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Examiners' Report

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Chief Examiner's Report - June 2006

This was the second time that candidates were able to be assessed on the GCE Applied Health and Social Care. The AS consists of 6 units - 2 which are externally tested and 4 which are assessed through candidate portfolios.

The externally assessed examination papers (6939 and 6941) consisted of three questions. Each question had a total of 30 marks available. Each paper totalled to 90 marks. Candidates were given an hour and half to complete each paper.

Each question was broken down into sub-parts and levelled to ensure that candidates of varying ability were able to access some of the marks available.

Both papers covered the entire specification. Each set of questions was built around stimulus response material which was designed to act as a prompt and focus candidate knowledge and understanding of the unit specification.

With regard to the internally assessed units centres are reminded that candidates' reports must be accompanied by a Candidate Mark Recorded Sheet, it is crucial that the sheet is signed by both the candidate and the teacher.

The following report summarises the main issues identified by Principal Examiners and Principal Moderators and is designed to be both informative and helpful in guiding centres develop the qualification and improve future candidate performance.

6938 - Human Growth and Development

The paper covered the unit specification, which includes:

- Life Stages and Aspects of Human Growth and Development
- Factors Affecting Human Growth and Development
- Promoting Health and Well Being

Question 1

This question consisted of 6 tiered questions which were related to the stimulus response material presented in the background information. The questions required candidates to recall terms and concepts, apply knowledge through explanation and demonstrate understanding through their ability to discuss or examine specific topic such as social development or lifestyle factors.

Overall there was good interpretation of the background information which involved reading and interpreting accurately statistical material. Many candidates applied their knowledge accurately.

However, where questions required more specialist knowledge answers tended to be much more generic. Knowledge and understanding of health promotion etc tended not to be good. Where knowledge and understanding was tested responses demonstrated a lack of understanding of the aims of health promotion campaigns. Many responses tended to be generic and vague with a lot of repetition. For the few candidates who were able to achieve higher marks their work demonstrated understanding, balanced argument, good structure and overall synthesis.

Question 2

This question focused primarily around 1.1 of the unit specification - and in particular on later adulthood using a case scenario to help candidates focus their knowledge. Many candidates did not have a basic knowledge and understanding of physical changes which occur in later adulthood or could accurately define the holistic model of health.

Responses tended to be vague and general when applying this model of health to care planning with many candidates not being able to access more than two marks. Latter parts of this question tended to be much better answered. Many candidates could accurately identify and describe sources of support explaining their benefits for Josie in terms of her social, emotional, physical and intellectual development. Many candidates also focused on her self esteem and self image demonstrating accurate knowledge of both terms.

Part F was well answered with many candidates linking the physical effects of a stroke to other aspects of development. Generally answers tended to focus on the negative aspects which perhaps limited their ability to gain 7 or more marks. However where candidates did provide balanced responses the work presented was coherent, well structured and reflected good insight, knowledge and understanding.

Question 3

This question also consisted of 6 tiered questions which were related to the stimulus response material presented in the background information. The questions required candidates to recall terms and concepts, apply knowledge through explanation and demonstrate understanding through their ability to discuss or examine specific topic such as social development or nature/nurture debate. This latter question was particularly poorly answered by candidates.

Initial parts of this question asked candidates to read and select appropriate evidence from the stimulus response material provided. Although relatively straightforward many candidates failed to achieve maximum marks because they incorrectly selected the wrong word(s) or phrases.

Part C asked candidates to identify in their correct order the various life stages. Many candidates could not demonstrate accurate knowledge and threw away easy marks. Despite this it was pleasing to note that the majority of candidates were able to identify and define the two types of motor skill and give relevant examples, however, for the 5-6 marks the majority of candidates could not differentiate between the two and explain their difference.

Candidate ability to discuss the importance of social development was variable. Some candidates could not access more than 3 marks because of a lack of knowledge and understanding. Those that did could identify and explain the importance of social development to socialisation, ability to develop effective relationships etc, however, they were limited in the ability to discuss the importance of social development consequently answers tended to be one sided. Those who achieved 8 or more marks could examine social development fully making valid links to other aspects of development.

Part F was not well answered. Although the majority of candidates did achieve at least 3 marks for an accurate definition of each term they could not go further and discuss how each term could affect an individual's health and wellbeing. Some candidates confused the terms and therefore failed to access any marks. In addition some candidates used analogies to demonstrate their understanding and where this did occur, responses tended to be weak and very confusing. Some candidates did provide good well structured and balanced answers and this was reflected in the marks awarded.

In conclusion although the majority of candidates did demonstrate some knowledge and understanding of the unit specification in the main responses were limited. The overall breadth of knowledge shown by candidates was limited and their ability to apply their knowledge was in general not good. Many candidates were also unable to interpret the question stem accurately. On the longer answers many candidates were unable to structure a fluent, concise and balanced answer and content of many of the responses on these questions reflected a lack of understanding of the verb hierarchy and overall synthesis.

6939 - Communication and Values

In all portfolios seen candidates carried out at least one interaction with service users relevant to health, social care and early years in order to produce evidence for the assessment objectives. Generally coverage of all assessment objectives was attempted. Candidates demonstrated their research skills with varying degrees of success. All candidates attempted to relate their evidence to either one or a range of work related settings.

In all portfolios seen candidates demonstrated knowledge of communication skills and transmission of values and how these were applied to interactions with service users.

Candidates seemed to find it difficult to present comparisons of their interactions for mark band three. Several portfolios contained evidence that compared the actual settings where the interactions had taken place instead of comparing the communication skills and transmission of values that the candidate demonstrated in the various interactions.

All candidates attempted to apply their knowledge and understanding of the skills to a work related context. Candidates had difficulty in relating their knowledge of their communication skills and transmission of values to a range of work related contexts for mark band three.

Some candidates presented detailed analysis of work related problems and demonstrated excellent skills in researching both primary and secondary information sources. Some candidates seemed to have difficulty in analysing work related issues such as barriers to communication in sufficient detail. The degree and type of evidence submitted to support information seeking was variable.

The strongest portfolios contained wide-ranging bibliographies and further supported the evidence with witness statements or observation sheets. All candidates attempted some degree of evaluation and most candidates drew valid conclusions. Some candidates demonstrated difficulty in providing excellent evaluative skills to access mark band three. Conclusions drawn were often related to the actual setting or behaviour of the clients rather than to the actual skills demonstrated by the candidates.

6940 - Positive Care Environments

June 2006 was the first assessment of 6940 as there were no entries for this unit in January 2006.

Assessment Objective 1 required learners to consider the rights of the individual when accessing care and how the Care Value Base could support those rights.

Assessment Objective 2 required learners to identify, explain and discuss a range of barriers to accessing care services and the possible effects those barriers may have on the creation of a positive care environment.

Assessment Objective 3 required learners to demonstrate research and analysis skills evidenced through discussion of how the development and implementation of policies and practice within care settings can help promote a positive care environment.

Assessment Objective 3 evidence for this assessment objective requires that the candidate's demonstrate skills in obtaining information and some analysis of work related issues.

Assessment objective 4, work sampled across all the portfolios for this unit showed that candidates found this the most difficult assessment objective to cover. Evidence here requires that candidates demonstrate varying degrees of evaluative skills and draw reasoned conclusions based on evidence from their interactions.

6941 - Social Aspects of Health and Social Care

It was felt that the paper discriminated well between candidates of varying levels. The scenarios enabled the candidates to demonstrate their knowledge across the subject content in the specification. It was felt that the paper was more demanding and thus the performance of candidates was perhaps not as good as in the January 2006 paper. Many candidates appeared to have a good understanding of the unit specification but were not skilled in being able to explain, discuss or exam.

Question 1 was based on a single parent from a lower social class. It gave candidates an opportunity to show their knowledge and understanding of predictable and unpredictable events and primary and secondary socialisation. It also enabled the candidates to discuss ways in which they might be persuaded not to take drugs and to examine the view that being in a lower social class makes it difficult to lead a healthy lifestyle.

Question 2 centres around a playgroup and a teenager with special needs. Candidates were given the opportunity to demonstrate their knowledge of stereotyping and its impact. They were also given the opportunity to show their knowledge and understanding of the care value base and the importance of raising self esteem. Candidates were also expected to show understanding of empowerment and its benefits.

Question 3 focused on older people and their care. Candidates were given the opportunity to show knowledge of the different types of socialisation and positive concept. Candidates were expected to demonstrate their knowledge of health life styles and to relate this to the case study. The use of data gave candidates the opportunity to demonstrate their ability to read and interpret data and apply it.

6942 - Activities for Health and Well being

For Assessment Objective 1 candidates were able to give at least one example of a type of activity that was suitable for each of the different client groups. They were then able to select a suitable activity for their chosen client group and put forward for consideration their reasons for choice.

In Assessment Objective 2 the benefits to the service user of the activity were described well. Candidates in the higher mark band were able to meet the assessment criteria by describing at least four benefits. The report of the benefits of the activities to the service user group is generally well written but the candidates found it difficult to explain their work in enough detail.

Candidates successfully planned, implemented and analysed their chosen activity with varying degrees of analysis when covering the assessment criteria in Assessment Objective 3. Sources of information that were used tended to be limited and therefore the response was placed in the lower mark band. The weakest area in this assessment objective is the lack of detail in the analysis of the planning and implementation of the activity.

In the higher mark band of Assessment Objective 4 the evaluation of the activity and the benefits of them were discussed and with well-reasoned conclusions given. The depth of conclusions varied depending on the mark band. For mark band 1 they tended to be summaries, for mark band three they were well reasoned and detailed.

A candidate report that in the main met the assessment criteria at mark band 3 presented a high level of knowledge and understanding of four activities, with a well-explained reason for their choice. The report used specialist vocabulary and is accurate with a detailed explanation. Appropriate application of knowledge applied clearly explaining four of the benefits for their chosen service user. Specialist vocabulary correctly used. Excellent skills in obtaining information from more than four different types of sources through their own methods. Good skills in planning, implementing and analysing their chosen activity. Analysis is detailed and covers some of the work related issues and problems. Good evaluation of the four benefits for the client of the activity. Conclusions are well reasoned and detailed.

However, a candidate report that in the main met the lower mark band assessment criteria demonstrated a basic knowledge and understanding of a limited range of activities with an indication of the needs of different groups of people who would undertake these activities. Weaker candidates gave only two examples of suitable activities with very brief reasons for choice. One or two benefits for the service users were identified and a description given rather than an explanation. Limited use of specialist vocabulary. Few skills were shown in obtaining information from their limited range of sources. Basic skills demonstrated in planning, implementing and analysing the activity. Analysis is limited in regard to the issues and problems experienced during the activity.

It was disappointing to see that of the candidate responses seen in January series, evaluations skills were seldom apparent fully developed and it is clear that candidates need support and practice in developing this skill. Candidates responses that fell into the lower mark bands offered only simplistic statements usually centred around the enjoyment factor.

6943 - Public Health

This is the second report for Unit 6943 Public Health and in general the performance of candidates has been good.

It was pleasing to note that candidates had followed the recommended guidelines regarding the volume of work to be submitted; it is no longer necessary however, to include copies of printed information providing that reference material is appropriately sourced.

Centres submitting scripts for moderation this session are to be congratulated on the way they have encouraged learners to access a wide variety of resource material and might be further encouraged to involve relevant public speakers to interact with their candidates at a local level.

Learner's reports demonstrated their acquisition of knowledge and understanding of public health issues related to specific user groups and their ability to apply this knowledge in a public health context. Reports showed ability to select, extract and interpret information from a wide variety of sources and use technical vocabulary as necessary. Referenced quotes were abundant and it would be beneficial for candidates to use these more sparingly and provide more independent explanatory work.

Many candidates provided full, perceptive accounts of the links between their chosen subject and the actual or potential impact on public health. There were some misinterpretations of factors influencing the chosen issue, in particular confusing environmental factors for lifestyle factors.

Candidates generally had an excellent awareness and understanding of background literature on their chosen subject displaying active interest in their work. Analytical skills tended to be shown by using relevant material from literature although some candidates had carried out a small-scale original research. Many candidates did not fully explain the aims of the research or draw meaningful conclusions from their findings. Guidance from tutors or public speakers in this aspect would assist learners and enhance credits.

Strategies to minimise the impact of the chosen subject on public health were well described but, most came from published material and there were no suggestions arising from independent thinking.

Many candidates were unable to distinguish accurately between social, environmental and lifestyle factors resulting in an unstructured account, which was often repetitive.

Of the candidate responses submitted there was little evidence of independent thinking or analysis of issues for public health problems. When present, analyses invariably were extracted from sources of information. Many candidates concluded their reports with extracts that did not have a conclusion, clear or otherwise.

Evaluation skills were seldom demonstrated and very few candidates offered conclusions, clear or otherwise. This assessment objective needs to be considerably strengthened.

Positive Aspects of Candidates Work Within The Qualification

It was evident from the work produced in all six units that many centres had covered all aspects of the specification accurately and relevantly and that dedicated teaching had taken place.

It was also obvious that centres had clearly understood and interpreted the unit specifications and tailored their teaching and candidate evidence to meet the unit specifications precisely. This produced some excellent, thorough and comprehensive work across all units resulting in very high marks being obtained by some candidates. From the work produced it was pleasing to note that no major gaps in knowledge were identified in portfolio units, with some candidates attempting the higher mark bands within each unit. However, in both externally tested units gaps in knowledge were evident and this must be addressed by centres.

It was also interesting to note that there was comparability in candidate performance across all portfolio units not only does this demonstrate a consensus between moderators but also that many centres and thus candidates are able to view the qualification holistically and transfer knowledge across the qualification.

It was both pleasing and encouraging to observe that many candidates were working independently and using primary and secondary source material to good effect. In doing so candidates were then able to interpret and apply this material relevantly and achieve the higher mark bands.

Developing Candidates Work for Future Series

Although pleased by the overall level of knowledge and understanding shown by many candidates and thus the quality of work produced, I would encourage centres to:

- Fully integrate candidate knowledge and understanding through the use of simulations, role plays, case studies and past papers and in doing so develop a holistic understanding within the qualification
- Use specialist teachers, guest speakers and educational visits/work experience to develop the candidates understanding of how organisations functions and provide services and how personnel undertake their work roles and the constraints they face.
- Finally, encourage the development of independent research and study skills so that overall candidate self-expression, use of language and ability to use the verb hierarchy can develop and improve. No only will this benefit candidates in this award but also help them cope with the demands of higher level qualifications if they choose to progress onto them

6938 - Human Growth and Development

Principal Report

This is the second time that candidates have been provided with the opportunity to attempt the GCE Applied Health and Social Care Unit 6938 Human Growth and Development paper.

The paper consisted of 3 questions each of which sub totals to 30 marks. The paper is marked out of 90 and the time allocated to candidates is 1 hour 30 mins.

Each sub-section of questions has been tiered to provide access to all candidates irrespective of ability. The paper covered the entire specification accurately.

Each set of questions involves stimulus response material which was designed to act as a prompt and help candidates focus their knowledge and understanding of the unit specification to that particular question

The paper which covered the unit specification which includes:

- ◆ Life Stages and Aspects of Human Growth and Development
- ◆ Factors Affecting Human Growth and Development
- ◆ Promoting Health and Well Being

Question 1 consisted of 6 tiered questions which were related to the stimulus response material presented in the background information. The questions required candidates to recall terms and concepts, apply knowledge through explanation and demonstrate understanding through their ability to discuss or examine specific topic such as social development or lifestyle factors.

Part A was generally well answered. Overall there was good interpretation of the background information which involved reading and interpreting accurately statistical material. Many candidates applied their knowledge accurately.

Part B required candidates to identify two reasons why there should be an increase in alcohol consumption. Once again candidates were able to either specifically or generically apply their knowledge with many gaining the full two marks.

Part C required more specialist knowledge of the effects of continued alcohol consumption.

Part D this question was poorly answered by the majority of candidates. In general responses demonstrated a lack of understanding of the aims of health promotion campaigns. Many candidates although being able to identify two aims were then unable to accurately explain the aim relevantly or meaningfully. Many responses tended to be generic and vague with some candidates repeating what had already been stated. For the few candidates who were able to achieve higher marks their work demonstrated understanding, balanced argument, good structure and overall synthesis.

Part E proved easier for some candidates. Candidates accurately explained the benefits of the educational model. Some candidates provided good overall explanations demonstrating that some centres had covered this aspect of the unit specification in detail.

Part F Weaker answers were confused in what the question stem was asking and thus were only able to gain a maximum of 3 marks. For responses which went beyond this candidates were able to explain the factors which could impact positively or negatively on the success of a health promotion campaign and could also apply their knowledge and understanding in stating the impact it would have on both the individual and on society. Few candidates were able to achieve 6 marks or above simply because they lacked a breadth of knowledge and an ability to link and discuss factors accurately and relevantly.

Question 2 focused primarily around 1.1 of the unit specification – and in particular on later adulthood using a case scenario to help candidates focus their knowledge. Part A asked candidates to provide two physical changes which may occur in this life stage. Responses tended to be disappointing with many candidates only gaining 1 mark and throwing marks away because of providing vague, general responses. Part B asked candidates to explain what was meant by the holistic model of health. Some candidates only gained 1 mark with many responses illustrating a basic lack of knowledge.

Part C asked candidates to explain how the holistic model could benefit the social worker in planning care for Josie. Responses tended to be vague and general with many candidates not being able to access more than two marks.

Part D responses for this part of the question were much better. Many candidates could accurately identify and describe sources of support.

Part E was generally quite good with many candidates achieving between 3-4 marks. They could identify the sources of support, explaining their benefits for Josie in terms of her social, emotional, physical and intellectual development. Many candidates also focused on her self esteem and self image demonstrating accurate knowledge of both terms.

Part F Some candidates were able to link the physical effects of a stroke to other aspects of development. Generally answers tended to focus on the negative aspects which perhaps limited their ability to gain 7 or more marks. However where candidates did provide balanced responses the work presented was coherent, well structured and reflected good insight, knowledge and understanding.

Question 3 consisted of 6 tiered questions which were related to the stimulus response material presented in the background information. The questions required candidates to recall terms and concepts, apply knowledge through explanation and demonstrate understanding through their ability to discuss or examine specific topic such as social development or nature/nurture debate.

In part A and B candidates were asked to read and select appropriate evidence from the stimulus response material provided. Although relatively straightforward many candidates failed to achieve maximum marks because they incorrectly selected the wrong word(s) or phrases.

Part C asked candidates to identify in their correct order the various life stages. Many candidates once again failed to demonstrate accurate knowledge and threw away easy marks.

Part D focused gross and fine motor skills. The majority of candidates were able to identify and define the two types of skill and give relevant examples, however, for the 5-6 marks the majority of candidates could not differentiate between the two and explain their difference.

Part E weaker responses focused on the importance of being able to communicate effectively. Those responses which achieved between 4-7 marks could link the importance of social development to socialisation, ability to develop effective relationships etc, however, they were limited in the ability to discuss the importance of social development consequently answers tended to be one sided. Those who achieved 8 or more marks could examine social development fully making valid links to other aspects of development.

Part F was not answered well. Although the majority of candidates did achieve at least 3 marks for an accurate definition of each term they could not go further and discuss how each term could affect an individual's health and wellbeing. Some candidates confused the terms and therefore failed to access any marks. In addition

some candidates used analogies to demonstrate their understanding and where this did occur, responses tended to be weak and very confusing. Some candidates did provide good well structured and balanced answers and this was reflected in the marks awarded.

In conclusion although the majority of candidates did demonstrate some knowledge and understanding of the unit specification in the main responses were weak and limiting. Many candidates were also unable to interpret the question stem accurately. On the longer answers many candidates were unable to structure a fluent, concise and balanced answer and content of many of the responses on these questions reflected a lack of understanding of the verb hierarchy and overall synthesis.

Unit 6939 - Communication and Values

Principal Report

Centres submitted candidate's portfolios for Unit 6939 for moderation in this window.

This was the first summer moderation for unit 6939 for this new Applied A level in Health and Social Care.

It was pleasing to see that all centres had embraced the new specification and were supporting candidates in accessing the relevant assessment objectives.

Several centres did not supply candidate authentication sheets for their learners work. The majority of centres did use the Edexcel candidate report sheets. Where these were not used it was often difficult to track the awarding of marks across the various assessment objectives.

All work sampled for moderation demonstrated that candidates had attempted to show knowledge of both communication skills and transmission of values relevant to health, social care and early years settings. Some excellent work was seen where candidates had undertaken either visits to relevant settings or work experience placements in relevant settings and gone on to carry out their interactions in these settings with relevant client groups. Some centres had directed their candidates to carry out interactions in such a way that the candidates were restricted in their demonstration of appropriate evidence.

The moderation process was supported where centre assessors had annotated the candidate's evidence to clearly demonstrate where evidence relevant to assessment objectives and mark bands could be found.

Assessment objective 1

The majority of centres supported their candidates in carrying out at least one interaction with a relevant client group in order to demonstrate their knowledge and understanding of both communication skills and the transmission of values in health, social care and early years settings. Where role-play was used the candidate usually took on the role of the carer. Where this was not the case the candidates work was limited to mark band one. Where only one interaction was carried out the candidates could not access mark band three, as this requires candidates to demonstrate a high level of knowledge and understanding of the skills applied to interactions with clients. The best work was seen from candidates who were supported in carrying out interactions with two different client groups such as early years and older people as this allowed direct comparisons to be made. Many centres, whilst restricted to one client group for the interactions, supported their candidates in carrying out both a 1:1 interaction and a group interaction. This also gave the candidates sufficient evidence for the comparisons needed to access mark band three.

Most centres awarded marks in appropriate bands for A01. Some centres awarded marks too generously. This was usually due to two reasons, firstly the candidate will have demonstrated their knowledge of communication skills but the evidence for their transmission of values was limited, or, more usually, the candidates were awarded marks for discussing the actual activity that the candidate carried out with the clients rather than the candidates own communication and transmission of value skills that they used during the interaction with the client.

The best work seen demonstrated extensive use of specialist vocabulary and showed a high level of understanding of both communication skills and transmission of values applied to several interactions with relevant client groups.

Assessment Objective 2

The evidence required by this assessment objective was open to misinterpretation by several centres. This AO requires that the candidates demonstrate their ability to apply their knowledge and understanding to a work related context. Mark band one requires that the candidates describes this, mark band two requires an explanation of how the communication and transmission of values used were related to the particular work related context. Often, where candidates had demonstrated evidence in mark band two or three for AO1, similar marks were given for AO2 with little or no supporting evidence. Centres need to appreciate that candidates need to provide explicit evidence to show their understanding of this assessment objective and not to rely on implicit evidence from AO1. Some centres awarded marks in mark band 3 for this assessment objective despite the fact that the candidates had not provided evidence that showed their ability not only to relate their knowledge and understanding of communication skills and transmission of values to the work-related context used for the interactions but also to show how it could be applied in a number of similar contexts as required by the evidence for this AO.

Assessment Objective 3

Evidence for this assessment objective requires that the candidate's demonstrate skills in obtaining information and some analysis of work related issues. Most candidates analysed barriers to communication skills and transmission of values as their work related issue. Candidate's ability to analyse was variable and this was, usually, correctly interpreted in the marks awarded by the centres. Most centres supported their candidates in gathering both primary and secondary information. The best work was seen from candidates that correctly referenced secondary sources of information throughout their report and then provided a relevant bibliography at the end of the portfolio. Several centres supplied witness statements as evidence that candidates had demonstrated knowledge of communication skills and transmission of values in their interaction(s). Where these were used successfully the statements directly referred to the actual skills used by the candidates. Often the witness statements explained the activities that were taking place rather than the candidate's skills shown. Several centres awarded marks in mark band 3 for this AO although the evidence provided by the candidates did not demonstrate that it was extensive or drawn from a number of sources of different types.

Assessment objective 4

Work sampled across all the portfolios for this unit showed that candidates found this the most difficult assessment objective to cover. Evidence here requires that candidates demonstrate varying degrees of evaluative skills and draw reasoned conclusions based on evidence from their interactions. Often candidates were awarded marks in mark band 3 when their evaluations were basic. Several centres awarded marks in AO2 or AO3 although the candidates had evaluated the actual activity that was carried out rather than their communication skills or transmission of values. Some candidates based their evaluations on the actual setting(s) or their locality.

Most candidates drew valid conclusions but, again, not all based their conclusions on the interactions carried out but discussed a number of other issues connected to the setting(s).

Centres would benefit from considering advice given in the assessment guidance found in the specification for this unit.

Unit 6940 - Positive Care Environments

Principal Report

This is the first report for Unit 6940, Positive Care Environments and is based on a comprehensive selection of scripts submitted for this examination series.

Centres are to be congratulated on encouraging learners to base their reports on placements undertaken within a wide variety of appropriate care settings allowing learners access to both primary and secondary sources of information.

Generally coverage of all assessment objectives was attempted.

Assessment Objective 1

Candidates were required to consider the rights of the individual when accessing care and how the Care Value Base could support those rights. It was clear from a large number of portfolios that some learners had difficulty in focusing in on the specific rights of the individual within a care setting. Many, for example, discussed the Human Rights Act in general with a significant number of learners quoting Article 4, the Prohibition of Slavery and Forced Labour, as an example. Whilst technically correct, learners should demonstrate application of the information to the Care Setting and this was made very difficult by using examples such as this one.

Assessment Objective 2

Candidates were required to identify, explain and discuss a range of barriers to accessing care services and the possible effects those barriers may have on the creation of a positive care environment. Most learners were able to identify a range of barriers but few were then able to go on and discuss the effects those barriers may have. There were a significant number of learners who seemed to confuse this Assessment Objective with Unit 2 and discussed barriers to communication. Communication, or lack of it, can be a barrier to access but it is not exclusive. Learners could consider physical, geographical, financial, psychological and cultural as well as language barriers. In the strongest portfolios learners were able to identify, explain and discuss at least three barriers and their potential effects in some detail.

Assessment Objective 3

Candidates were required to demonstrate research and analysis skills evidenced through discussion of how the development and implementation of policies and practice within care settings can help promote a positive care environment. Those learners who had based their report on a specific setting were generally able to meet some aspects of this criterion reasonably well. However, sources of information used tended to be limited and there was a lack of detail shown in the analysis of how successful policies and procedures may be in creating a positive care environment. The strongest portfolios contained analysis of primary research evidenced through an evaluation of questionnaires or interviews and also included wide ranging bibliographies.

Assessment Objective 4

Candidates were required to demonstrate evaluative skills by considering how well current legislation safeguards and promotes the rights of service users. Evaluation skills were generally weak with a large percentage of learners demonstrating discussion skills rather than evaluation skills. Learners also tended to consider legislation generically, with few links made to the setting or service user group. For example learners considering early years and education settings frequently made no reference to the Children Act or Education Act. Many candidates were unable to consider a range of methods of redress, concentrating only on the setting's Complaints Procedure. Where learners had considered external methods, such as those provided by Professional Regulatory bodies, the various commissions and the courts, there was little evidence of ability to link these to the work placement.

Assessment Objectives 3 and 4 need to be considerably strengthened.

Unit 6941 Social Aspects and Lifestyle Choices

Principal Report

This is the second time this paper has been assessed. It was similar in style to that set in January. The stimulus material and scenarios enabled the candidates to demonstrate their knowledge well across the full breadth of the specification. The paper was felt to be a little more demanding and the performance of the candidates not quite as good as in the first paper. Many candidates appear to have a good understanding of the material in the syllabus, but are not very skilled at explanation or discussion.

Question 1

This scenario was based on a single parent family from a lower social class. It gave the candidates an opportunity to show their knowledge of predictable and unpredictable events and primary and secondary socialisation. It also enabled the candidates to discuss ways in which students might be persuaded not to take drugs and to examine the view that being in a low social class makes it difficult to lead a healthy lifestyle.

(a) (i) Some of the candidates gained 2 marks for examples of predicted life events, birth and death being the two most common examples.

(a) (ii) A significant number of candidates failed to score marks here as they did not 'use the information given' to describe unpredictable life events. Some candidates did not mention where Tracey and Ged moved to for the second mark.

(b) (i) Some candidates were able to gain 2 marks for identifying two factors that made it difficult for Tracey to interact with other people.

(b) (ii) The majority understood the socialisation process and were able to differentiate between primary and secondary socialisation. Where marks were lost, it was by not linking the definitions to the case study.

(c) (i) Many candidates found it difficult to define 'peer pressure' without using the words 'peer' and 'pressure', although a significant number did gain the full 2 marks.

(c) (ii) There was a wide range of answers here - with most scoring level 2 answers, gaining 3 or 4 marks. Poorer answers tended to repeat the basic information from the case study or simply give a list of methods only. Good answers extended the reasons why the methods were successful.

(d) The large majority of students scored level 2 answers, gaining 4 or 5 marks. Most answers linked the health factors of diet, exercise and housing to money problems. The better answers linked the effects to all areas of development. Most mentioned stress and self concept in their answers at the higher level. Some gave recognition of positive issues, i.e. could still be healthy if in a lower class. It was obvious that the students knew about their subject, but analytical skills were poor.

Question 2

This scenario centred around a playgroup and a teenager with special needs. Candidates were given the opportunity to demonstrate their knowledge about stereotyping and its impact. They were also given the opportunity to show their knowledge and understanding of the care value base and the importance of raising self esteem. They were also expected to show they understood empowerment and its importance. Many of the answers were very generic and vague and did not relate to the case study well.

- (a) (i) Some candidates gained 2 marks here, the first mark for the colour of the clothes and the second either for Lisa wearing trousers or for stating 'blue for boys/pink for girls'.
- (a) (ii) Nearly all candidates gained 1 mark for the specific toys being given and many also picked up the second mark for linking those to the specific genders.
- (a) (iii) The majority of candidates gained level 2 answers here, with 3 or 4 marks. Most talked about the gender issues of the previous two parts only and linked this to emotional or social aspects. Few candidates gave examples linking to physical aspects and even fewer showed a clear 'impact'.
- (b) (i) The majority of candidates gained 1 mark here, either for a partial definition of the care value base or for an example. Many candidates used 'values' in their answer rather than showing they knew its meaning.
- (b) (ii) Most candidates scored 2 or 3 marks here, although a significant number did score the full 6 marks. The most popular answers related to praise/rewards and to empowerment (choice and decisions). Only the more able explained how the examples would raise self esteem.
- (c) This was probably one of the most discriminating questions. Many candidates failed to relate their answer to someone leaving school, or to someone with special needs. Many answers did not relate clearly to empowerment. As a result, there were many level 1 answers (the median mark being 3). However, a few did give level 3 answers, by relating these three aspects together coherently.

Question 3

This question focused on the elderly and their care. The candidates were given the opportunity to show their knowledge of the different types of socialisation and positive concept. They were expected to demonstrate their knowledge of healthy life styles and to relate this to the case study in question. The final data analysis question gave the students a chance to describe the findings shown in a graph over time and to relate this to healthier life styles. This was done to varying degrees of success, demonstrating the need for careful planning when answering the longer questions.

- (a) Many candidates gained 5 or 6 marks here. Where marks were lost, it was usually by not identifying the type of relationship or by not giving an example of what the interaction involved.
- (b) Most answers here were at level 2. Care values were common answers using confidentiality and equality as ways of promoting positive concept. There were many good examples of positive concept. The better answers were related well to the case study.
- (c) (i) This was answered very well, with almost all candidates gaining 2 marks.
- (c) (ii) This was answered well, with the negative aspects of smoking understood well by almost all candidates. Many answers picked up on the idea of stress, costs and

addiction. Good answers also included these emotional and social aspects as well physical aspects.

(d) This question was a good discriminator, covering the full range of marks. Some answers only replicated the results chart and so ended up in the lowest mark band. Of those that added more detail, smoking and diet were the two most common. Many talked about the change in technology and the availability of treatments in reducing problems, not healthier lifestyles. A few answers did show that the candidates recognised the specific links between the graphs and a healthy life style, but the majority of candidates did not link their answers well to the information given.

Unit 6942 Activities for Health and Well-Being

Principal Report

Centres appeared to positively embrace this unit, with a wide spectrum of marks being awarded, moderators seeing a large variety in the quality of the portfolios.

A small number of centres were confused over the submission date which is surprising when the coursework date for all AS and A2 subjects is the same across the examination boards, 15th May. Some centres sent the requested sample not realising that if the sample did not contain the highest and the lowest pieces that these had to be sent as well. Front covers came in all shapes and sizes which proved to be misleading when centres did not use the Edexcel Candidate Mark Record Sheet. It became difficult with some front covers as to know what marks had been awarded for each of the AOs. Another area of confusion was the signing of the candidate authentication sheet as required by QCA. Where these had not been appropriately signed they had to be returned to the centres and then resent to the moderator.

The majority of Centres seemed to understand the concept of this unit, with learners performing well mainly due to its practical nature. The learners were able to select and describe their chosen activities and provide detailed reasons for their choice. The planning and implementation of the activities were particularly good where children and the elderly were involved. The evaluation of the activity including the use of different methods of assessing the success of the activity was achieved by the majority of the learners

Learners demonstrated their knowledge about a wide range of different activities that could be carried out with the different service-user groups. A majority of them obtained their information from a variety of sources with support from centre assessors guiding them through the different types. However, it was found that the level of support given to learners by centre assessors was not always recorded and this hampered the moderation process.

The learners found out about the nature of the different service-user groups through a variety of means from visits, outside speakers, work placements to secondary sources of information. Through their research they were able to find out about the different needs of these service-users. A small number of centres guided their learners to give examples of the types of activities that they had considered for each of the service-user groups. This was not required, learners needed to initially select their service-user group from people who are ill; older people; people with specific needs and young children and to then give examples of activities that they deemed suitable for them.

The different areas of development, physical, intellectual, social and emotional were explored and in some detail by those learners awarded marks in band 3. An analysis of the benefits of the chosen activities to the chosen service-user group was undertaken with reference to their physical, intellectual, emotional and social development. The majority of centres guided their learners to discuss the benefits of carrying out the activity by linking it with parts of the curriculum for the early years or as part of a care plan for other service-user groups.

During the planning of the activity learners considered the resources and the steps necessary in order to carry it out, taking into account health and safety. The majority of learners acknowledged that they too needed help and support in order to

carry out their chosen activity, generally relying on members of staff, particularly when carrying out group work. Evidence of consultation with care workers prior to the activity being planned and carried out varied greatly, just as gaining permission to use early years children needed to be sought. Witness statements supporting the learner varied not only as to whether they were included or not but also in the quality of them. A small number of learners carried out all their chosen activities for their service-user group this is not a requirement for this unit. One activity only needs to be carried out and then evaluated. A number of centres took advantage of the fact that they were able to have a practice run through with other members of the group acting as the service-users.

Learners were able to undertake an activity and to manage all aspects of it. They were able to explain, communicate and interact with their service-user group whilst maintaining some distance from them. Observations by the learners varied in their quality as did the help required by them from members of staff who were assisting.

Different methods of assessing their activity were seen by moderators. The use of smiling and sad faces for early years children was one novel idea for gaining feedback on the activity carried out. A variety of methods were adopted from the use of witness statements, checklists, interviews and questionnaires. Whilst these different approaches to gaining feedback are commendable they are only relevant when the results gained are analysed and conclusions drawn.

Evaluations varied from those that identified the benefits of participating in the activity and comparing these to the planned benefits to those that went on to detail how it could be developed and adapted for the other service-user groups.

Unit 6943 Public Health

General Comments

Most centres and candidates chose appropriate topics allowing them to access all assessment objectives. Some topics however, were not relevant to public health and prevented candidates from accessing the higher mark bands. Centres are reminded that the choice of health-related issue is crucial for achievement and it must have a focus on public health.

Several centres produced customised front sheets unaware it would seem of documentation available on the web site; while customised documents are acceptable, they often did not contain all the required information.

It was often difficult to tell whether internal standardisation had been carried out as recommended by Edexcel. This is to ensure that the centre assessors are marking at the same level across all activities and units. Similarly, the degree of support to candidates can be very important and this was omitted in nearly all centre assessments.

Annotation of scripts was variable; ranging from no comments at all to page references and/or the recommended annotation of the assessment objective and mark band attained in the margin, by the evidence.

Many candidates still included printed or published material although this had been commented on in January 2006. Centres are also advised that authentication of the report must be established before moderation can take place.

It was pleasing to see that overall, centres had a good understanding of the unit content and the assessment; only a few centres had misinterpreted some aspects of the assessment objectives. Assignment briefs were sometimes included and occasionally these failed to include specific tasks relevant to the assessment objectives. Centres are advised to check customised assignment briefs to ensure that candidates are able to maximise achievement.

AO1 Knowledge, understanding and skills

Learners and sometimes centre tutors chose a wide variety of appropriate topics which they often considered at great length, although not always highly relevant. Many candidates also named a service-user group to apply their knowledge to, as stipulated, but after a few initial paragraphs, more or less ignored the group and considered information applicable to anyone. The most significant omission, however, lay in relating their chosen health issue to public health matters. Only a few learners were able to provide the clear links to the public health issue.

It was noted that the candidates' performance differed with regard to choice of topic. Where learners had been allowed to choose a topic independently, performance was enhanced compared to that from candidates adhering to the centre tutor's preferred selection. The former, however, must be with the tutor's approval to avoid inappropriate topics such as disabled access to buildings and transport which were two topics seen. Centres might wish to consider negotiating with learners on a selection of topics rather than using a didactic approach if there is a desire to limit the range of topics.

The topic itself might in some cases be too wide and benefit from contraction, e.g. "Sexually-transmitted diseases". Concentrating on one STD applied to a named service-user group will benefit the learner by allowing the investigation to proceed in depth for each assessment objective whereas the alternative is a prodigious list of signs and symptoms of various infections which is not required and captures few marks.

Candidates might assume that assessors and moderators find it difficult to distinguish between information pulled directly from a web site and information that had been explained or interpreted. Considering the large number of reports sampled on a modest variety of health-related issues, this is only too readily apparent as the same information is read over and over again. Tutors are advised to stress the requirement for the report to be in the learners' own words and that the report should not be drawn almost exclusively from published sources. The problem is more pronounced with more able candidates who are left to their own resources. Weaker candidates often demonstrate their lack of understanding by the repetition and disorganisation of information as they trawl from one source of information to another.

Specialist language was apparent in many reports although often this would be drawn from the sources of information.

Many centres assessed the work over-generously usually due to the paucity of links to public health concerns.

AO2 Application of knowledge understanding and skills

With sparse links to public health and the lack of focus on specified service-user groups mentioned in AO1, it was not surprising that this continued in AO2. In addition, learners described social, lifestyle and environmental links to the health-related issue but failed to connect them to the public health consequences in the U.K.

However, there were many extremely good reports providing insightful accounts that were both interesting and thought-provoking.

It is worthwhile stressing once again that most reports could benefit from restricting the account to a specified service-user group to attain greater depth. The choice of topic is again vital as not all subjects lend themselves to a discussion of social, lifestyle and environmental factors.

AO3 Research and analysis

Most learners demonstrated sound research skills, accessing a wide variety of internet sites and some texts as their secondary resources. There was an attempt by some centres to include primary research in the form of surveys. Learners spent a great deal of time analysing their responses in the form of pie charts, graphs etc. Regrettably, these learners then failed to make any links with the public health concerns and valuable opportunities were missed.

Some centres had initiated primary research that did not seem to have any significant relevance to the topic. Activities to generate interest in the classroom and the topic are to be commended but, a sound plenary to tease out the principles appropriate to public health reports should follow.

Statistics taken from web sites were frequently global or North American facts despite the clear indication in the assessment criteria regarding sections of the U.K. population.

Lists of sources of reference seemed to be either excellent or quite poor in quality and short tutorials on appropriate referencing and bibliography construction are advised prior to report construction. Candidates working at the higher mark bands

tended to reference their work, particularly graphs and statistics with acknowledgements in the accepted manner and include a detailed bibliography using the Harvard referencing system.

Analysis was often weak and did not relate to public health problems at all. Many centres appear to believe that the analysis relates to the number of charts, graphs and sets of statistics that the work includes rather than analysing the social, environmental and lifestyle problems relevant to public health and the service-user group.

AO4 Evaluation

Evidence supplied to meet this objective proved to be elusive. Only few marks were allocated to describing the strategies to reduce risks to public health and the bulk of the mark capture was in demonstrating the strengths and weaknesses of the strategies or measures in order to reach a reasoned conclusion about the effectiveness of the strategy on public health. Treatment and management of individuals associated with the health issue was not required. Many candidates described advice to individuals on how to deal with the issue, such as giving vegetable sticks as a reward to your children instead of sweets in a report on obesity and similarly, having a gastric band inserted around the stomach. These are not public health measures.

Many report conclusions were summaries of their findings and many others had no conclusion at all. Candidates achieving at higher mark bands were able to discuss the merits and flaws of a number of measures and reach an overall, reasoned conclusion about their likely success. The conclusion does not necessarily have to be from a published source, the candidate may provide a personal opinion provided that the reasons are valid and relevant to the evaluation. Simply stating "I think that..." with no support for the point is inadequate.

Overall, it was pleasing to see the large number of candidates who had made real efforts in their investigations and produced interesting, insightful and stimulating reports for this first series of the qualification. Centre assessors are also to be commended for their assessment judgements, helpful comments and expertise in guiding the learners towards their achievement.

Grade Boundaries

Unit 1 Human Growth and Development

| Grade | Max. Mark | A | B | C | D | E |
|-----------------------|-----------|----|----|----|----|----|
| Raw boundary mark | 90 | 59 | 52 | 45 | 38 | 32 |
| Uniform boundary mark | 100 | 80 | 70 | 60 | 50 | 40 |

Unit 2 Communication and Values

| Grade | Max. Mark | A | B | C | D | E |
|-----------------------|-----------|----|----|----|----|----|
| Raw boundary mark | 60 | 50 | 44 | 39 | 34 | 29 |
| Uniform boundary mark | 100 | 80 | 70 | 60 | 50 | 40 |

Unit 3 Positive Care Environments

| Grade | Max. Mark | A | B | C | D | E |
|-----------------------|-----------|----|----|----|----|----|
| Raw boundary mark | 60 | 50 | 44 | 39 | 34 | 29 |
| Uniform boundary mark | 100 | 80 | 70 | 60 | 50 | 40 |

Unit 4 Social Aspects and Lifestyle Choices

| Grade | Max. Mark | A | B | C | D | E |
|-----------------------|-----------|----|----|----|----|----|
| Raw boundary mark | 90 | 62 | 56 | 50 | 44 | 39 |
| Uniform boundary mark | 100 | 80 | 70 | 60 | 50 | 40 |

Unit 5 Activities for Health and Well - being

| Grade | Max. Mark | A | B | C | D | E |
|-----------------------|-----------|----|----|----|----|----|
| Raw boundary mark | 60 | 50 | 44 | 39 | 34 | 29 |
| Uniform boundary mark | 100 | 80 | 70 | 60 | 50 | 40 |

Unit 6 Public Health

| Grade | Max. Mark | A | B | C | D | E |
|-----------------------|-----------|----|----|----|----|----|
| Raw boundary mark | 60 | 50 | 44 | 39 | 34 | 29 |
| Uniform boundary mark | 100 | 80 | 70 | 60 | 50 | 40 |

Notes

Maximum Mark (Raw): the mark corresponding to the sum total of the marks shown on the mark scheme.

Boundary mark: the minimum mark required by a candidate to qualify for a given grade.

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