytic perspective: psychoanalysis and play therapy;
	  – the humanistic perspective: client-centred therapy and encounter groups;
	  – the cognitive perspective: Beck's cognitive restructuring and Ellis's rational emotive therapy (RET) and rational emotive behaviour therapy (REBT);
	  – the biological perspective: antidepressants (MAOIs, and tricyclics, SSRIs), electro-convulsive therapy (ECT);
	
	• assess how the following perspectives contribute to understanding and dealing with aggression and evaluate the treatment or therapies:
	  – the psychoanalytic perspective: psychoanalysis and play therapy;
	  – the humanistic perspective: client-centred therapy and encounter groups;
	  – the behaviourist perspective: behaviour modification;
	  – the cognitive perspective: Beck's cognitive restructuring and Ellis's RET and REBT;
	  – the social perspective: modelling therapy, social skills training; and
	  – the biological perspective: minor tranquilisers, for example benzodiazepines; and
	
	• assess how the following perspectives contribute to understanding and treating stress and evaluate the treatment or therapies:
	  – the humanistic perspective: client-centred therapy and encounter groups;
	  – the behaviourist perspective: time management;
	  – the cognitive perspective: Beck's cognitive restructuring and Ellis's RET and REBT; and
	  – the biological perspective: drug therapies (beta blockers, antidepressants, anxiolytic drugs), biofeedback, relaxation and meditation.

Content	Learning Outcomes

The application of perspectives to understanding and treating individuals (cont.)	Students should be able to:
	
	• assess how the following perspectives contribute to understanding and treating the eating disorders, anorexia nervosa (AN) and bulimia nervosa (BN) and evaluate the treatment or therapies:
	  – the psychoanalytic perspective, including Hilde Bruch psychoanalysis;
	  – the behaviourist perspective: behaviour modification;
	  – the cognitive perspective: Beck's cognitive restructuring and Ellis's RET and REBT;
	  – the social perspective: family therapy; and
	  – the biological perspective: antidepressants;
	
	• assess how the following perspectives contribute to understanding and treating phobias and evaluate the treatments or therapies:
	  – the psychoanalytic perspective: psychoanalysis;
	  – the behaviourist perspective: behaviour therapies (systematic desensitisation, implosion therapy, flooding);
	  – the cognitive perspective: Beck's cognitive restructuring and Ellis's RET and REBT; and
	  – the social perspective: modelling therapy; and

The influence of socio-economic factors	• analyse the influence of the following socio-economic factors on the behaviours described above (depression, aggression, stress, eating disorders and phobias):
	  – gender;
	  – housing and environment;
	  – poverty;
	  – social class;
	  – family;
	  – the media;
	  – employment or unemployment;
	  – ethnicity; and
	  – education.

3.14 Unit A2 7: Human Nutrition and Health

In this unit, students explore the relationship between nutrition and health. The unit explores the composition of food and the dietary needs of individuals in a range of settings. Students investigate the importance of a balanced diet and the impact food choices have on individuals' health and well-being. Students explore key factors influencing food choice and examine the hygienic preparation of food. Students apply their knowledge to the dietary requirements of individuals in a range of care settings.

Assessment for this unit consists of a two hour written examination that requires both short and extended responses.

Content	Learning Outcomes

Nutrients in food	Students should be able to:
	
	• demonstrate knowledge and understanding of the dietary functions and sources of protein, carbohydrates and fats;
	
	• demonstrate knowledge and understanding of the dietary functions and sources of water soluble vitamins (B1, B12 and C) and fat soluble vitamins (A, D, E and K);
	
	• demonstrate knowledge and understanding of the dietary functions and sources of minerals (calcium, fluorine and iron);
	
	• assess the importance of water and fluid intake and apply to individuals at different life stages:
	  – infants;
	  – children;
	  – adolescents;
	  – adults; and
	  – older people; and
	
	• assess the importance of non-starch polysaccharide (NSP) or dietary fibre and apply to individuals at different life stages:
	  – infants;
	  – children;
	  – adolescents;
	  – adults; and
	  – older people.

Content	Learning Outcomes

Current dietary Guidance	Students should be able to:
	
	• demonstrate knowledge and understanding of the current guidance generated by a range of government bodies:
	  – Department of Health (DoH); Food First Advice Leaflet for Community Settings and Food First Advice Leaflet for Care Homes;
	  – Department of Education Northern Ireland (DENI); Food in Schools Policy – Healthy Food For Healthy Outcomes;
	  – Public Health Agency (PHA); Enjoy healthy eating;

Exploring dietary health	• analyse the nutritional requirements of individuals at each stage of life:
	  – infants;
	  – children;
	  – adolescents;
	  – adults; and
	  – older people;
	
	• assess how a vegan diet can meet nutritional requirements;
	
	• demonstrate knowledge and understanding of how the following affect energy requirements:
	  – basal metabolic rate (BMR);
	  – age;
	  – gender;
	  – state of health; and
	  – physical activity levels (PALs); and
	
	• demonstrate knowledge and understanding of how to modify recipes and diets to meet current dietary advice and for those with food intolerance or allergies such as coeliac, lactose intolerance or peanut allergy.

Content	Learning Outcomes

Diet related conditions or disorders	Students should be able to:
	
	• analyse the dietary risk factors and appropriate advice to help prevent and/or manage:
	   – bowel cancer;
	   – cardiovascular disease;
	   – hypertension;
	   – Crohn's disease;
	   – scurvy;
	   – rickets;
	   – night blindness;
	   – anaemia;
	   – dental caries;
	   – diabetes;
	   – irritable bowel syndrome;
	   – obesity;
	   – osteoporosis; and
	   – stroke;

Factors influencing dietary intake	• assess how the following influence food choice:
	   – advertising;
	   – availability;
	   – religion, for example Jewish, Hindu and Muslim faiths;
	   – economic;
	   – knowledge;
	   – culture;
	   – psychological factors;
	   – physiological factors, for example coeliac, diabetes, obesity or coronary heart disease; and
	   – labelling;

Food preparation and handling	• analyse the importance of good hygiene and safe practices when storing and preparing food; • identify the specific bacteria relating to food poisoning (salmonella, campylobacter, E. coli and staphylococcus aureus); and • demonstrate knowledge and understanding of the factors affecting the growth of bacteria and identify high risk foods.

Content	Learning Outcomes
Food preparation and handling (cont.)	Students should be able to: • recognise the signs and symptoms of food poisoning and the individuals most at risk; and • demonstrate knowledge and understanding of the roles and responsibilities of the following in monitoring and enforcing food safety regulations: - the Food Standards Agency; and - the Environmental Health Officer (EHO).

4   Scheme of Assessment

4.1   Assessment opportunities

Each unit is available for assessment in summer each year. It is possible to resit individual AS and A2 assessment units once and count the better result for each unit towards an AS or A level qualification. Candidates' results for individual assessment units can count towards a qualification until we withdraw the specification.

4.2   Assessment objectives

Candidates must be able to:

- demonstrate knowledge and understanding of the specified content (AO1);
- apply knowledge, understanding and skills to a variety of health, social care and early years contexts (AO2); and
- investigate, analyse and evaluate acquired knowledge and understanding, present arguments, make reasoned judgements and draw conclusions (AO3).

4.3   Assessment objective weightings

The tables below set out the assessment objective weightings for the overall AS and A level qualifications.

Single Award

Students must complete six units.

Percentage Assessment Objective Weightings						
Number of Units		**AO1**	**AO2**	**AO3**	**AS**	**A level**
AS	1	3.50	3.75	2.75	10.00	10.00
	2	3.50	3.75	2.75	10.00	10.00
	3	7.00	7.50	5.50	20.00	20.00
A2	1	3.75	6.00	5.25		15.00
	2	3.75	6.00	5.25		15.00
	3	7.50	12.00	10.50		30.00
Total		**29.0**	**39.0**	**32.0**	**40**	**100**

Double Award

Students must complete twelve units.

Percentage Assessment Objective Weightings						
Number of Units		AO1	AO2	AO3	AS	A level
AS	1	3.50	3.75	2.75	10.00	10.00
	2	3.50	3.75	2.75	10.00	10.00
	3	7.00	7.50	5.50	20.00	20.00
	4	3.50	3.75	2.75	10.00	10.00
	5	7.00	7.50	5.50	20.00	20.00
	6	3.50	3.75	2.75	10.00	10.00
A2	1	3.75	6.00	5.25		15.00
	2	3.75	6.00	5.25		15.00
	3	7.50	12.00	10.50		30.00
	4	3.75	6.00	5.25		15.00
	5	3.75	6.00	5.25		15.00
	6	7.50	12.00	10.50		30.00
Total		58.0	78.0	64.0	80	200

4.4 Quality of written communication

In AS and A level Health and Social Care (Single and Double Award) candidates must demonstrate their quality of written communication. They need to:

- ensure that text is legible and that spelling, punctuation and grammar are accurate so that meaning is clear;
- select and use a form and style of writing that suit their purpose and complex subject matter; and
- organise information clearly and coherently, using specialist vocabulary where appropriate.

Quality of written communication is assessed in responses to questions and tasks that require extended writing.

4.5   Synoptic assessment at A2

The A2 Unit 3 assessment unit includes some synoptic assessment, which encourages candidates to develop their understanding of the subject as a whole. In our GCE Health and Social Care synoptic assessment involves:

- building on material from the AS units;
- bringing together and making connections between areas of knowledge and skills that they have explored throughout the course; and
- selecting and presenting work for examination based on an investigation of a particular service user group.

4.6   Higher order thinking skills

The A2 assessment units provide opportunities to demonstrate higher order thinking skills by incorporating:

- a wider range of question types to address different skills;
- more demanding evaluative tasks; and
- synoptic questions that require candidates to connect the content across the specification.

4.7   Reporting and grading

We offer four different awards with units common to each. We report the results of individual assessment units on a uniform mark scale that reflects the assessment weighting of each unit.

We award AS Single Award qualifications on a five grade scale from A to E with A being the highest. We award A level Single Award qualifications on a six grade scale from A* to E with A* being the highest. If candidates fail to attain a grade E, we report their result as unclassified (U).

We award AS Double Award qualifications on a nine grade scale from AA to EE with AA being the highest. We award A level Double Award qualifications on an eleven grade scale from A*A* to EE, with A*A* being the highest. If candidates fail to attain a grade E, we report their result as unclassified (U).

We award AS and A level grades by aggregating the uniform marks obtained on individual assessment units. To be awarded an A*, candidates need to achieve a grade A on their full A level qualification and 90 percent of the maximum uniform marks available for the A2 units. If candidates fail to attain a grade E or EE, we report their results as unclassified (U or UU).

The grades we award match the grade descriptions in Section 5 of this specification.

5   Grade Descriptions

Grade descriptions are provided to give a general indication of the standards of achievement likely to have been shown by candidates awarded particular grades. The descriptions must be interpreted in relation to the content in the specification; they are not designed to define that content. The grade awarded depends in practice upon the extent to which the candidate has met the assessment objectives overall. Shortcomings in some aspects of candidates' performance in the assessment may be balanced by better performances in others.

The requirement for all AS and A level specifications to assess candidates' quality of written communication will be met through all three assessment objectives AO1, AO2 and AO3.

AS Grade Descriptions

Grade	Description
AS **Grade A**	For AO1, candidates characteristically demonstrate an in-depth knowledge and understanding of the concepts, principles, theories and issues relevant to a range of health, social care and early years contexts. For AO2, candidates characteristically: - use appropriate subject-specific terminology confidently and accurately; - demonstrate a high level of competence in an appropriate range of skills; and - show clear understanding by appropriately applying their knowledge and skills in a variety of health, social care and early years contexts. For AO3, candidates characteristically: - display competence in investigating, analysing and evaluating, information and data from a range of primary and secondary sources; and - present arguments and make reasoned judgements and draw conclusions in a variety of health, social care and early years contexts. For quality of written communication, candidates characteristically use written expression that: - is well organised with the highest degree of clarity and coherence; - uses appropriate specialist vocabulary extensively and accurately;

Grade	Description
	- ensures that the meaning is absolutely clear; and - uses spelling, punctuation and grammar of a high standard.
AS **Grade E**	For AO1, candidates characteristically demonstrate some knowledge and understanding of the concepts, principles and issues relevant to individuals presented in some health, social care and early years contexts; and For AO2, candidates characteristically: - show some use of subject-specific terminology; - demonstrate some competence in an appropriate range of skills; and - show their understanding by appropriately applying their knowledge and skills in some health, social care and early years contexts. For AO3, candidates characteristically: - display some competence in investigating, analysing and evaluating information and data from a limited range of primary and secondary sources; and - make some judgements and present limited conclusions in some health, social care and early years contexts. For quality of written communication, candidates characteristically use written expression that: - attempts to convey meaning; - uses non-specialist vocabulary; - may lack clarity and coherence; and - may have errors in spelling, punctuation and grammar.

71

A2 Grade Descriptions

Grade	Description
A2 **Grade A**	For AO1, candidates characteristically: - display an in-depth knowledge and understanding of a range of appropriate health, social care and early years concepts, principles, theories and issues in written papers and research-based assignments; and - demonstrate a clear understanding of relevant concepts, principles, theories, issues and developments in health, social care and early years contexts. For AO2, candidates characteristically: - use appropriate subject-specific terminology confidently and accurately; - demonstrate a well-developed ability to apply their knowledge, understanding and skills to a variety of health, social care and early years contexts; and - demonstrate a high level of competence in applying an appropriate range of skills. For AO3, candidates characteristically: - investigate, analyse and interpret information using a range of methods of investigation and show a developed and refined ability to organise material from a range of primary and secondary sources in a variety of health, social care and early years contexts; - analyse the complexity of interrelationships between areas of the specification; - demonstrate the ability to effectively evaluate knowledge, understanding and information from a range of sources; - communicate clear, objective and accurate conclusions in a concise, logical and relevant manner; - present arguments, evaluate and justify judgements, decisions and/or choices; and - show a well-developed understanding of the connections and relationships between the different aspects of health, social care and early years presented in the specification.

Grade	Description
A2 **Grade A (cont.)**	For quality of written communication, candidates characteristically use written expression that: - is well organised with the highest degree of clarity and coherence; - uses appropriate specialist vocabulary extensively and accurately; - ensures that the meaning is absolutely clear; and - uses spelling, punctuation and grammar of a high standard.
A2 **Grade E**	For AO1, candidates characteristically: - display some relevant knowledge and understanding of health, social care and early years; and - demonstrate some understanding of relevant concepts, principles, theories and issues. For AO2, candidates characteristically: - demonstrate some use of subject-specific terminology; - demonstrate some competence in the skills necessary to address the task; and - demonstrate limited ability to apply their knowledge, understanding and skills to some health, social care and early years contexts. For AO3, candidates characteristically: - investigate information using some basic methods of investigation and show an ability to manage material from a limited range of sources in health, social care and early years contexts; - demonstrate a basic ability to analyse, evaluate knowledge, understanding and information; - communicate some conclusions in a logical and relevant way; - present limited decisions, judgments and/or choices; and - show some understanding of the connections between the different aspects of health, social care and early years presented in the specification. For quality of written communication, candidates characteristically use written expression that: - attempts to convey meaning; - uses non-specialist vocabulary; - may lack clarity and coherence; and - may have errors in spelling, punctuation and grammar.

6   Guidance on External Assessment

There are six external assessment units in this specification, three at AS level and three at A2:

Unit AS 3: Health and Well-Being (Compulsory);
Unit AS 5: Adult Service Users;
Unit AS 7: Understanding the Physiology of Health and Illness;

Unit A2 3: Providing Services (Compulsory examination based on pre-release materials that we will make available to centres eight weeks before the written examination);
Unit A2 6: Understanding Human Behaviour; and
Unit A2 7: Human Nutrition and Health.

Single Award candidates take **one** compulsory external assessment at AS and **one** at A2.

Double Award candidates take **two** external assessments at AS (one compulsory and one optional) and **two** at A2 (one compulsory and one optional).

All AS and A2 external assessments are **two** hours long and cover all assessment objectives. CCEA marks them.

7 Guidance on Internal Assessment

There are eight internal assessment units in this specification, four at AS level and four at A2:

Unit AS 1: Promoting Quality Care;
Unit AS 2: Communication in Health, Social Care and Early Years Settings;
Unit AS 4: Safeguarding Children;
Unit AS 6: Holistic Therapies;
Unit A2 1: Applied Research;
Unit A2 2: Body Systems and Physiological Disorders;
Unit A2 4: Public Health and Health Promotion; and
Unit A2 5: Supporting the Family.

The internal assessment focuses on candidates' ability to apply their knowledge and skills in relation to health, social care and early years contexts.

7.1 Skills assessed by internal assessment

Teachers must assess the following skills through internal assessment:

- working independently to select and interpret appropriate information;
- applying knowledge, understanding and skills to a range of contexts;
- researching, using primary and secondary sources and analysing and presenting findings from the research undertaken;
- analysing, evaluating and drawing conclusions, making reasoned arguments; and
- writing succinctly, clearly and coherently using specialist terms with appropriate referencing, demonstrating an appropriate quality of written communication.

There may also be external assessment of elements of all these skills.

7.2 Setting the tasks

We provide centres with details of the internal assessment tasks and guidance on how to complete and submit them (see assessment task requirements included at the end of each unit and Assessment Evidence and Mark Bands in Appendix 1).

7.3 Taking the tasks

Internal assessment is likely to involve both work in the classroom and independent study. It is essential to manage the assessment conditions in a way that ensures the assessment remains reliable and fair.

Please note the requirements on the next page.

Area	Assessment Conditions
Supervision	Teachers should supervise candidates' work to: - monitor their progress; - prevent plagiarism and check that the work which candidates submit is their own; - comply with health and safety requirements; - provide advice and guidance as appropriate; and - ensure that the work aligns with the specification requirements and can be marked using the criteria set out for each unit.
Authenticity	Teachers must be aware of any third party copyright or intellectual property issues in candidates' work. They must sign a declaration to certify that, to the best of their knowledge, all the work that candidates submit for assessment is their own.
Time Limit/ Word Limit	Teachers should be aware of the word limits for each of the internally assessed units and require candidates to append word counts to their tasks. Where candidates exceed the word limits by more than 10 percent, teachers should not award Mark Band 4 (see assessment task requirements at the end of each internally assessed unit and Assessment Evidence and Mark Bands in Appendix 1).
Collaboration	Candidates should work independently when completing their internal assessment tasks. In Unit A2 4: Public Health and Health Promotion, the work of individual candidates may be informed by working with others, but each candidate must provide an individual report.
Resources	Candidates must appropriately reference all the materials they use in their work, including any online resources using the Harvard referencing system.

7.4   Marking the tasks

Teachers should use their professional judgement to apply the criteria in the mark bands appropriately and fairly to candidates' work. They should take a 'best fit' approach to award the appropriate mark within a range, taking into consideration the content, the quality of written communication, which is detailed in the Assessment Evidence and Mark Bands for each internally assessed unit, and the level of independence.

The descriptions assume the continued demonstration of the qualities described in the lower mark bands.

When making assessments, teachers should follow the procedure set out below:

- Make a broad judgement by identifying the mark band that best describes the student's achievement for each part of a task, for example Mark Band 3. This should include a judgement about a candidate's quality of written communication, using the criteria in the Assessment Evidence and Mark Bands.

- This initial judgement should then be further refined. If the student has only just fulfilled the criteria, then the work is likely to be at the bottom of the mark band.

- If the candidate's work fulfils most of the criteria in a reasonably competent manner, then the work is likely to be worth marks in the middle of the mark band.

- Where the student has fulfilled the criteria competently and some evidence of achievement of the higher mark band may be apparent, then the work may be judged to be worth the marks at the top of the mark band.

Teachers must annotate all parts of the internally assessed tasks in detail to ensure fairness for students and to help with the moderation process. Annotation should take the form of:

- summative comments on the work, usually at the end, and on a Candidate Record Sheet; and
- key pieces of evidence identified throughout the work by annotation either in the margin or in the text.

For up-to-date advice on plagiarism, or any kind of candidate malpractice, see *Suspected Malpractice in Examinations and Assessments: Policies and Procedures* on the Joint Council for Qualifications website at www.jcq.org.uk

7.5 Internal standardisation

Centres with more than one teaching group must carry out internal standardisation of their internal assessment tasks before submitting their marks to us. This is to ensure, as far as possible, that each teacher has applied the assessment criteria consistently. It may be necessary to adjust an individual teacher's marking:

- to bring it into line with that of other teachers in the centre; and
- to match the standards established at the agreement trial.

If marks do change, centres must amend the total/final marks on their Candidate Record Sheets.

7.6 Moderation

Centres must submit their marks and samples to us by May in any year. We may adjust centres' marking to bring the assessment of candidates' work into line with our agreed standards.

We issue full instructions each year on:

- our moderation procedures;
- which samples we require; and
- the deadlines for submitting marks and samples to us.

Teachers and centre staff may contact us at any stage for advice or support relating to internal assessment.

8   Links and Support

8.1   Support

The following resources are available to support this specification:

- our Health and Social Care microsite at www.ccea.org.uk
- specimen assessment materials; and
- guidance notes for teachers.

We also intend to provide:

- past papers and mark schemes;
- Chief Examiner's reports;
- Principal Moderator's reports;
- schemes of work;
- centre support visits;
- support days for teachers;
- portfolio clinics;
- agreement trials;
- a resource list; and
- exemplification of standards.

8.2   Curriculum objectives

This specification supports centres to build on the broader Northern Ireland Curriculum objectives to develop the young person:

- as an individual;
- as a contributor to society; and
- as a contributor to the economy and environment.

It can contribute to meeting the requirements of the Northern Ireland Entitlement Framework at post-16 and the provision of a broad and balanced curriculum.

Curriculum Progression from Key Stage 4

This specification builds on learning from Key Stage 4 and gives students opportunities to develop their subject knowledge and understanding further.

Students will also have opportunities to continue to develop the **Cross-Curricular Skills** and the **Thinking Skills and Personal Capabilities** shown on the next page. The extent of this development depends on the teaching and learning methodology the teacher uses.

Cross-Curricular Skills

- Communication:
  – Talking and Listening
  – Reading
  – Writing
- Using Mathematics
- Using ICT

Thinking Skills and Personal Capabilities

- Problem Solving
- Working with Others
- Self-Management

For further guidance on the skills and capabilities in this subject, please refer to the supporting schemes of work.

8.3 Examination entries

Entry codes for this subject and details on how to make entries are available on our Qualifications Administration Handbook microsite, which you can access at www.ccea.org.uk

Alternatively, you can telephone our Examination Entries, Results and Certification team using the contact details provided.

8.4 Equality and inclusion

We have considered the requirements of equality legislation in developing this specification and designed it to be as free as possible from ethnic, gender, religious, political and other forms of bias.

GCE qualifications often require the assessment of a broad range of competences. This is because they are general qualifications that prepare students for a wide range of occupations and higher level courses.

During the development process, an external equality panel reviewed the specification to identify any potential barriers to equality and inclusion. Where appropriate, we have considered measures to support access and mitigate barriers.

We can make reasonable adjustments for students with disabilities to reduce barriers to accessing assessments. For this reason, very few students will have a complete barrier to any part of the assessment.

It is important to note that where access arrangements are permitted, they must not be used in any way that undermines the integrity of the assessment. You can find information on reasonable adjustments in the Joint Council for Qualifications document *Access Arrangements and Reasonable Adjustments: General and Vocational Qualifications*, available at www.jcq.org.uk

8.5   Contact details

If you have any queries about this specification, please contact the relevant CCEA staff member or department:

- Specification Support Officer: Joan Jennings
  (telephone: (028) 9026 1200, extension 2552, email: jjennings@ccea.org.uk)

- Subject Officer: Deborah McGuffin
  (telephone: (028) 9026 1200, extension 2444, email: dmcguffin@ccea.org.uk)

- Examination Entries, Results and Certification
  (telephone: (028) 9026 1262, email: entriesandresults@ccea.org.uk)

- Examiner Recruitment
  (telephone: (028) 9026 1243, email: appointments@ccea.org.uk)

- Distribution
  (telephone: (028) 9026 1242, email: cceadistribution@ccea.org.uk)

- Support Events Administration
  (telephone: (028) 9026 1401, email: events@ccea.org.uk)

- Information Section (including Freedom of Information requests)
  (telephone: (028) 9026 1200, email: info@ccea.org.uk)

- Moderation
  (telephone: 9026 1200, extension 2236, email: moderationteam@ccea.org.uk)

- Business Assurance (Complaints and Appeals)
  (telephone: (028) 9026 1244, email: complaints@ccea.org.uk or
  appealsmanager@ccea.org.uk).

Appendix 1

Assessment Evidence and Mark Bands for Unit AS 1: Promoting Quality Care

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly competent	Mark Range	Marks Awarded
Assessment Objectives	The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that the intended meaning is not clear.		The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.		The candidate successfully selects and uses an appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is widespread use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a sufficiently high standard to make meaning clear.		The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is succinct, well organised and displays the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.		
A AO1 AO2	Candidates may require support and guidance to produce: • a limited discussion of how staff may apply the three values of care in their work and how these impact positively on service users.	1–4	Candidates may require guidance to produce: • an adequate discussion of how staff may apply the three values of care in their work and how these impact positively on service users.	5–8	Candidates may only require little guidance to produce: • a competent discussion of how staff may apply the three values of care in their work and how these impact positively on service users.	9–12	Candidates work independently to produce: • a detailed discussion of how the three values of care may be applied by staff in their work and how these impact positively on service users.	13–16	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly competent	Mark Range	Marks Awarded
B AO1 AO2	Candidates may require support and guidance to produce: • a limited description of how two pieces of legislation impact on the setting;	1–3	Candidates may require guidance to produce: • an adequate description of how two pieces of legislation impact on the setting;	4–7	Candidates may only require little guidance to produce: • a sound description of how two pieces of legislation impact on the setting;	8–11	Candidates work independently to produce: • an in-depth description of how two pieces of legislation impact on the setting;	12–14	
C AO1 AO2 AO3	• a limited discussion of the application of appropriate aspects of health and safety legislation in the chosen setting;	1–4	• an adequate discussion of the application of appropriate aspects of health and safety legislation in the chosen setting;	5–8	• a competent discussion of the application of appropriate aspects of health and safety legislation in the chosen setting;	9–12	• a detailed discussion of the application of appropriate aspects of health and safety legislation in the chosen setting;	13–16	
D AO1 AO2 AO3	• a limited evaluation of the effectiveness of two policies in promoting quality care in the chosen setting;	1–3	• an adequate evaluation of the effectiveness of two policies in promoting quality care in the chosen settings;	4–7	• a competent evaluation of the effectiveness of two policies in promoting quality care in the chosen setting;	8–11	• a detailed and critical evaluation of the effectiveness of two policies in promoting quality care in the chosen setting;	12–14	
E (i) AO1 AO2 AO3	• a limited summary of the example of poor practice and comment on the validity of evidence researched; and	1–2	• an adequate summary of the example of poor practice and comment on the validity of evidence researched; and	3–4	• a sound summary of the example of poor practice and comment on the validity of evidence researched; and	5–6	• a comprehensive summary of the example of poor practice and comment on the validity of evidence researched; and	7–8	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly competent	Mark Range	Marks Awarded
E (ii) AO1 AO2 AO3	• a limited assessment of the impact or potential impact of the poor practice.	1–3	• an adequate assessment of the impact or potential impact of the poor practice.	4–6	• a sound assessment of the impact or potential impact of the poor practice.	7–9	• a detailed assessment of the impact or potential impact of the poor practice.	10–12	

Award zero for work not worthy of credit.			Total marks awarded	
			Total marks available	80

Assessment Evidence and Mark Bands for Unit AS 2: Communication in Health, Social Care and Early Years Settings

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
Assessment Objectives	The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that the intended meaning is not clear.		The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.		The candidate successfully selects and uses an appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is widespread use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a sufficiently high standard to make meaning clear.		The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is succinct, well organised and displays the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.		
A AO1 AO2	Candidates may require support and guidance to produce: • a basic description of two different types of communication used in the chosen setting and a limited explanation of the purpose of each.	1–3	Candidates may require guidance to produce: • a clear description of two different types of communication used in the chosen setting and an adequate explanation of the purpose of each.	4–7	Candidates may only require little guidance to produce: • a competent description of two different types of communication used in the chosen setting and a sound explanation of the purpose of each.	8–11	Candidates work independently to produce: • a comprehensive description of two different types of communication used in the chosen care setting and a detailed explanation of the purpose of each.	12–14	

85

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
B AO1 AO2	Candidates may require support and guidance to produce: • a basic description of how four factors support effective communication with service users in the chosen setting (answers that address only one or two factors cannot score beyond this band);	1–4	Candidates may require guidance to produce: • a clear description of how four factors support effective communication with service users in the chosen setting (answers that address fewer than four factors cannot score beyond this band);	5–8	Candidates may only require little guidance to produce: • a competent description of how four factors support effective communication with service users in the chosen setting;	9–12	Candidates work independently to produce: • an accurate and detailed description of how four factors support effective communication with service users in the chosen setting;	13–16	
C AO1 AO2 AO3	• a basic description of potential barriers to communication with service users in the chosen setting and a limited assessment of how these can be overcome; and	1–4	• an adequate description of potential barriers to communication with service users in the chosen setting and a clear assessment of how these can be overcome; and	5–8	• a competent description of potential barriers to communication with service users in the chosen setting and a sound assessment of how these can be overcome; and	9–12	• a comprehensive description of potential barriers to communication with service users in the chosen setting and an in-depth assessment of how these can be overcome; and	13–16	
D AO1 AO2 AO3	• a basic analysis of how members of one team in the chosen setting communicate and how this contributes to quality care for service users.	1–3	• an adequate analysis of how members of one team in the chosen setting communicate and how this contributes to quality care for service users.	4–7	• a competent analysis of how members of one team in the chosen setting communicate and how this contributes to quality care for service users.	8–11	• a detailed analysis of how members of one team in the chosen setting communicate and how this contributes to quality care for service users.	12–14	

86

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
E AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic evaluation of either a group or one-to-one interaction they engaged in in the chosen setting and basic suggestions for improvements to their own communication skills, based on best practice.	1–5	Candidates may require guidance to produce: • an adequate evaluation of either a group or one-to-one interaction they engaged in in the chosen setting and clear suggestions for improvements to their own communication skills, based on best practice.	6–10	Candidates may only require little guidance to produce: • a competent evaluation of either a group or one-to-one interaction they engaged in in the chosen setting and realistic suggestions for improvement to their own communication skills, based on best practice.	11–15	Candidates work independently to produce: • an in-depth evaluation of either a group or one-to-one interaction they engaged in in the chosen setting and realistic suggestions for improvement to their own communication skills, based on best practice.	16–20	
Award zero for work not worthy of credit.							**Total marks awarded**		
							Total marks available		**80**

Assessment Evidence and Mark Bands for Unit AS 4: Safeguarding Children

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
Assessment Objectives	The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that the intended meaning is not clear.		The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.		The candidate successfully selects and uses an appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is widespread use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a sufficiently high standard to make meaning clear.		The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is succinct, well organised and displays the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.		
A AO1 AO2	Candidates may require support and guidance to produce: • a basic description of the physical, intellectual, emotional and social developmental norms for a child of the chosen age.	1–3	Candidates may require guidance to produce: • an adequate description of the physical, intellectual, emotional and social developmental norms for a child of the chosen age.	4–7	Candidates may only require a little guidance to produce: • a competent description of the physical, intellectual, emotional and social developmental norms for a child of the chosen age.	8–11	Candidates work independently to produce: • a comprehensive description of the physical, intellectual, emotional and social developmental norms for a child of the chosen age.	12–14	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
B AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic analysis of different types of strategies staff in the particular setting can use to promote the physical, intellectual, emotional and social development of the child;	1–3	Candidates may require guidance to produce: • an adequate analysis of different types of strategies staff in the particular setting can use to promote the physical, intellectual, emotional and social development of the child;	4–7	Candidates may only require a little guidance to produce: • a competent analysis of different types of strategies staff in the particular setting can use to promote the physical, intellectual, emotional and social development of the child;	8–11	Candidates work independently to produce: • a comprehensive analysis of different types of strategies staff in the particular setting can use to promote the physical, intellectual, emotional and social development of the child;	12–14	
C AO1 AO2 AO3	• a basic discussion of how two theories could influence practice in the chosen setting; and	1–4	• an adequate discussion of how two theories could influence practice in the chosen setting (answers that address only one theory cannot score beyond this band); and	5–8	• a competent discussion of how two theories could influence practice in the chosen setting; and	9–12	• a comprehensive discussion of how two theories could influence practice in the chosen setting; and	13–16	
D (i) AO1 AO2	• a basic outline of types of abuse and potential indicators of child abuse.	1–2	• an adequate outline of types of abuse and potential indicators of child abuse.	3–4	• a competent outline of types of abuse and potential indicators of child abuse.	5–6	• a comprehensive outline of types of abuse and potential indicators of child abuse.	7–8	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
D (ii) AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic discussion of the safeguarding responsibilities of staff in the setting as described in the child protection and the whistle-blowing policies; and	1–2	Candidates may require guidance to produce: • an adequate discussion of the safeguarding responsibilities of staff in the setting as described in the child protection and the whistle-blowing policies (answers that address only one policy cannot score beyond this band); and	3–4	Candidates may only require a little guidance to produce: • a competent discussion of the safeguarding responsibilities of staff in the setting as described in the child protection and the whistle-blowing policies; and	5–6	Candidates work independently to produce: • a comprehensive discussion of the safeguarding responsibilities of staff in the setting as described in the child protection and the whistle-blowing policies; and	7–8	
E AO1 AO2 AO3	• a basic analysis of three factors that could increase the risk of child abuse, based on at least two secondary sources for each factor.	1–5	• an adequate analysis of three factors that could increase the risk of child abuse, based on at least two secondary sources for each factor (answers that address only one factor or do not use the minimum number of secondary sources specified cannot score beyond this band).	6–10	• a competent analysis of three factors that could increase the risk of child abuse, based on at least two secondary sources for each factor.	11–15	• a comprehensive analysis of three factors that could increase the risk of child abuse, based on at least two secondary sources for each factor.	16–20	
Award zero for work not worthy of credit.							**Total marks awarded**		
							Total marks available		**80**

Assessment Evidence and Mark Bands for Unit AS 6: Holistic Therapies

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
Assessment Objectives	The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that the intended meaning is not clear.		The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.		The candidate successfully selects and uses an appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is widespread use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a sufficiently high standard to make meaning clear.		The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is succinct, well organised and displays the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.		
A AO1 AO2	Candidates may require support and guidance to produce: • a basic description of three holistic therapies, including a brief history, their uses and a description of treatment and safety aspects.	1–4	Candidates may require guidance to produce: • a clear description of three holistic therapies, including a brief history, their uses and a description of treatment and safety aspects.	5–8	Candidates may only require little guidance to produce: • a competent description of three holistic therapies, including a brief history, their uses and a description of treatment and safety aspects.	9–12	Candidates work independently to produce: • comprehensive description of three holistic therapies, including a brief history, their uses, and a description of treatment and safety aspects.	13–16	

91

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
B AO1 AO2	Candidates may require support and guidance to produce: • a basic description of the management of a medical condition using medical treatments and a maximum of three holistic therapies;	1–3	Candidates may require guidance to produce: • a clear description of the management of a medical condition using medical treatments and a maximum of three holistic therapies;	4–7	Candidates may only require little guidance to produce: • a competent description of the management of a medical condition using medical treatments and a maximum of three holistic therapies;	8–11	Candidates work independently to produce: • a comprehensive description of the management of a medical condition using medical treatments and a maximum of three holistic therapies;	12–14	
C AO1 AO2 AO3	• a limited comparative analysis of the use of medical treatments and holistic therapies in managing the chosen medical condition considering cost, availability, duration and side effects; and	1–3	• an adequate comparative analysis of the use of medical treatments and holistic therapies in managing the chosen medical condition considering cost, availability, duration and side effects; and	4–7	• a competent comparative analysis of the use of medical treatments and holistic therapies in managing the chosen medical condition considering cost, availability, duration and side effects; and	8–11	• a detailed and critical comparative analysis of the use of medical treatments and holistic therapies in managing the chosen medical condition considering cost, availability, duration and side effects; and	12–14	
D (i) AO1 AO2 AO3	• a basic discussion of current trends in the use of holistic therapies.	1–2	• an adequate discussion of current trends in the use of holistic therapies.	3–4	• a competent discussion of current trends in the use of holistic therapies.	5–6	• a comprehensive discussion of current trends in the use of holistic therapies.	7–8	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
D (ii) AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic evaluation of the effectiveness of holistic therapies, drawing information from a minimum of three sources, including at least one secondary source; and	1–3	Candidates may require guidance to produce: • an adequate evaluation of the effectiveness of holistic therapies, drawing information from a minimum of three sources, including at least one secondary source (responses that use fewer than three sources cannot achieve beyond this mark band); and	4–7	Candidates may only require little guidance to produce: • a competent evaluation of the effectiveness of holistic therapies, drawing information from a minimum of three sources, including at least one secondary source; and	8–11	Candidates work independently to produce: • a comprehensive evaluation of the effectiveness of holistic therapies, drawing information from a minimum of three sources, including at least one secondary source; and	12–14	
E AO1 AO2 AO3	• a basic description of the use of holistic therapies in a health or care setting and a limited assessment of the benefits to service users of the holistic therapies used.	1–3	• a clear description of the use of holistic therapies in a health or care setting and an adequate assessment of the benefits to service users of the holistic therapies used.	4–7	• a competent description of the use of holistic therapies in a health or care setting and a sound assessment of the benefits to service users of the holistic therapies used.	8–11	• a comprehensive description of the use of holistic therapies in a health or care setting and an in-depth assessment of the benefits to service users of the holistic therapies used.	12–14	
Award zero for work not worthy of credit.							**Total marks awarded**		
							Total marks available		**80**

93

Assessment Evidence and Mark Bands for Unit A2 1: Applied Research

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
Assessment Objectives	The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that the intended meaning is not clear.		The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.		The candidate successfully selects and uses an appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is widespread use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a sufficiently high standard to make meaning clear.		The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is succinct, well organised and displays the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.		
A AO1 AO2	Candidates may require support and guidance to produce: • a basic introduction comprising a limited rationale for the research topic chosen, research objectives and a suitable hypothesis.	1–2	Candidates may require guidance to produce: • an adequate introduction comprising a clear rationale for the research, topic chosen clear research objectives and a suitable hypothesis.	3–4	Candidates may only require little guidance to produce: • a sound introduction comprising a well-argued rationale for the research topic chosen, clear research objectives and a suitable hypothesis.	5–6	Candidates work independently to produce: • a comprehensive introduction comprising a very well-argued rationale for the research topic chosen, precise research objectives and a suitable hypothesis.	7–8	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
B **AO1** **AO2** **AO3**	Candidates may require support and guidance to produce: • a literature review, with limited relevance to the research objectives, using at least four secondary sources, which are referenced.	1–5	Candidates may require guidance to produce: • an adequate literature review, with clear relevance to the research objectives, using at least four secondary sources, which are referenced (reviews with fewer than four secondary sources cannot achieve this beyond this mark band).	6–10	Candidates may only require little guidance to produce: • a competent and clearly referenced literature review, using the Harvard system, with a clear focus on the research objectives, using at least four secondary sources.	11–15	Candidates work independently to produce: • an in-depth, well researched, accurately referenced literature review, using the Harvard system, with a consistent focus on the research objectives, using at least four secondary sources.	16–20	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
C AO1 AO2 AO3	Candidates may require support and guidance to produce: • a methodology that includes: − a basic description of the primary research method and sampling technique used; − a limited justification of their selection over one other method and two other sampling techniques; − a basic description of tests of validity and/or reliability conducted; − a basic description of how ethical issues were addressed; and − a basic outline of the procedure. (Where more than two parts of this section are missing, candidates cannot achieve beyond this mark band.)	1–6	Candidates may require guidance to produce: • a methodology that includes: − a clear description of the primary research method and sampling technique used; − an adequate justification of their selection over one other method and two other sampling techniques; − a clear description of tests of validity and/or reliability conducted; − a clear description of how ethical issues were addressed; and − a clear outline of the procedure. (Where more than one part of this section is missing, candidates cannot achieve beyond this mark band.)	7–12	Candidates may only require little guidance to produce: • a methodology that includes: − a competent description of the primary research method and sampling technique used; − a sound justification of their selection over one other method and two other sampling techniques; − a competent description of tests of validity and/or reliability conducted; − a competent description of how ethical issues were addressed; and − a competent outline of the procedure.	13–18	Candidates work independently to produce: • a methodology that includes: − a detailed and accurate description of the primary research method(s) and sampling technique(s) used; − a comprehensive justification of their selection over one other method and two other sampling techniques; − a detailed and accurate description of tests of validity and/or reliability conducted; − a detailed description of how ethical issues were addressed; and − a comprehensive outline of the procedure.	19–24	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
D **AO1** **AO2** **AO3**	Candidates may require support and guidance to produce: • an inadequately designed research tool;	1–2	Candidates may require guidance to produce: • an adequately designed research tool;	3–4	Candidates may only require little guidance to produce: • a well-designed research tool;	5–6	Candidates work independently to produce: • a very well-designed research tool;	7–8	
E **AO1** **AO2** **AO3**	• a basic set of graphs, demonstrating limited analysis of the primary research findings; and	1–2	• an adequate set of graphs, demonstrating a clear analysis of the primary research findings; and	3–5	• a competent set of graphs, demonstrating sound analysis of the primary research findings; and	6–8	• a comprehensive and accurate set of graphs, demonstrating a detailed analysis of the primary research findings; and	9–10	

F
AO1
AO2
AO3
	• a discussion that includes:
	  − a limited analysis of the results; and
	  − basic conclusions with limited discussion of the research objectives and hypothesis.
		1–3	• a discussion that includes:
			  − an adequate analysis of the results; and
			  − clear conclusions with adequate discussion of the research objectives and hypothesis.
				4–7	• a discussion that includes:
					  − a sound analysis of the results; and
					  − sound conclusions with competent discussion of the research objectives and hypothesis.
						8–11	• a discussion that includes:
							  − an in-depth analysis of the results; and
							  − detailed conclusions with a comprehensive discussion of the research objectives and hypothesis.
								12–14	

97

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
G AO1 AO2 AO3	Candidates may require support and guidance to produce: • a limited evaluation of the primary and secondary sources and sampling technique employed; and • basic suggestions for improvements in the research and for future research on the topic.	1–4	Candidates may require guidance to produce: • an adequate evaluation of the primary and secondary sources and sampling technique employed, demonstrating a clear understanding of the importance of validity; and • clear suggestions for improvements in the research and for future research on the topic.	5–8	Candidates may only require little guidance to produce: • a competent evaluation of the primary and secondary sources and sampling technique employed, demonstrating a sound understanding of the importance of validity; and • competent suggestions for improvements in the research based on the sources of bias identified and sound recommendations for future research on the topic.	9–12	Candidates work independently to produce: • a detailed and critical evaluation of the primary and secondary sources and sampling technique employed, demonstrating a comprehensive understanding of the importance of validity; and • comprehensive suggestions for improvements in the research based on the sources of bias identified and detailed recommendations for future research on the topic.	13–16	
Award zero for work not worthy of credit.							**Total marks awarded**		
							Total marks available		100

Assessment Evidence and Mark Bands for Unit A2 2: Body Systems and Physiological Disorders

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
Assessment Objectives	The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.		The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.		The candidate successfully selects and uses an appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is widespread use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a sufficiently high standard to make meaning clear.		The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is succinct, well organised and displays the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.		
A AO1 AO2	Candidates may require support and guidance to produce: • a basic description of the structure, function and control mechanisms of the circulatory and respiratory systems.	1–3	Candidates may require guidance to produce: • a clear description of the structure, function and control mechanisms of the circulatory and respiratory systems.	4–7	Candidates may only require little guidance to produce: • a competent description of the structure, function and control mechanisms of the circulatory and respiratory systems.	8–11	Candidates work independently to produce: • a comprehensive description of the structure, function and control mechanisms of the circulatory and respiratory systems.	12–14	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
B AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic assessment of how the behaviour of individuals can help to maintain the physiological health of their circulatory and respiratory systems, drawing information from at least four secondary sources; and	1–4	Candidates may require guidance to produce: • an adequate assessment of how the behaviour of individuals can help to maintain the physiological health of their circulatory and respiratory systems, drawing information from at least four secondary sources (a response that draws on fewer than four secondary sources cannot achieve beyond this mark band); and	5–9	Candidates may only require little guidance to produce: • a competent assessment of how the behaviour of individuals can help to maintain the physiological health of their circulatory and respiratory systems, drawing information from at least four secondary sources; and	10–14	Candidates work independently to produce: • an in-depth assessment of how the behaviour of individuals can help to maintain the physiological health of their circulatory and respiratory systems, drawing information from at least four secondary sources; and	15–18	
C (i) AO1 AO2 AO3	• a basic presentation of results in an appropriate format.	1	• an adequate presentation of results in an appropriate format.	2	• a sound presentation of results in an appropriate format.	3	• an accurate presentation of results in an appropriate format.	4	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
C (ii) AO1 AO2 AO3	Candidates may require support and guidance to produce: • a limited analysis of the results of monitoring, drawing basic conclusions;	1–3	Candidates may require guidance to produce: • an adequate analysis of the results of monitoring, drawing clear conclusions;	4–6	Candidates may only require little guidance to produce: • a competent analysis of the results of monitoring, drawing sound conclusions;	7–9	Candidates work independently to produce: • a comprehensive analysis of the results of monitoring, drawing detailed conclusions;	10–12	
D AO1 AO2 AO3	• a limited evaluation of the application of safe practice and the measuring techniques used;	1–2	• an adequate evaluation of the application of safe practice and the measuring techniques used;	3–5	• a competent evaluation of the application of safe practice and the measuring techniques used;	6–8	• a detailed and critical evaluation of the application of safe practice and the measuring techniques used;	9–10	
E AO1 AO2 AO3	• a limited description of a physiological disorder and the methods used to diagnose the disorder; and • a basic analysis of the treatments available, the care pathway(s) and practitioners involved.	1–6	• an adequate description of a physiological disorder and the methods used to diagnose the disorder; and • an adequate analysis of the treatments available, the care pathway(s) and practitioners involved.	7–12	• a sound and competent description of a physiological disorder and the methods used to diagnose the disorder; and • a sound analysis of the treatments available, the care pathway(s) and practitioners involved.	13–18	• a comprehensive and in-depth description of a physiological disorder and the methods used to diagnose the disorder; and • a comprehensive analysis of the treatments available, the care pathway(s) and practitioners involved.	19–24	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
E AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic discussion of limitations of the diagnostic process and treatment (where more than one part of this section is missing, candidates may not achieve beyond this mark band); and	1–6	Candidates may require guidance to produce: • an adequate discussion of limitations of the diagnostic process and treatment (where one part of this section is missing, candidates may not achieve beyond this mark band); and	7–12	Candidates may only require little guidance to produce: • a sound discussion of limitations of the diagnostic process and treatment; and	13–18	Candidates work independently to produce: • an in-depth and comprehensive discussion of the limitations of the diagnostic process and treatment; and	19–24	
F AO1 AO2 AO3	• a basic analysis of the possible effects of the disorder on individuals.	1–4	• an adequate analysis of the possible effects of the disorder on individuals.	5–9	• a competent analysis of the possible effects of the disorder on individuals.	10–14	• a comprehensive analysis of the possible effects of the disorder on individuals.	15–18	
Award zero for work not worthy of credit.							Total marks awarded		
							Total marks available		100

Assessment Evidence and Mark Bands for Unit A2 4: Public Health and Health Promotion

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
Assessment Objectives	The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.		The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.		The candidate successfully selects and uses an appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is widespread use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a sufficiently high standard to make meaning clear.		The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is succinct, well organised and displays the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.		
A AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic discussion of how three public health issues are being addressed in Northern Ireland.	1–5	Candidates may require guidance to produce: • an adequate discussion of how three public health issues are being addressed in Northern Ireland.	6–10	Candidates may only require little guidance to produce: • a competent discussion of how three public health issues are being addressed in Northern Ireland.	11–15	Candidates work independently to produce: • a comprehensive discussion of how three public health issues are being addressed in Northern Ireland.	16–20	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
B AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic investigation of a current PHA health promotion campaign that: − identifies its key objectives; − describes the methods and materials used for delivery; − describes and evaluates the approach or approaches used (where more than one part of this section is missing, candidates may not achieve beyond this mark band).	1–5	Candidates may require guidance to produce: • an adequate investigation of a current PHA health promotion campaign that: − identifies its key objectives; − describes the methods and materials used for delivery; − describes and evaluates the approach or approaches used (where one part of this section is missing, candidates may not achieve beyond this mark band).	6–10	Candidates may only require little guidance to produce: • a competent investigation of a current PHA health promotion campaign that: − identifies its key objectives; − describes the methods and materials used for delivery; − describes and evaluates the approach or approaches used.	11–15	Candidates work independently to produce: • a comprehensive investigation of a current PHA health promotion campaign that: − identifies its key objectives; − describes the methods and materials used for delivery; − describes and evaluates the approach or approaches used.	16–20	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
C AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic plan for the activity, that describes, in a limited way, how they will implement it (where more than two parts of the plan are missing, candidates cannot achieve beyond this mark band);	1–6	Candidates may require guidance to produce: • an adequate plan for the activity that describes clearly how they will implement it (where more than one part of the plan is missing, candidates cannot achieve beyond this mark band);	7–12	Candidates may only require little guidance to produce: • a sound plan for the activity that describes competently how they will implement it;	13–18	Candidates work independently to produce: • a comprehensive plan for the activity that describes in detail how they will implement it;	19–24	
D (i) AO1 AO2 AO3	• a basic description of how the success of the activity will be evaluated, using evaluation tools for participants and observer(s); and	1–2	• an adequate description of how the success of the activity will be evaluated using evaluation tools for participants and observer(s); and	3–4	• a competent description of how the success of the activity will be evaluated using evaluation tools for participants and observer(s); and	5–6	• a comprehensive description of how the success of the activity will be evaluated using evaluation tools for participants and observer(s); and	7–8	
D (ii) AO1 AO2 AO3	• inadequately designed evaluation tools.	1–2	• adequately designed evaluation tools.	3–4	• well-designed evaluation tools.	5–6	• very well designed evaluation tools.	7–8	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
E AO1 AO2 AO3	Candidates may require support and guidance to produce: • a limited evaluation of the success of the activity; and • basic recommendations for improvement to the activity.	1–5	Candidates may require guidance to produce: • an adequate evaluation of the success of the activity; and • clear recommendations for improvement to the activity.	6–10	Candidates may only require little guidance to produce: • a competent evaluation of the success of the activity; and • competent recommendations for improvement to the activity.	11–15	Candidates work independently to produce: • a comprehensive evaluation of the success of the activity; and • comprehensive recommendations for improvement to the activity.	16–20	
Award zero for work not worthy of credit.							**Total marks awarded**		
							Total marks available		**100**

Assessment Evidence and Mark Bands for Unit A2 5: Supporting the Family

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
Assessment Objectives	The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.		The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.		The candidate successfully selects and uses an appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is widespread use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a sufficiently high standard to make meaning clear.		The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is succinct, well organised and displays the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.		
A AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic description of how family structures have changed since World War II and a limited assessment of the reasons for these changes.	1–4	Candidates may require guidance to produce: • a clear description of how family structures have changed since World War II and an adequate assessment of the reasons for these changes (responses that focus on only one part of this task may not achieve beyond this band).	5–8	Candidates may only require little guidance to produce: • a sound description of how family structures have changed since World War II and a competent assessment of the reasons for these changes.	9–12	Candidates work independently to produce: • a comprehensive description of how family structures have changed since World War II and an in-depth assessment of the reasons for these changes.	13–16	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
B AO1 AO2 AO3	Candidates may require support and guidance to produce: • a basic description of the structure and membership of the family, including the family member who needs support and a limited analysis of how other members of the family meet their needs;	1–3	Candidates may require guidance to produce: • a clear description of the structure and membership of the family, including the family member who needs support and an adequate analysis of how other members of the family meet their needs;	4–6	Candidates may only require little guidance to produce: • a competent description of the structure and membership of the family, including the family member who needs support and a competent analysis of how other members of the family meet their needs;	7–9	Candidates work independently to produce: • a comprehensive description of the structure and membership of the family, including the family member who needs support and an in-depth analysis of how other members of the family meet their needs;	10–12	
C (i) AO1 AO2 AO3	• a basic discussion of how health and social care services meet the needs of both the individual identified and the family member(s) supporting the individual;	1–4	• a clear discussion of how health and social care services meet the needs of both the individual identified and the family member(s) supporting the individual;	5–8	• a competent discussion of how health and social care services meet the needs of both the individual identified and the family member(s) supporting the individual;	9–12	• a comprehensive discussion of how health and social care services meet the needs of both the individual identified and the family member(s) supporting the individual;	13–16	
C (ii) AO1 AO2 AO3	• a limited assessment of the effectiveness of the support given; and	1–2	• an adequate assessment of the effectiveness of the support given; and	3–4	• a competent assessment of the effectiveness of the support given; and	5–6	• a detailed and critical assessment of the effectiveness of the support given; and	7–8	
D AO1 AO2 AO3	• a limited analysis of how the two issues selected may affect children and adults in families.	1–4	• an adequate analysis of how the two issues selected may affect children and adults in families.	5–8	• a competent analysis of how the two issues selected may affect children and adults in families.	9–12	• an in-depth analysis of how the two issues selected may affect children and adults in families.	13–16	

	Mark Band 1: Basic	Mark Range	Mark Band 2: Adequate	Mark Range	Mark Band 3: Competent	Mark Range	Mark Band 4: Highly Competent	Mark Range	Marks Awarded
E AO1 AO2 AO3	Candidates may require support and guidance to produce: • a limited analysis of the different ways statutory services support families in dealing with these issues; and	1–4	Candidates may require guidance to produce: • an adequate analysis of the different ways statutory services support families in dealing with these issues; and	5–8	Candidates may only require little guidance to produce: • a competent analysis of the different ways statutory services support families in dealing with these issues; and	9–12	Candidates work independently to produce: • a comprehensive analysis of the different ways statutory services support families in dealing with these issues; and	13–16	
F AO1 AO2 AO3	• a limited assessment of the roles of two voluntary organisations in supporting families, one for each of the chosen issues.	1–4	• an adequate assessment of the roles of two voluntary organisations in supporting families, one for each of the chosen issues.	5–8	• a competent assessment of the roles of two voluntary organisations in supporting families, one for each of the chosen issues.	9–12	• a detailed and critical assessment of the roles of two voluntary organisations in supporting families, one for each of the chosen issues.	13–16	
Award zero for work not worthy of credit.							**Total marks awarded**		
							Total marks available		**100**

Summary of Changes since First Issue

(Most recent changes are indicated in red on the latest version)

Revision History Number	Date of Change	Page Number	Change Made
Version 1	N/A	N/A	First issue
Version 2	29 April 2020	8–12, 16, 20–21, 27, 29, 46, 50–55, 57, 64, 66, 75, 76, 103-106	Additions and deletions
		81	Amendments to Contact Details
	10 September 2020	65	Amendments to text in 1st bullet
	5 August 2021	46, 47, 48, 54	Insertions and deletions.