

# Principal Examiner's Report Summer 2010

GCE

## GCE Health & Social Care (6938) Unit 1 - Human Growth & Development

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## General Comments

The performance of candidates was marginally improved from last year, but still failure to accurately read and understand question stems hinders higher achievement. Candidates continue to expect marks from repeating statements taken directly from the scenarios. A general lack of accuracy in spelling and grammar impeded achievements at higher levels; it was quite common to find a vital negative had been omitted. Repetition was extensive and candidates appear to think that this is a substitute for evaluation at the close of their answers. There were a few blank responses to one or two questions, usually parts of health promotion, but overall, the paper proved to be fair and accessible.

Questions intended to discriminate between levels of attainment worked well. Centres are advised to discourage candidates from repeating the question when commencing responses; this practice uses vital space, leaves a deficit for credit-worthy points and misleads the candidate into a false sense of sufficiency. Questions 1 and 2 generated most marks and question 3 on health promotion the least. Candidates should be encouraged to read the whole question before attempting the parts to avoid repetition. It was clear that many did not do so as additional sheets were asked for simply because the candidate had not turned the page for the extra space. Candidates should be advised not to use bullet points for any responses to questions.

In questions 1(a)(i) and (ii) the majority of candidates gained two to three marks while it was very pleasing to see that higher ability candidates gained almost full marks. Allowance was made for candidates recognising that the same age should not be in two ranges and for those quoting verbatim from the range specified in the qualification.

Part 1(b) asked for an identification and explanation of two physical characteristics of later adulthood. Most candidates were able to identify two but very few could offer any type of explanation. Candidates still refer to hair colour and brittle bones although previous reports have indicated that these are unacceptable. Many offered statements such as the need to wear glasses or hearing aids but these were not explanations of deteriorating senses. It appears that reasons are not taught or recalled.

Part 1(c) was generally well done and an understanding of self concept was demonstrated and applied to the scenario in a limited way. Some responses only considered one or two points and some gave only one-sided views. A few candidates retold the scenario without mentioning self concept and others stated it would affect self concept but failed to say in what way. Weaker candidates only referred to Sam's disability and not to moving into sheltered accommodation. It was apparent that some candidates confused sheltered housing with residential or nursing homes and thought he was going by himself - another example of not reading the material accurately. Most responses gained 4 marks or more.

Part 1(d) asked for a comparison of the two different lifestyles on health and well-being. Candidates tended to discuss each couples' lifestyles separately and were unable to join their conclusions in a comparison. Others failed to provide effects on health and well-being. Average marks were three to four.

Part 2(a)(i) was generally well answered with liver cirrhosis, obesity and heart disease being the most popular. Alcohol poisoning and brain damage were not accepted. Most candidates achieved both marks.

Part 2(a)(ii) saw large numbers of candidates produce excellent responses looking at the benefits of exercise and social interaction. A minority chose balanced diets although this was not mentioned in the scenario. Some weak candidates considered alcohol and clearly didn't read the question properly.

Part 2(b) was intended to direct candidates towards considering social class and inequalities but most failed to consider income and occupation. Weaker candidates often referred to time after retirement and there were few references to health and well-being. Most responses tended to leave the answer as physical/intellectual development.

Part 2(c) saw some excellent responses with full and almost full marks achieved. Equally there were some poor discussions with few effects on development given. PIES were helpful for this question and many candidates used this successfully.

Part 2(d) discriminated well. Weaker candidates repeated a point or two endlessly and many could not move from friendships in adolescence. However, there were some good responses but generally the impression gained was that friendships were only important in adolescence and were stereotypical responses involving "being there for someone".

In part 3(a)(i), candidates generally achieved 1 or 2 marks for this question. Weaker responses inferred that the health promoters either always chose adolescents or just chose a group with a common factor. The best responses indicated a group at risk or who would benefit from the promotion. Many candidates gained one mark for providing an example.

In part 3(a)(ii) a variety of answers included those with fair skin, those who holidayed abroad, used sun beds or went for their first independent holiday. Some candidates had excellent answers relating to infants and children and parents and adolescents and recognised that sun damage occurs early in life but the effects are seen much later scoring full marks.

Responses to part 3(b) should have given the main points used in any educational/behavioural campaign plus reasons why the societal and medical approaches were not suitable. The question was not answered well. Once again, educational approach is viewed as only applying to those in education.

Answers to part 3(c)(i) focussed on sun safety rather than the health promotion campaign. Points raised were basic and limited in scope. Candidates were narrow in outlook and unable to reason for themselves. Many answers for this and the previous question involved giving the general aims of health promotion which were in last years' paper. Low marks were common.

Part 3(c)(ii) was similarly disappointing, several blank responses and many could not move beyond "to see if it worked". This is GCE and candidates should be able to use initiative and have independent thinking (AO4) but sadly many seem unable or unwilling to attempt this. A few stalwarts were able to discuss funding accountability, correcting weaknesses and improving on strengths. Although aims and

objectives are known, few thought to mention them in conjunction with evaluation. Low marks were common.

In conclusion, candidates must read questions more accurately and tailor their responses to the questions asked rather than switching to their preferred topic. They must understand that over time all the specification will be covered and they are unlikely to meet the same question in the following years. Repetition, even when carried out in different words, will not gain further marks and this time might be better spent in thinking around the issue/s for reasoned explanations. Tutors cannot supply every answer likely to arise but can stimulate independent thinking and use of initiative. Furthermore, learners must not be directed into applying PIES to every question; it can be very helpful when used correctly in development questions.

## Grade Boundaries

### Externally assessed units

#### 6938: Human Growth and Development

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	57	50	44	38	32
Uniform boundary mark	100	80	70	60	50	40



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