

Examiners' Report Summer 2008

GCE

GCE Health and Social Care
(8741/8742 & 9741/9742)

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Chief Examiner's comments

This is the third summer series that all units of the GCE Health and Social Care qualification have been awarded. Consequently, it provides the senior examining team with a valuable opportunity to review and raise issues as well as discuss how the qualification should be taken forward in terms of quality. As a maturing qualification, the main priority of the senior Examiners is to ensure that standards at each grade boundary are maintained and that work, whether examined or moderated, is accurate.

With regard to moderated units the over-riding concern for senior examiners in this series has been the lenient marking and assessing which they and their teams have observed - particularly at the E grade boundary. Moderators have been instructed to inform centres in writing to take greater care in applying marks, but, in future series, moderators will be more rigid with work at the grade boundaries and candidates' marks may be adjusted if centres are not rigorous in interpreting the Assessment Objectives and mark bands when awarding marks.

Strengths in candidate work

- Centres are generally on-time with forwarding moderated work to moderators. Mistakes tended to be centre specific
- Administration e.g. completion of OPTEMS was also generally accurate and mistakes were once again centre specific
- Marking and assessment decisions for the majority of centres was accurate, although centres are advised to take note of the senior examining teams concern over marking at E grade boundary
- Understanding and interpretation of unit content is accurate; it is pleasing to see that centres are covering the unit specification accurately
- Centres are now making good use of past papers when preparing candidates for examined units
- It would also appear that some centres are making valuable use of moderator reports and INSET coursework events in maintaining or raising the standard of candidate portfolios
- General use of English in examined units has improved.

Weaknesses in Candidate work

- Spelling in examined units continues to be a worrying problem with many candidates appearing not to care how they spell words, particularly vocational terms
- It has been observed by all examiners that candidates are not writing concisely enough due to poor interpretation of the question. Many candidates spend too much time repeating the question stem, explaining or describing aspects of the question and not answering the question posed. Consequently, they waste valuable time and energy and only achieve few marks rather than full marks
- Ability to read and interpret data varies and is often poor. This occurs not only in portfolio units but also in examined units where candidates were asked to interpret basic information and failed to do so accurately e.g. 6941 / 6949
- Although general knowledge and understanding of examined units has improved, there is still concern over some basic knowledge such as life stages
- Theoretical concepts such as health promotion models (6938) and quality assurance measures (6944) still tends to remain weak
- The level of primary research in portfolio units remains weak and, where it does occur, is poorly interpreted e.g. Unit 10 Understanding Research

- Centres should also discourage candidates from cutting and pasting information from the internet: especially as, in some cases, it is irrelevant. Where sources are relevant candidates should be encouraged to reference this work accurately.
- Extended writing on examined units continues to be poor, with responses being generic and not concise enough: the majority of candidates fail to get above level 2. There also tends to be over use of PIES on AS units with many candidates focusing so much on PIES that their response bears little resemblance to the question asked. There is also the tendency for many candidates to try and compensate on shorter questions where they get full marks, whilst only achieving level 2 on longer questions. Senior examiners would advise centres that they would prefer to see a consistent level of response on all questions.

6938/01: Human Growth and Development

General comments

Overall, examination results were disappointing, although the mean mark was slightly increased. Many candidates could not state accurately the names of the life stages or their physical characteristics. Candidates' level of grammar, sentence construction and punctuation was poor.

There was a lot of cancelling out of words, phrases and sentences with a great deal of repetition in longer answers. It appears that candidates need practice in examination technique when answering longer questions. Only stronger candidates were able to complete responses with evaluations or conclusions and therefore had access to the higher band of marks. Once again, a major fault was in not reading questions accurately, although a greater number of candidates underlined key words in questions.

Some candidates do not recognise the difference between questions related to the case study and those of a general nature. Many candidates tend to "change" questions into ones they had met before rather than attempting to consider applying their knowledge and understanding to a different scenario. As the examination papers will cover the whole specification over time, it is important that candidates recognise that they will be required to apply knowledge and understanding to other aspects of the specification than those previously examined. Some candidates seemed to have knowledge in small mental boxes that cannot be changed.

Bullet points are not suitable for longer questions and tutors should discourage their use in examination questions at this level.

Questions are very unlikely to require the same knowledge and understanding to be repeated, yet too many candidates churned out the same information for 2c, 2diii, and 3d -this should ring alarm bells and a re-assessment of the answers given.

It is very disappointing that questions asking for the importance or benefits of something are answered so negatively by candidates. "If you do not have friends, you might have low self-esteem", for example, does not inform the reader about the importance of having friends. Tutors should stress the need to tackle such questions positively.

Question 1

Many candidates lost marks by giving late adulthood, old age or elderly in (a)(i). In (a)(ii), several candidates are still using grey / white hair, loss of hair, wrinkles, brittle bones or loss of a sense (as opposed to decline or reduction), although these have never been accepted. Most candidates achieved marks on (b), but some gave only causes and not effects on development, while others produced responses which were not related to the daughter and family returning to live with the parents. There was confusion about the gender of Olwen: this showed how candidates do not read the examination paper thoroughly. A family tree was available, clearly showing that Olwen was female and Dai was male. They were married and the question referred to "her" development. The gender error was not significant in allocating marks. Part (c) was answered particularly well, with the majority of candidates gaining 4 marks. Some reversed the characteristics of the motor skills and others wrote about small or big movements rather than muscles. Even big muscles can make small movements.

In (d), candidates were required to provide the positive and negative aspects of employment on a family. Several candidates looked at the negative side of being employed for Ceri, rather than considering the effect on a family. Most candidates achieved 3-5 marks and there were some excellent responses which gained 7-8 marks. However, those who related only to the scenario were limited in the points raised. Some candidates only looked at either positive or negative views. Again many candidates looked at a decline in self-concept in (e), and could not access full marks. Overall, this question was well answered, although weaker candidates seemed more concerned with cosmetic changes that Ceri might adopt to boost her self-image and attract other partners. Candidates generally have a distorted view of self-image believing it to be solely about appearance and will frequently write about people seeing themselves as "ugly" whereas it is about who we are, our gender, life stage, where we live and our identity as we see ourselves.

Question 2

Many candidates had surprisingly sparse knowledge of health definitions in (a) and most did not know of a personal view of health. The most common answers were positive and negative views of health where candidates were backing both sides, while others offered holistic health. The WHO definition was better known but few knew of more modern views. Many candidates gained 4-6 marks in (b), but knowledge was patchy and a "strained" heart was common. Several candidates wrote about lack of socialising and self-esteem which was inappropriate. Part (c) was well answered with several candidates obtaining full marks and many obtaining seven or more marks. Weak answers were vague: discussing food labelling, convenience food, smoking etc. without referring to any approaches.

Glasgow was a common answer in (d)(i) but only a minority achieved the second mark in (d)(ii). In (d)(iii), answers were often repetitive. It was surprising that so few candidates did not appear to know that immunisations for childhood infections were free and that health visitors made regular checks on young children. Most candidates only achieved the lowest mark band with leaflets, use of TV etc. Very few considered different languages and cultures or the movement of families in inner city areas. Candidates may consider multi-cultural Britain in coursework but few realise the practical difficulties. Although herd immunity was explained in the stem of the question, some candidates failed to understand and wrote about "herd" as if it was a disease. Knowledge of immunity was not required to answer the question.

Question 3

Part (a)(i) was well answered, although some candidates still write adolescent, which is not the name of the life stage. Part (a)(ii) was also answered well, but puberty is a common incorrect response here. It is worth noting that candidates who do not use appropriate language do not get credited with marks e.g. boobs instead of breasts. Attention to mark allocation was important in (b). It was very unlikely that 4 marks would be allocated to one factor - two factors plus an explanation were required for each part. A few good candidates recognised this, but the majority obtained two marks in each part. This was a question devoted to the negative thinking referred to earlier. Part (c) showed another example of negative thinking, with many candidates writing about not having good emotional development. This was also a question where candidates tried to change the topic, openly referring to emotional development in children or adolescents and ignoring the adults clearly stated in the question. Some excellent candidates achieved high marks on this question. Weak candidates gave vague references to emotions such as being sad, angry, or happy as a result of life events and gained very few marks.

The health promotion approach was stated in (d) but this did not stop candidates going through all the approaches yet again. The Health Promotion Unit was working in the school

but this was ignored and most referred to the HPU staff banning newsagents from selling cigarettes and the illegal complications thereof, or the HPU going to see parents. School staff and the Head Teacher came in for criticism and leaflets were published again. A few mentioned support and help to stop smoking or the financial implications but most stated that the campaign would be ineffective and pupils would carry on smoking. It was extremely rare to read of changing behaviour, raising self-esteem, learning to say "no" or taking responsibility for themselves - all of which are fundamental to the educational/behavioural approach. Once again it would appear that candidates either do not understand the approaches or are failing to apply their knowledge in scenarios. Only a minority of candidates used the information from the survey as instructed.

6939/01: Communication and Values

General comments

In general, centres appear to have a clearer idea of the requirements than they did in previous years. Nearly all learners had conducted more than one interaction and had included both a one to one and a group interaction. 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. Some centres had used two work placements.

There were numerous issues with the construction of the report. A substantial number of centres presented the coursework in an essay style, with no sub-headings (as opposed to a report): this proved difficult to assess. Coverage of all Assessment Objectives was seen in the majority of portfolios. Student performance compared favourably with previous years.

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 the Assessment Objectives and thought it appropriate to observe an interaction as opposed to participating in one, as clearly stated in the unit specifications. It was noted that a small number of centres had included copies of their assignment briefs which met the Assessment Objectives. An area of concern is the inclusion in the body of the report of the transcripts of the interactions that took place: these should be located in the appendices.

Assessment Objective 1

The majority of centres had guided their learners into carrying out at least one interaction with a relevant service user group, through which they were then able to demonstrate their knowledge and understanding of both communication skills and the transmission of values in health, social care and early years' settings. Where only one interaction was carried out the learners were not able to access mark band 3, as this requires the learner to carry out a comparison with respect to the use of communication and transmission of values. The best work was seen from learners who had undertaken a number of interactions with two different client groups such as early years and older people, as this allowed the direct comparisons needed to access mark band 3. The majority of centres awarded marks in the appropriate band for AO1, although some centres awarded marks too generously. This was usually because the learners discussed at some length the actual activity as opposed to the communication and transmission of value skills that they used during the interaction with the client. Specialist language was apparent in many reports, demonstrating a good level of knowledge and understanding of both communication skills and transmission of values as applied to a number of interactions.

Assessment Objective 2

Some centres still have difficulty in understanding the evidence needed for this Assessment Objective. The learners need to demonstrate their ability to apply their knowledge and understanding to a work-related context. In mark band 1, they need to describe this; whereas in mark band 2 they are asked to explain how the communication and transmission of values used were related to the particular work-related context. Learners need to provide explicit evidence to show their understanding of this Assessment Objective as opposed to relying on implicit evidence from AO1.

Assessment Objective 3

Evidence for this Assessment Objective requires learners to demonstrate their skills in obtaining information and some analysis of work-related uses. Most learners analysed barriers to communication skills and transmission of values as their work-related issue. Learners gathered both primary and secondary information. Learners that referenced secondary sources of information correctly throughout their report and then provided an extensive bibliography showed best practice. Several centres provided witness statements as evidence that learners had demonstrated knowledge of communication skills and transmission of values in their interactions, the most successful being those that commented on the actual skills demonstrated by the learners.

Assessment Objective 4

This proved to be the most difficult Assessment Objective for which to provide relevant evidence. Learners are required to demonstrate varying degrees of evaluative skills and draw reasoned conclusions based on evidence from their interactions. Several centres awarded marks in bands 2 and 3 even though the learners had evaluated the actual activity that was carried out, rather than their communication skills or transmission of values. Most learners drew valid conclusions, although a small number discussed a range of issues connected to their settings.

6940/01: Positive Care Environments

General comments

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. Despite the extended deadline given by the Board, moderators reported that a large percentage of work was received well beyond the revised deadline. Other than this, administration was much improved this series although a significant number of moderators reported that there were several instances of incorrect addition of marks and incorrect completion of OPTEMS by centres. It was pleasing to see that some form of internal moderation had been undertaken by a large percentage of centres.

Assessment Objective 1

This requires learners to consider the rights of the individual when accessing care and how the Care Value Base could support those rights. Learners were able to focus more clearly on the rights of the individual, but there was a lack of evidence showing how those rights could be supported by the Care Value Base. There remains a tendency for learners to discuss legislation in detail under this Assessment Objective. Centres should note that this is not required for Assessment Objective 1. Whilst this work may be credited for Assessment Objective 4, learners should be encouraged to focus on rights and how the Care Value Base supports those rights.

Assessment Objective 2

This requires 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. There was a tendency for this Assessment Objective to be assessed leniently in a large number of cases. As in previous series, 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. It was pleasing to see that the majority of learners considered a range of barriers rather than just focussing on communication as has been seen in previous series. There was limited reference seen to the effect on the creation of a positive care environment.

Assessment Objective 3

This requires learners to demonstrate research and analysis skills, giving evidence through a 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. Marks were lost mainly in the learners' poor ability to analyse how service providers implement and develop those policies and how the policies help to create a positive care environment. As in previous series, sources of information used tended to be limited.

Assessment Objective 4

This requires learners to demonstrate evaluative skills by considering how well current legislation safeguards and promotes the rights of service users. Evaluation skills remain very weak, with a large percentage of learners only listing the key elements of the legislation under discussion and providing no evaluation. Learners should be encouraged to consider the strengths and weaknesses of the legislation under discussion in terms of how it supports and promotes the rights of the service user and then draw valid conclusions. Few learners were able to describe the responsibilities the service provider has under the legislation. A small but significant number of learners discussed legislation that was not relevant to the care

environment under discussion. Redress was covered well by some learners but there remains a significant number who do not 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. As in previous series, a significant number of learners discussed Industrial Tribunals and the role of Trade Unions without realising that the Assessment Objective focuses on methods of redress available to service users, not employees.

Assessment Objectives 3 and 4 need to be considerably strengthened in future submissions.

6941/01: Social Aspects and Lifestyle Choices

General comments

The format and style of the paper was similar to that in previous series. There were three full questions in total, each marked out of 30, giving an overall total for the paper of 90 marks. The scenarios enabled the candidates to demonstrate their knowledge across the full breadth of the specification.

There were several short answer questions in this paper. These enabled candidates to score at least some marks, usually at least half on these questions, thereby increasing their overall total for the paper. Differentiation was seen on the questions that required the candidates to utilise their higher order thinking skills. Candidates appeared to have a good understanding of the unit specification but were not skilled in providing explanations, discussions or examinations of any depth.

The examiners felt that the paper discriminated well, with a wide range of marks being seen in each question. They noted that when marking the candidates' responses, there was only a small number of 'blank' pages (where the candidate did not attempt to answer the question at all). This suggests that the questions generally were fair, easy to understand and provoked responses from candidates. There were occasions when candidates did not read the information provided or did not answer the actual question they were asked. Evaluations within answers were usually poor or non-existent.

Question 1

This question was based around the subject of smoking and included data which the candidates had to analyse.

Part (a) was a straightforward question with most candidates correctly identifying 3 lifestyle choices. Part b(i) was also straightforward, with candidates needing to interpret a bar chart. However, many candidates were unable to describe clearly how the number of people who smoked varied with age. Many answers were poorly written, whilst a number of candidates wrote about life stages which was not what the question asked. Part (b)(ii) was answered well. A number of learners found (c) difficult to understand and, although they were able to discuss the effects of smoking on health, they were rarely able to extend this to also relate to the person's wellbeing. Learners failed to realise that they needed to address both sides of the issue when answering (d), consequently the number of marks they could achieve was limited. Many are still unaware of good examination technique and sadly lose marks. Some learners explained peer group pressure and then went on to talk in general terms about why people give up smoking; others totally ignored the issue of peer group pressure. The more able candidates were able to address both sides of the issue, discussing how peers could help them to give up smoking. The candidates found it difficult to write about peer pressure being a positive influence. As with the previous question, only a few candidates managed to achieve the higher level of marks in (e) because the majority failed to address both sides. Many are still unable to deliver a structured answer: they appear to be more concerned with filling the page. This results in candidates repeating themselves. A number of candidates described in detail the recognised stages of bereavement, but provided very little evidence to relate it to the question. They appeared to fix onto the word bereavement and off they went - it didn't matter whether their answer was relevant or not. Unfortunately this trait is becoming too common practice with candidates, often taking them onto separate sheets of paper with no creditworthy material.

Question 2

In a(i), the majority of candidates achieved full marks by identifying and expanding on primary and secondary socialisation. Equally, most candidates scored at least half marks in (a)(ii), with a large number getting into the 3 - 4 mark range. In a(iii), most candidates were able to offer two ways in which Nina's family could support her whilst at university, with most opting for financial and emotional support with an explanation of how this could be achieved. However, a few offered short answers such as "give her money" or "visit her", which limited the number of marks that they could be awarded. Most candidates were able to link their response in (b) sufficiently to physical development to achieve at least 4 marks. The majority of candidates' responses in (c)(i) identified that social class is based on occupation or income. Most were able to state that people were grouped together or categorised. However, some candidates still discussed lower, middle or upper class rather than the current classification (that was included in the paper). In (c)(ii), the information given to the students was limited and dated. Unfortunately, very few pointed this out. Again, too many restated the information given in the question rather than applying it with their own knowledge.

Question 3

The majority of candidates answered (a) correctly. Some candidates assumed that (b)(i) linked to the case study and wrote their answer from a care worker's or resident's point of view. A number of candidates also gave a definition of the word "stereotyping" although this was not asked for. Most candidates were able to describe ways in which older people may be stereotyped, although the answers ranged from a list of words to a full description. In (b)(ii), some candidates again linked their answers to the case study. This question proved more difficult than the previous one, with answers ranging from clear sensible descriptions to one word answers such as "whores" and "hoes" which were deemed unacceptable. Most candidates were able to identify a group that is stereotyped in (b)(iii), the most popular one being "teenagers". They were able to explain why this group were stereotyped but some responses contained a list of descriptive words for example, "noisy", "abusive", "violent" rather than a full description. Acceptable groups ranged from ethnic minorities, travellers, children, people with disabilities and homosexuals. Unacceptable groups included "gingers", models, blondes, drug dealers and male nurses. Several candidates attempted to use their answers to the previous question, which was similar. There were mixed responses for (c), with a number of candidates misinterpreting the question by relating their answer to the managers of the care homes and not the benefits to service users. Those candidates that managed to achieve marks in this question were able to address appropriate ways to benefit the service users and in the main achieve marks in level 2. Part d(i) was not answered well by many candidates. They did not appear to understand the Care Value Base. A large number of candidates listed some values, which was sufficient to give them marks in level 2. It was exceptional to see anything related to policies and/or procedures. Part d(ii) was another question which was not answered well. Of the responses seen, most were generally vague, with the majority of candidates lacking the evaluative skills to achieve marks in level 3.

6942/01: Activities for Health and Well-being

General comments

The assessment evidence for this unit consists of a report on an activity carried out by the candidate. As in previous series, learners had chosen a variety of activities and a range of settings and user groups.

There were some excellent reports that directly addressed the Assessment Objectives of the unit and where clear understanding of what was required was displayed. These learners had put much effort and skill into devising, carrying out and evaluating interesting and beneficial activities for their chosen user group.

There were still a minority of centres where learners had carried out more than one activity. Centres should remind learners that it is only necessary to carry out **one** activity to fulfil the assessment requirements on the unit. Learners should carry out a single activity to help them provide evidence of the depth required to reach higher mark bands in each Assessment Objective.

Learners working in groups sometimes had difficulty showing their individual role in the work. Some reports referred to 'we' throughout, making it hard to assess the individual learner's contribution. Learners working in groups need to make sure that they have evidence for their individual contribution and that their report is about **their own work**.

Assessment Objective 1

Here, learners need to consider different activities and to choose one activity to carry out with their chosen client group, explaining reasons for their choice. Generally, learners choose a suitable activity but most only stated the reasons for their choice. Learners should be encouraged to consider a range of activities in the light of the learning they have gained in other parts of their studies; for instance their knowledge of needs and of human growth and development. Theory from these areas can help inform their choices and substantiate their decisions.

Assessment Objective 2

Here, learners need to explain the benefits of their chosen activity. This Assessment Objective is one where learners tend to score less well, and a number of learners had looked rather superficially at the benefits of their activity, listing some benefits without sufficient explanation or depth. There is a tendency for some centres to reward work a little too generously in AO2. Learners should be encouraged to look in depth at the benefits of their activity and apply their knowledge and understanding to meet the requirements.

Assessment Objective 3

This requires reporting on the planning of the activity, along with implementation and analysis. Some learners had made good links to theory in their planning and analysis and had used research into the curriculum or programme followed by their chosen user group to support their choices, planning and evaluation. Often, though, the emphasis was on the planning and implementation of the activity, with little analysis present. Most learners had provided detailed accounts of the implementation of their activity and in a number of cases the planning was also dealt with well. Learners should be encouraged to provide an analysis of their activity and to build evidence collection opportunities into their plan to help them with their evaluation.

Assessment Objective 4

This requires an evaluation of the activity, including benefits to the service users: it was the weakest part of most reports. Generally learners had collected some evidence to support their evaluation. In some reports, evidence from several sources was collected and incorporated into a balanced and considered evaluation. However, many reports used a very limited range of evidence and sources of information. Also, sometimes learners had collected primary evidence that was not referred to in their report and they seemed to be unsure how to go about evaluating their activity. Often only a few points, generally good ones, were described or stated. Few learners managed to provide the depth of evaluation necessary to reach the top mark band. Learners should remember to plan evidence collection methods so that they can incorporate the findings into their analysis and evaluation and remember to focus on the benefits to the client in planning and evaluating the activity.

6943/01: Public Health

General comments

Yet again the biggest issue seen this series was that centres need to ensure that the choice of topic undertaken by learners allows them to achieve all the mark bands. If an inappropriate topic is chosen then it is difficult for the learner to cover all of the Assessment Objectives. Some learners did understand the requirements of the Unit and the work produced was interesting and informative. However, others provided very weak evidence that fulfilled few of the criteria in sufficient depth for this level of work.

Assessment Objective 1

Some centres seem to have missed the requirement to discuss how factors may actually or potentially affect public health and/or safety; they linked the factors to their effect on individuals' health but this was not linked to the effect on public health.

Assessment Objective 2

Many learners are still not making the link between social, economic and lifestyle factors and the specific public health issue and section of the UK population that they are studying. Some learners tended to include a lot of generic information about the factors without making the links to the specified group.

Assessment Objective 3

Learners showed good skills in obtaining information from literature searches but need to be encouraged to be more selective about the information they use in their final portfolio. Some learners included large amounts of cut-and-pasted information of varying degrees of relevance without referencing it, making it difficult for them to demonstrate the independent thinking needed for mark band 3. It would be best practice to encourage learners to reference their work fully and include detailed bibliographies: this is more useful than including pages of work printed off the internet in appendices which should be discouraged.

Assessment Objective 4

This was the section that was most poorly done. Some learners struggled because they had chosen inappropriate factors that had few easily accessible strategies associated with them. It would be best practice for centres to build up a selection of issues that they know work for learners and allow them to access the higher mark bands. Those learners who had identified strategies tended to do it in a very descriptive way and there was little evidence that students had attempted to evaluate strategies allowing them to access mark band 3.

Overall this unit depends on the learners choosing an appropriate issue to study to allow them to access the assessment objectives successfully.

This is a list of some issues that learners have found to be more successful, but it is not an exhaustive list: centres should, of course, encourage learners to study other issues if they have appropriate strategies associated with them.

Increase in Obesity
Lung Cancer
Colonic cancer
Breast cancer

Cervical cancer
Alcohol abuse
Individual sexually transmitted diseases (e.g *Chlamydia*) but not STDs as a single issue
Type 2 diabetes
Tuberculosis
Food borne infections
Hospital acquired infections (*MRSA*, *C. diff*)

Learners should link the issue they are studying to a specific identified group or section of the UK population; this enables them to evaluate strategies in terms of a target group which many learners find more straightforward to do.

Learners need guidance on both analysis and evaluation at this stage to ensure that they can achieve mark band 3. The process is new to them and they should be supported by their Centres, especially as these are skills that they will need to succeed at A2.

6944/01: Meeting Individual Needs

General comments

The paper consisted of three questions totalling to 90 marks. The format and style of the paper was similar to previous series. This paper continues to perform well. Examiner comments have indicated that not only did the paper discriminate well between candidates, candidate responses were also accurate in terms of content and reflected accurate use of specialist vocabulary. This demonstrates good knowledge and understanding of the unit specification and transference of knowledge from other units.

Question 1

This question was based around the case study of a 9 year old boy with a learning disability.

Part (a) was a relatively straightforward question which required candidates to cite correctly one piece of legislation which would be relevant to the case study. The vast majority of candidates correctly stated either Disability Discrimination Act or Human Rights Act. As only one mark was allocated, no marks were deducted for citing an incorrect date, something most candidates have difficulty with. As this is a synoptic paper, (b) relates to unit 6938/01 in that it asked candidates to identify three benefits of Sean being educated with able-bodied children. The vast majority of candidates achieved at least two marks for stating that socially he would make friends, develop communication or intellectual skills etc. Part (c) focused on the candidates' knowledge and understanding of the care planning process and in particular the review process. The majority of candidates achieved 2-3 marks by correctly citing readjusting Sean's needs, ensuring the care plan met his needs i.e. as he was growing his needs would change. Only a few, higher-calibre candidates could state that it was important to include Sean/foster parents in the care planning review process to ensure he/they was happy with his care. Part (d) focused on the candidates' knowledge and understanding of legislation which was stated in the specification. Once again, the majority of candidates stated that the importance of the legislation was because of the paramountcy principle and that the child had rights to be included in all aspects of their care. Very few could state that the legislation identified what a child in need was and many made the mistake of assuming that the legislation prevented or 'stopped' abuse which is incorrect: it identifies children at risk and establishes procedures to monitor such children. Again, (e) was a synoptic question relating to Unit 6940/01 on care values. The vast majority of candidates had little difficulty in identifying two care values and explaining their importance in providing care services. The majority of candidates achieved between 4-6 marks. Part (f) asked candidates to examine the importance of technical resources to Sean's development. Unfortunately, the majority of candidates could only achieve marks in mark band 1-2 by referring to how these would help him develop intellectually, promote independence or affect his self-concept. Few candidates actually examined the negative impact of not providing resources i.e. that it would hamper his development, it would isolate him and potentially discriminate against him. Those that did try to discuss the importance of additional resources stated that it would potentially single him out and lead to bullying!!

Question 2

This question was based around a case study of George, a recovering alcoholic, and the process of care he was involved in at the rehab unit he was attending.

Part (a) was relatively straightforward, asking for a definition of a voluntary organisation. Most scored at least one mark for stating that it was a not-for-profit organisation or it was manned by volunteers (unpaid). Much of this was also true in (b), which asked for a definition of a statutory organisation. Here, most scored at least one mark for stating that it was a

government-run or publicly-funded organisation and provided a definition such as the NHS. Part (c) asked candidates to explain the principles of confidentiality - again this was a synoptic question based on unit 6940/01. Most candidates scored 2-3 marks for stating that it involved the security of information, disclosure, trust etc. Part (d) focused on the use of a multi-disciplinary approach to care. Few candidates demonstrated a coherent understanding of this concept and the majority of answers were brief, vague and limited in terms of knowledge. Candidates tended to state that it involved groups of professionals, greater communication and holistic approach to care but could not extend on this. Part (e) focused on the people-centred approach. Once again knowledge was disappointing in that few understood the term and confused it with the culture of an organisation. In (f), candidates were asked to evaluate the contribution of the voluntary sector to the provision of services. Again, responses tended not to go beyond level 2 (6 marks). Candidates tended to explain the history and background to voluntary organisations, some confusing them with informal carers!! Answers did relate to a mixed economy of care, that they influence government policy and that they were community-based and provided specialised care. Answers tended to focus on the positive aspects and the problems faced by voluntary organisation were ignored or incorrectly attempted.

Question 3

This question was based around a residential home and quality assurance procedures which care organisations are influenced by when providing care services.

Part (a) was well answered by the majority of candidates who stated that in addition to inspecting or registering organisations they also dealt with complaints, set standards, reviewed quality etc. In (b), candidates were asked to explain the value of team meetings. The majority of candidates achieved 2-3 marks for stating that it helped colleagues bond, developed channels of communication and helped solve problems. Part (c) assessed knowledge of why it was important to listen and respond to service user needs. Although it appears straightforward, many candidates only achieved two marks for answers relating to respecting the client and empowering them. Candidates should also have linked their answer to how it would improve the quality of services in that was part of quality assurance. In (d), candidates need to identify two quality assurance measures the residential home could introduce. This question was well answered with candidates stating measures such as a complaints procedures, resident forums, questionnaires etc. Part (e) asked candidates to examine the effectiveness of registration and inspection units. Having asked candidates to explain their purpose in (a), the examiners expected them to extend their answer and bring in points such as it helps organisation benchmark, raises standards, promotes and creates a safe environment, identifies problem areas etc. Few candidates could do this; consequently the majority of candidates did not go further than level 2. Few candidates could see problems with registration and inspection units.

6945/01: Promoting Health & Well-Being

General comments

On the whole, accurate assessment of this unit was seen although Assessment Objectives 3 and 4 need to be considerably strengthened for future submissions.

Some interesting and very well presented work was seen on a range of appropriate topics.

Assessment Objective 1

Here, the learner needs to undertake comprehensive background research into a chosen health topic on which they will base a small-scale health promotion activity. The background research should help to provide a rationale for the chosen target group. Most learners had chosen suitable topics to consider for their Health Promotion and had undertaken some extensive background research into their chosen area. In too many cases, however, this background research appeared to be undertaken as a result of identifying the target group rather than to inform the choice of target group. There is still a tendency to focus on the illness rather than the health promotion, for example, obesity rather than healthy eating. Most target groups were appropriate. In the main, background research was well referenced and it was pleasing to see the use of comprehensive bibliographies in a large number of portfolios. However, learners continue to use the internet as the main, and often only, source for their background research.

Assessment Objective 2

This requires the learner to identify the aims and objectives of their health promotion, to identify the model of health promotion they will use, to produce a plan of action and to discuss how they will evaluate the success of their health promotion. There remains a degree of confusion around what constitutes an aim and what constitutes an objective. The majority of learners quote methods rather than objectives. Centres should note that objectives should be SMART - producing a leaflet or a PowerPoint presentation, which was quoted in a large proportion of portfolios seen, is not an objective but a method to achieve the aim. An example of an objective would be 'the target audience will be able to give five examples of smoking induced illnesses by the end of my promotion'. This is Specific, Measurable, Achievable, Realistic and Time-limited. Most were able to discuss the various models of Health Promotion but there was a small but significant number who appeared merely to have copied the information and showed no real understanding of the actual models. Good portfolios discussed all methods and then provided a rationale for the one or two they had chosen to use. Plans were included but these were very brief in a large number of cases and most focussed on the presentation of the promotion only. Understanding of methods of evaluating the success of the campaign remains weak. Where promotions had been undertaken as a group, it was often difficult to identify exactly what work the individual learner had undertaken. Good portfolios provided an action plan with detailed timings and responsibilities where the promotion was carried out as a group. Discussion of evaluation methods remains very weak with a large proportion of learners merely stating that they would use a 'before and after' questionnaire. Ideally, a discussion of the different methods of evaluation, process, impact and outcome would be seen here with the learner then identifying which they will use and why. As in previous series, a significant number of learners appeared confused between evaluation methods to measure success and evaluation of the campaign as is required in Assessment Objective 4.

Assessment Objective 3

This requires the learner to provide evidence of implementation of their health promotion, produce appropriate media and materials and provide an analysis of the results. Once again, a significant number of learners provided no evidence whatsoever of having actually implemented their campaign. Where evidence was provided, it was pleasing to see some detailed and comprehensive witness testimonies for learners which provided excellent evidence of implementation. There were a small but significant number of witness testimonies produced which merely said 'Learner A implemented the campaign'. This is of very limited value for the learner as it provides no information on which to base an evaluation for AO4. Generally, the materials and media used were of a reasonably high standard, particularly where learners had used IT for the production. However, there was limited evidence seen of learners linking their materials back to the Health Promotion model being used as described in AO2. Analysis of results was generally poor, mainly due to the fact that few learners had used valid methods of evaluation of success and therefore had limited data to analyse. There remain a significant number of students who presented their information in the form of graphs and drew no conclusions.

Assessment Objective 4

This requires the learner to evaluate the health promotion campaign with reference to their initial aims and objectives. This aspect remains very weak with the majority of learners merely discussing what they had done. All aspects of the campaign should be considered. The background research should be evaluated for aspects such as reliability, validity and currency; the aims and objectives should be evaluated in terms of whether they were SMART; the Health Promotion model used could be evaluated in terms of whether it was the correct choice and how successful it was; presentation methods could be evaluated in terms of how successful they were; the method of evaluation of success should be evaluated; and, finally, the actual presentation itself. Far too often the only evaluation seen centred on phrases such as 'if I were to do this again I would/would not change how I presented it'. At this level this is too simplistic and needs to be considerably strengthened for future submissions.

6946/01: Investigating Disease

General comments

Centres submitted authenticated samples for this unit to the revised deadline. A decline in the annotation of scripts was noted, with fewer assessors taking up the recommended practice of placing the Assessment Objective and mark band obtained by the evidence in the portfolio. Common practice was just to tick the report, not necessarily by the evidence, which is unhelpful. The minimum requirement is to include page references for the evidence on the front record sheet.

Most centres had requested learners to begin the report with the established practice of an introduction, however many of these were unduly lengthy and one example extended to 23 pages.. A short introduction is a good way to begin, but centres are reminded that unless material addresses assessment criteria it attracts no credit and the learners' time would be better spent on research, reflection or the main body of the report.

The choice of topic for research continues to improve and there were very few inappropriate diseases this series. However, there are issues involving choosing mental health and genetic conditions, where there are difficulties for learners to evaluate preventative strategies. Learners tend to use headings based on their research findings rather than those attributable to the assessment criteria.

Centres are reminded that reports must be in the learners' own words and it is apparent that too many are using unchanged material from published sources without adaptation. Quotes and images must be acknowledged and sourced and the repeated use of extensive quotations discouraged.

Assessment Objective 1

This is usually well done, but to achieve mark bands 2 and 3, there must be information describing **how** the signs and symptoms are produced not merely a list. In addition, mark band 3 requires about **how** signs and symptoms are displayed, related to the methods used to diagnose the diseases. The ways in which the chosen diseases are distinguished from those with similar signs and symptoms (differential diagnosis) must be included (for mark band 2, this is in AO2). Learners are describing signs and symptoms and methods of diagnosis but are not relating them to each other. The response of the body to the disease might include details of the immune response or effects on mobility, weight, cognitive processes, physiological changes etc.

Assessment Objective 2

Causes and distribution of the diseases will be described together with the identification of factors affecting distribution such as age, gender, lifestyle, geography, level of herd immunity and ethnicity. For mark band 2, learners must compare these factors for both diseases and for mark band 3, learners must include a total comparison of the diseases. The level of application of knowledge and the use of specialist language will also be considered in determining mark bands.

Assessment Objective 3

Mark bands 1 and 2 include methods of diagnosis and differentiation (mark band 2) as well as treatment and, additionally, mark band 2 requires differences between the provision of treatment for both of the diseases - this is less well done. Factors affecting treatment are

necessary for all mark bands and could include availability of some types of medication and specialist facilities, the stage of the disease at diagnosis, life style, the state of health and age of the service user etc. Differentiation is established by the level of detail and analyses of these factors. Descriptions of the roles of professional or voluntary support seem to be becoming condensed into lists of support agencies that vary from health centres, general practices, charities and voluntary agencies. Many learners categorise these into local and national. It is important to read the assessment criteria accurately; local and national variations relate to treatment and not to support. Many centres are carrying out this part of the Assessment Objective incorrectly. In future series, this will be considered during moderation. Support in mark band 3 must be compared between the chosen diseases and then with another of the same type. Thus a learner investigating measles and osteoarthritis must do three comparisons of support between:

1. measles and osteoarthritis
2. measles and another communicable disease e.g. mumps
3. osteoarthritis and another non-communicable disease e.g. multiple sclerosis.

Voluntary support may involve family, friends and neighbours and is not necessarily agency-based. Local and national treatments will be compared and justification offered for differences between the two. Sources of research are generally quite extensive for this unit, but still too often involve only websites and textbooks i.e. two types of sources. Work-related issues are still not being adequately covered and, where stronger learners have made comments on these, they are lacking the extensions needed for AO4. These issues are not necessarily employment-related. It is suggested that these are covered under a definite sub-heading to make assessment and moderation easier.

Assessment Objective 4

Strategies for prevention need to be explained but will gain only a few marks because the strength of AO4 remains in the evaluation of these strategies i.e. their weaknesses, strengths and conclusions. Finally, the **impact** of work-related issues on prevention, treatment or support must be discussed. The quality of work for this unit remains relatively stable and it is opportune to progress skills further to meet all the criteria in this A2 unit. Centre assessors overall are marking too generously and this has increased further this year.

Centres are familiar with the assessment criteria and several Principal Moderator reports have highlighted the same issues as this one with only moderate effect. In future series, moderators will be examining reports closely for the correct interpretation of the criteria, particularly in AO3 and AO4. The high level of independence and use of initiative criteria in mark band 3 will be based on the analysis, comparisons, work-related issues and evaluations that learners need to reflect on personally rather than collect from published material. This will benefit learners in their pursuit of career goals and increase their skills for interpretation and reflection. Learners from many centres provide accounts of two diseases with a comparison while omitting other requirements; this is not sufficient to reach mark band 3 across all objectives even when of good quality. Centres have given excellent guidance and periodic feedback to learners to date and will continue to offer direction to improve the management of handling information and independent thinking.

6947/01: Using and Understanding Research

General comments

The assessment evidence for this unit consists of a report on a research project carried out by the learner. Most learners had chosen appropriate health and social care related topics and had attempted to address all the assessment requirements of the unit. A range of topics had been chosen that covered all four user-groups/settings. Lifestyle issues that influence the health and well-being of young people were popular e.g. smoking, binge drinking, and STDs.

Assessment Objective 1

There was sometimes insufficient evidence of consideration of different research methods and the methods chosen were sometimes stated without explanation or justification. Learners should look into a range of research methods and explain how their choice of methods makes sense in relation to characteristics of their research project. This allows them to show knowledge and understanding in their research planning. Overall a range of research methods was used by learners, although most opted for some form of questionnaire. There were also interviews, observations, experiments, and other methods. Some learners had put an overemphasis on secondary research at the expense of their own primary research which is a main focus of the unit. Learners who had apparently been directed to use a particular set of methods often showed limited understanding of the advantages, disadvantages and overall rationale of each method they employed.

Assessment Objective 2

Here, most learners had created useful research tools and some were very well considered. Learners generally had put considerable effort into this aspect of their work. A number of learners had piloted their research tools and made adjustments in the light of their findings. This helped learners to satisfy the requirements of mark band 3.

Assessment Objective 3

Here, analysis of results was sometimes excellent with clear, well-labelled graphs, tables and charts accompanied by lucid explanation. However, many learners had provided only superficial analysis or had merely stated some of their results with little or no analysis offered. Also, some learners had used several different research methods but failed to bring the results together coherently. Learners are advised to plan their data analysis when they make decisions about the data they intend to collect and the methods to be used, so that the data they collect can be dealt with logically and systematically in the final report.

Assessment Objective 4

The evaluation here was the weakest part of most reports. Learners who had good understanding were able to evaluate their work in a balanced way, recognising both strengths and limitations. Some evaluations were about aspects of the topic itself: they need to be about the research learners have carried out, not its subject. Learners should be encouraged to consider the limitations as well as the strengths of their research to help them develop an evaluation. Some learners had included generic, theoretical statements about the role of research in health and social care that were not linked to the rest of their research report. Learners' understanding of the role of research would be best demonstrated by setting their own research in the context of the broader world of research through recognition of its constraints and limitations.

6948/01: Social Issues and Welfare Needs

General comments

With a few noteworthy exceptions, this was a unit where learners and assessors often struggled. Centres are advised to take note of this and previous Principal Moderator reports when advising learners about appropriate topics and approaches to this unit and, where they are not sure, use the 'Ask the Expert' service as a source of useful advice.

For many learners the choice of area of study caused them problems as they were not able to access the higher mark bands because the appropriate information to cover all the Assessment Objectives are difficult to identify for that topic.

The unit is about social issues and welfare needs and, as such, health issues are not appropriate: these fall under the remit of Unit 6 and centres should be careful to avoid them when directing learners.

Assessment Objective 1

Learners generally used a wide range of different sources. When demonstrating the origins of the social issue or welfare need it is rarely useful or appropriate to pre-date the inception of the welfare state and for no issue should there be any need to consider anything from before the First World War. Learners should be discouraged from attempting to write irrelevant historical descriptions of Victorian (or earlier) social conditions.

Assessment Objective 2

When deciding which issue to do, learners should consider whether there are enough appropriate demographic factors associated with it to enable them to access mark band b before embarking on their coursework. Very few learners considered population movement as a demographic factor, even when it was appropriate to the issue they were describing: this is something that centres may wish emphasise more. Many learners concentrated on birth and death rates to the exclusion of any other factors.

Assessment Objective 3

Good knowledge of the contemporary nature of the issue was shown by many learners. Little analysis of work-related issues was shown. The work-related issues can be considered from any relevant viewpoint: this may be the effect on employers (e.g. the army when considering suicide in young men), the affected group themselves, workers within that group (e.g. counsellors working with young men, issues for primary teachers when considering childhood poverty). Very few learners attempted to do any primary research. This is a pity as it would improve the quality of many reports and increase the types of sources of information that learners are using.

Assessment Objective 4

Description of government strategies was seen in nearly all cases but the attempts at evaluating the strategies was generally very poor and centres may wish to consider how they approach this Assessment Objective with learners. Where learners had identified an appropriate client group for the issue, the attempts at evaluating strategies were generally more successful as they could consider the success of the strategy in terms of the particular client group.

Many learners are including too much cut-and-pasted material in their work. This can detract from their own input, even where it is referenced. Where it is not referenced, this has a serious detrimental effect on the quality of the work and centres should actively discourage learners from this practice.

6949/01: Understanding Human Behaviour

General comments

This is the fourth time this paper has been sat. The requirements of this A2 paper were felt to be suitably more demanding than an AS paper, but compared well with other A2 paper.

The scenarios enabled the candidates to demonstrate their knowledge well across the full breadth of the specification. The examiners felt that the paper discriminated well, with a wide range of marks being seen in each question. It was pleasing to see so many good answers. It was felt that candidates performed similarly in this paper compared with the one set for the previous series. Centres are to be congratulated in preparing many candidates well for this paper. However, a significant number of candidates are giving too much description and not enough explanation or evaluation in the longer questions.

Question 1

This question was based on the problems of teenage drinking. It tested the ability of the candidates to handle data and their knowledge and understanding of the features of a humanistic (person-centred) approach.

Most candidates gained the mark for the first two parts of (a). In (a)(iii), most candidates gained two or three marks and did quantify their answers using the data given. In (b), most candidates showed a good understanding of social learning theory and gained two or three marks. Some did not use specialist language, such as peer pressure, in their answers and thus lost a mark. Part (c) discriminated well. In (i), poorer candidates just described unconditional regard without explanation or elaboration: the better candidates explained their answers. In (ii), poorer candidates gave simple definitions of empathy and genuineness, whereas the better candidates linked these to clear examples and explanations. Part (d) was not answered particularly well. Many candidates showed a poor understanding of the humanistic theory, often confusing it with the cognitive approach. A significant number of candidates, despite giving good advantages, only scored within level 1 as they did not give any disadvantages of the theory.

Question 2

This question centred on a young mother who had post-natal depression. It tested the candidates' knowledge and understanding of the cognitive (behavioural) therapy.

Few candidates gained full marks for defining schema in (a)(i), although some knew that it was to do with thoughts or experiences. Part (a)(ii) was answered more accurately, with many gaining two marks for a good definition of a dysfunctional belief. Some, wrongly thought that it was just negative thinking. The type of question in (b) about an initial assessment has been asked before. However, a significant number of candidates answered as if the word 'initial' was not there. Only the best candidates said that it was important as a baseline against which to measure changes. Most candidates scored two or three marks in (c), showing an understanding of why homework is important. Only the better candidates linked this to having an effect on changing dysfunctional thinking.

In (d)(i), most candidates gained the two marks showing a good understanding of the term empowerment. Some only gained one mark as they didn't get the idea of enabling or giving opportunities. In (d)(ii), many candidates gained three or four out of the six marks available. Although they showed a good understanding of empowerment, they did not follow through their ideas clearly enough, e.g. because Donna may feel respected and valued, therefore she

feels she is in charge. Part (e) was probably the most poorly answered of the 10-mark questions available. Not many candidates showed a clear understanding of the advantages and disadvantages of the cognitive approach and many did not link it to someone with depression. Some did, however, show a good understanding of the approach itself. A few better candidates scored in mark band 3 and did give some sort of evaluation, sometimes with a conclusion.

Question 3

The case study for this question centres on the poor relationship between a mother and her three-year old child. It tests the candidates' knowledge and understanding of the psychodynamic approach and family therapy.

Candidates scored well in (a), and most were able to explain the issues that could be affecting the relationship between Sally and William. Some lost marks as they did not make full use of the information given in the case study. Most candidates scored one or two marks in (b)(i), showing a good understanding of the psychodynamic approach. Some spoiled a good answer by saying it related to conscious as well as unconscious thoughts. In (b)(ii), few candidates showed any understanding of transactional analysis, despite this being a term mentioned in the specification. Some did gain credit for knowing that it was to do with interactions between people. In (b)(iii), few candidates gained any marks for the application of transactional analysis. The better candidates did gain credit for describing certain type of 'strokes'. Almost all candidates gained the mark for confidentiality in (c)(i). In (c)(ii), most candidates gained three or four marks for linking another principle of the care value base to its importance in ensuring effective care. The most common answers related to effective communication. A few candidates, however, talked about confidentiality and thus gained no marks. Part (d) was the best answered of the three longer questions. Most candidates showed a very good understanding of family therapy and had clearly used past papers well to prepare for the type of question. Many candidates scored within mark band 2 by giving advantages and disadvantages of the therapy. Some candidates only described the advantages and, even although they did this well, could only score within mark band 1. Some candidates did not relate their answer to dealing with a behavioural problem or did not really refer to the case study in their answer. The better candidates scored within mark band 3 and some finished off their evaluation with a good conclusion.

Grade Boundaries

Externally assessed units

6938: 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

6941: Social Aspects and Lifestyle Choices

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	66	54	48	42	36
Uniform boundary mark	100	80	70	60	50	40

6944: Meeting Individual Needs

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	69	62	55	48	42
Uniform boundary mark	100	80	70	60	50	40

6949: Understanding Human Behaviour

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	62	54	47	40	33
Uniform boundary mark	100	80	70	60	50	40

Internally assessed units

6939: Communication and Values

6940: Positive Care Environments

6942: Activities for Health and Well-being

6943: Public Health

6945: Promoting Health and Well-being

6946: Investigating Disease

6947: Using and Understanding Research

6948: Social Issues and Welfare Needs

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	60	50	45	40	35	30
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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