

Principal Moderator's Report Summer 2010

GCE

GCE Health & Social Care (6940) Unit 3 - Positive Care Environments

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General Comments

This series saw a large submission of portfolios for moderation for this unit and this report is based on a representative sample of the work completed for this unit. Once again, it was pleasing to see that in the majority of cases, learners had had the opportunity to visit care settings on which they could base their reports.

Generally centre administration was much improved this series with moderators reporting that the correct samples arrived on time and all admin was correct. There remain a small but significant number of centres who forward work showing the incorrect addition of marks or the incorrect transfer of marks on to the OPTEM. Centres must check addition and transfer carefully in future as these simple mistakes can have a marked effect on the marks of the entire cohort.

It was pleasing to see that some form of Internal Moderation had been undertaken by a large percentage of centres although in a small but significant number of cases the internal moderation was less accurate than the original assessment.

As in previous series there appears to be a general misunderstanding over the requirements of this unit. Candidates appear to write 'all they know' about positive care environments without focussing on what is required by the assessment objectives. Centres must encourage learners to focus on the service users and not the staff employed by the service provider. This is particularly important for AO2 which considers barriers to accessing care and AO4 which considers how legislation promotes and supports the rights of the service users.

Assessment Objective 1 requires candidates to consider the rights of the individual when accessing care and how the Care Value Base could support those rights. As in previous series, candidates and centres continue to misunderstand what is required by the assessment objective and in a large percentage of cases are focussing on legislation, with particular reference this series to the Data Protection Act. A discussion of legislation is not required for AO1 and centres should encourage candidates to focus on simple basic rights of the individual and should use the Care Value Base as a basis for this discussion; the right to effective communication, to privacy, to respect and so on. Finally, the specifications require that the Quality of Written Communication is also assessed for this assessment objective. It was not clear in a large percentage of portfolios samples whether QWC had been taken into account as no reference to it was made by the assessor. Poor spelling and punctuation were seen throughout many portfolios sampled and there was limited use of specialist vocabulary. The most common error in terms of specialist vocabulary remains the incorrect use of names and dates of relevant legislation. It was also disappointing to see that many candidates continue to refer to out of date legislation. 'The Children Act 2004' is perhaps the main example with a significant number of learners continuing to refer to The Children Act 1989.

Assessment Objective 2 requires candidates 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. It was pleasing to see far more accurate assessment of this assessment objective this series with the large majority of learners able to discuss a range of barriers and the effects those barriers may have on the service user. Discussions on discrimination were more focussed this series with a reasonable balance seen between discrimination and other barriers.

Assessment Objective 3 requires candidates 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. The quality of evidence seen for this AO varied widely across centres with some learners able to discuss in some detail relevant policies and procedures and how they are implemented and developed. However, in a large percentage of portfolios seen, candidates lost marks because they were unable to demonstrate an ability to analyse how Service Providers implement and develop those policies and how the policies help to create a positive care environment. A significant number of candidates continue to try and discuss all the policies and procedures in place within their chosen setting and as a result, do not provide a detailed enough discussion to demonstrate clear understanding of the possible effect policies and procedures may have on the creation of a positive care environment. Candidates should be advised to choose three relevant policies and/or procedures and discuss these in detail.

Assessment Objective 4 continues to present a challenge to the large majority of candidates. Evaluative skills are not well demonstrated on the whole with candidates tending to provide a brief description only of legislation, some of which tends not to be relevant to the service providers under discussion. The AO requires candidates to discuss the responsibilities of their chosen service provider under relevant legislation and then evaluate how successful the chosen legislation is in promoting and supporting the rights of the service user. Candidates 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. As stated in previous reports, candidates would be well advised to choose just one piece of relevant legislation and discuss this in detail rather than listing all the legislation they feel is relevant. Redress was covered well by some candidates but there remains a significant number who discuss 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.

As in previous series Assessment Objectives 3 and 4 need to be considerably strengthened in future submissions and the Quality of Written Communication must be taken into account.

Grade Boundaries

Internally assessed units

6940: Positive Care Environments

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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