

Examiners' Report Summer 2009

GCE

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

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6938/01: Human Growth and Development

General comment

The performance of candidates was marginally improved from January, but was still disappointing. Failure to read and understand question stems was again a major factor and candidates still seem to expect to gain 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 end of their answers. There were a few blank responses to each question 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.

Question 1

This question proved most mark yielding. The majority of candidates gained only one mark on (a)(i) and (ii), which was intended to be an easy starter question. Very few candidates offered straight differences using words such as 'whereas', 'but' or 'differs from' in (b)(i). Most offered statements involving examples (which were asked for) in the next question or involved big and small movements (which were not acceptable). Movements of either motor skill can be smaller or bigger. A minority of candidates provided two clear differences in motor skills, gaining four marks. Proving substantially that questions are not read accurately, a large number of candidates offered examples in (b)(ii) that were not taken from the information given and therefore failed to obtain the two marks. A minority offered reading as an example; many transposed the examples of the skills. An understanding of self-concept was demonstrated in (c)(i) and applied to the scenario. 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. Most candidates achieved at least four marks and many received more. Part (c)(ii) should have been a straightforward question but some candidates got sidetracked and ended up relating the question to Omar, rather than the teachers. However, it was generally well done with full marks being common. When not constrained by trying to apply PIES to every question, candidates begin to think logically and clearly. A minority of candidates failed to realise that language was not a problem as Omar was British-born. Candidates still have a weak understanding of secondary socialisation. Many believe that it only applies in adolescence and secondary schooling, whilst others write responses that only apply to making and keeping friends. Some responses in (d) repeated answers to (c)(i), referring only to self-concept. A minority considered the negative effects of secondary socialisation as well as the positive. Bullying formed a major part of some responses.

Question 2

There was an opportunity to gain three easy marks in (a)(i): this proved an opportunity wasted for the majority of candidates and very few scored full marks. Change in hair colour, lack of head hair, brittle bones, wrinkles and arthritis have long been mentioned in reports as not being acceptable due to occurring at other ages, or being inaccurate. Yet still, these responses turn up year after year causing marks to be thrown away. Many failed to read the question stem and included references to reduced mobility. A minority of candidates produced excellent responses to (a)(ii) looking at the effects on other areas of development and gained level 3 marks, whereas others could offer little more than 'stimulate the brain' or 'keep it active'. This question discriminated particularly well and students who were able to think logically and independently performed admirably. Part (b)(i) was intended to direct candidates towards the longer part (c). This only worked for the higher ability students. Most were able to deduce that one factor was genetic but

this did not influence the majority into considering nature and, of those who did, they did not reflect that the other factor was self-imposed, environmental and, therefore, nurture. It would seem that this topic is delivered very superficially. Many candidates transposed their definitions and others applied PIES ineffectively to (c). It was disappointing to see the large number of inaccurate examples provided, with HIV figuring largely as an example of an inherited condition. Several centres seem to be delivering this incorrectly with nature and environmental factors being virtually the same. Another inaccuracy seen was nature as a genotype and nurture as a phenotype. Learners applied PIES (again) and diets, pollution and self-concept were mentioned - all of which produced poor marks. When a good example of genetic inheritance was used - such as cystic fibrosis - there was a complete failure to follow through with how this could be assisted by environmental (nurture) techniques such as physiotherapy, medication and transplantation to prolong life expectancy and quality of life. Only a minority of candidates referred to aspects of control over these factors.

Question 3

This was the least credit-worthy question. Candidates generally achieved one or two marks for (a)(i). Weaker responses included because "that is where adolescents are" instead of applying knowledge. Candidates failed to understand in (a)(ii) that 'the most suitable' approach (rather than why the educational / behavioural approach was suitable) implied that they were required to justify the use of one and not the others. Even when other approaches were mentioned, they were dismissed without reason. Consequently most candidates failed to get more than two or three marks on this question. 'Key features' seems to be a phrase that puzzles candidates. In response to (b), they should have given the main points used in any educational / behavioural campaign. Many candidates discussed smoking cessation or alcohol awareness campaigns and might have collected one or two marks *en passant*. Leaflets, advertising and media use were prominent. The question was not answered well. The question stem of (c)(i) referred to the campaign of the scenario, but a large proportion of candidates answered as if this were the general aim of any health promotion campaign. This was a question in last year's paper and which many would have studied. Consequently, referring to preventing ill-health and improving fitness were inappropriate responses gaining no marks. Candidates should be aware that they are extremely unlikely to get the same question in succeeding years. A minority of students gained good marks here. Failure to read (c)(ii) again resulted in poor responses. Candidates failed to register that "will determine" was before the campaign was conducted so retrospective responses such as whether they read leaflets or reduced numbers attending clinics were unacceptable. Popular accurate responses revolved around interesting delivery and appropriate target groups receiving some credit but, overall, responses were weak. Students appear to think that the educational approach is only of use in schools. Many referred to presentation content and not the factors which would determine success. Advertisement and government backing also featured strongly regardless of the fact that this was a local health campaign by a health authority.

In conclusion, candidates must read questions more accurately and tailor their responses to the questions asked rather than mentally switching to their choice of subject. They must understand that over time all the specification will be covered and they are unlikely to meet the same question in succeeding years. Furthermore, they must not be trammelled into applying PIES to every question; it can be very helpful only when used correctly.

6939/01: Communication and Values

General comments

There were some very good centres where adherence to the specifications was excellent. In general, these centres were accurate in their assessment of the learners' work and awarded marks appropriately. They also tended to provide annotation to demonstrate where the learners had met the criteria with detailed written feedback. The learners had clearly been supported well in enabling them to access appropriate settings and service user groups. In contrast, a few of the centres were poor in their approach to this unit which left the learners with little guidance on how to proceed: their work was unfocussed and disorganised. Assessment of the learners' work and the awarding of marks then tended to be rather 'ad hoc', out of tolerance and/or inconsistent. A fair proportion of centres were somewhere in the middle and, although not out of tolerance, still needed some guidance to help them make improvements. Student performance compared favourably with previous years.

It was pleasing to see that most learners had access to suitable care environments on which to base their work. The learners had undertaken either a visit to one or more relevant settings, or participated in a work experience placement in relevant settings, and had then proceeded to carry out their interactions in these settings with relevant client groups. Coverage of all assessment objectives was seen in the majority of portfolios.

There are still instances where centres had misinterpreted the specifications or some of the criteria. Sadly, this was to the detriment of the learners. A few centres are still setting their own parameters with word limits and providing task sheets that demonstrate that not all the criteria have been interpreted correctly. Some centres are still using the Teacher Guidance notes as their assessment tool. In a few cases, the assessor annotated the work in very good detail and provided excellent feedback to justify the marks awarded.

Learners continue to use inappropriate jargon, colloquialisms and inaccuracies which were left unchallenged by some assessors. They are still relying on the internet for their information and Wikipedia in their droves. It was rare to find an assessor that commented on the inappropriateness of including long strings of web address in the body of the work and in the bibliography. Many are still not referencing their work or including a bibliography. Some centres include witness testimony but these are often only a confirmation that an activity had been carried out and provided little evidence for the learners to use in evaluations.

Assessment Objective 1

The majority of learners selected their service user groups appropriately from those in the specifications. Some selected two groups - usually early years and older people - carrying out either two or four interactions. A number of learners launched straight into 'Interpretation and Analysis' of their interactions without providing any context at the outset. These tended to incorporate their knowledge and understanding of communication and the transmission of values, along with barriers and how they overcame them, in one account. This often became repetitive because they did that for each interaction in an automatic way. A few learners were able to provide high levels of knowledge and understanding of the theory underpinning communication and/or transmission of values. Learners attempted comparisons but often the preceding work did not meet all the criteria to enable the learners to reach mark band 3. Some centres provided witness testimonies for the interactions but often these did not record anything about the learners' skills, only that the interactions had taken place. A number of learners wrote almost everything generically but occasionally would make a comment that clearly indicated they had been on placement.

Assessment Objective 2

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.

In this assessment objective, the area of weakness for the learners was in explaining how communication and the transmission of values are related to a particular work-related context and, for those awarded marks in band 3, how these can be applied in a number of similar contexts. The learners tended to either discuss this implicitly or leave it out completely. Those learners that had included the work-related context in their work covered it to a high standard.

Assessment Objective 3

Evidence for this assessment objective requires the learners to demonstrate their skills in obtaining information and some analysis of work-related uses. The majority of learners carried out appropriate research from the standard text books and the internet - Wikipedia is still their favourite! Strong learners did reference their work appropriately and support this with a detailed bibliography. However, many learners have not been taught how to reference properly: they include the full book reference or website within the body of the text. In some cases this confuses the reader because of long strings of web address (and all the links from it) which ends up as 'gobbledygook'. Alternatively, there was no referencing and no inclusion of a bibliography.

Most learners analysed barriers to communication skills and transmission of values as their work-related issue, generally identifying appropriate barriers to communication. Weaker learners, however, failed to explore the range, usually keeping to noise and interruptions. Stronger learners often identified many barriers, including the above, and also learning difficulties, hearing impairments, bilingual issues and so on. Most learners were able to explain how they overcame the barriers. Weaker learners often introduced barriers that were not to do with communication.

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. The area of concern in AO3 is again related to the work-related context, in that the learner is required to relate problems to them; this has been either not attempted at all or done really well.

Assessment Objective 4

Many learners do not demonstrate evaluative skills. Their work tends towards a narrative account of their interactions. Stronger learners are able to demonstrate their understanding here but often they do not really consider their own communication skills. In some instances, the learners are credited by the assessor for evaluation when it is in fact a repeat of the comparisons carried out earlier. They also credited the evaluations of the activities undertaken. There was very little evidence of learners including check lists on their skills to help their evaluations. In many cases, this Assessment Objective was the weakest attempted.

6940/01: Positive Care Environments

General comments

Centres are to be congratulated on encouraging learners to base their reports on placements undertaken within a variety of appropriate care settings, allowing learners access to both primary and secondary sources of information. In a small but significant number of cases, however, learners had completed their portfolios in very generic terms with no focus on a specific service provider and consequently struggled to meet the criteria.

It was disappointing to note that a significant number of centres appear to ignore the deadline dates for submission and, in general, administration was poor with moderators having to ask centres to resubmit marks which had been incorrectly totalled. An increasing number of centres are sending incorrect samples to the moderator with usually the highest and lowest marks being omitted where they were not included in the Edexcel requested sample. The majority of work had been authenticated by learners and assessors and evidence of internal moderation was better this series. Sadly, in a significant number of cases the internal moderation was less accurate than the original assessment.

Assessors are failing to highlight errors in learners' work such as the use of lower case when naming specific acts and the use of incorrect titles and punctuation, the commonest error being 'The Children's Act'. It was also disappointing to see that many candidates were not quoting the most recent legislation and again 'The Children Act 2004' was the main example with the vast majority of learners quoting 'The Children Act 1989'.

Assessment Objective 1

AO1 requires learners to consider the rights of the individual when accessing care and how the Care Value Base could support those rights. In a complete turn around from the last series, learners focussed more on the Care Value Base and there was very little discussion seen around the rights of the individual at all. Where rights were discussed, far too many learners linked 'Rights' solely to the Human Rights Act and so, therefore, discussion of the Act appeared to be seen as a mandatory requirement. Where this was in evidence, there was clear evidence of a lack of understanding of how to apply the HRA with learners continuing to discuss abolition of slavery and torture within their Early Year's setting! 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

AO2 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. 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.

Assessment Objective 3

AO3 requires the 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. Those learners who had based their report on a specific setting were generally able to meet some aspects of this criterion reasonably well.

Policies and procedures were generally discussed quite well, although there is still a significant number of centres who fail to realise that this section should focus on internal methods of creating a positive care environment and think that work on legislation is

suitable as evidence here. As in previous series, marks were lost mainly in the learners' inability to analyse how Service Providers implement and develop those policies and how the policies help to create a positive care environment.

Assessment Objective 4

AO4 requires the 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. As in previous series, a small but significant number of learners had 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 did 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 the 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.

The external assessment paper covered the unit specification, which includes:

- Lifestyle choices and life course events
- Social factors affecting health and well-being
- Care professional/service user relationships

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 were only a smaller number of 'blank' pages (where the candidate did not attempt to answer the question at all). The examiners saw a marked increase in the cancelling out of words, phrases and sentences, but a great deal of repetition in longer answers. There were occasions when candidates did not read the information provided or did not answer the actual question they were asked, even though there was a noticeable increase in the number of candidates underlining key words in the questions. Evaluations within answers were usually poor or non-existent. The use of bullet points in discussion questions limits the marks a candidate is able to achieve.

Question 1

This question was based around a family, in particular an early years child starting primary school and a male adult, her father, who had been involved in an accident. Due to the changes in the family's circumstances the candidates were asked to draw upon their knowledge of relative poverty and the link between low income and ill-health as discussed in the Acheson Report.

Part (a) was a familiar question on primary socialisation, with most candidates scoring into the three or 4 four mark range. Learners were required to identify two social groups influencing secondary socialisation in (b), which was a relatively straightforward question. Candidates found (c) difficult to understand and, although they were able to discuss Leanne's education, they were only able to show a limited understanding of the link between it and her later intellectual development. The majority of learners were able to score at least one mark on (d)(i), as it was asking them for a straight-forward definition. In (d)(ii), learners described why the family may consider themselves to be living in relative poverty but were unable to discuss the effects of this on them: there was little analysis. As with the previous question, few candidates managed to achieve the higher level of marks in (e) because they failed to answer the question as asked. The candidates tended to repeat themselves constantly. Many are still unable to deliver a structured answer. They are more concerned with filling the page. However, some were able to describe in detail the effects of low income on health but there was limited analysis. 'A grade' learners discussed the possible effects of low income on health, making reference to the Black and Acheson reports and the Inverse Care Law.

Question 2

This question consisted of five parts which were mainly related to the stimulus material presented. It required candidates to recall terms and concepts, apply knowledge through explanation and demonstrate understanding through their ability to discuss specific topics such as social factors affecting health and well-being and care professional/service user relationships.

The majority of candidates gained full marks in (a) by correctly identifying two unpredictable life events in David's life. In (b), Candidates were able to explain how the separation from his family affected David but they were unable to explain in any depth how it affected his emotional development. Most candidates offered two support services in (c) which could help David to return to good health and an active lifestyle. Partial explanations were offered by a number of candidates. In (d), the candidates were able to identify and describe the benefits of care practitioners using care values to guide their practice in promoting positive care relationships with service users. However, the answers lacked detail and there were limited links to the different areas of development. Having said that, a small number of candidates scored marks in Level 3 by demonstrating a sound and accurate knowledge of the care values and how care practitioners used them to promote positive care relationships with service users.

The majority of candidates' responses to (e) identified ways in which service users could be empowered, giving relevant examples; but explanations as to the effects of this on their self-concept was lacking. Many did this by focussing on one area of the approach and the effects this may have had on social and emotional development. 'A grade' learners focussed on the appropriate ways to benefit the service users by being empowered and the effects of it on their self-concept. In the main, they achieved marks in the top of Level 2 / bottom of Level 3.

Question 3

This question focussed on the effects of lifestyle choices on the health and well-being of an individual, which included some data analysis of bar charts, as well as knowledge and understanding of stereotyping.

The candidates answered (a)(i) and (ii) well as they were simply asked to read a bar chart. The answers to (b) were, for the most part, identifications of how the children might be stereotyped: there was very description. The candidates were able to identify negative lifestyle choices in (c) and their effects on a person's health; the explanations however tended to be basic and the evaluation limited. The majority of candidates did not read (d) carefully enough and, therefore, failed to assess the effects of a balanced diet on growth and development. Instead they demonstrated their knowledge of a balanced diet, providing information about the different nutrients, which was not asked for. Candidates achieving marks in Level 3 were able to discuss the effects of a balanced diet on growth and development, linking their discussion to PIES.

The responses to (e) demonstrated the candidates' knowledge of social class but they were not able to relate their answer to the affects of it on health and well-being in any depth. Candidates in the Level 2 band were able to refer to the Black and Acheson report by name but were unable to support their discussion with any of their findings. Candidates awarded marks in Level 3 referred to the Black and Acheson report, linking their findings to social class; although very few answers were actually seen 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.

Some centres had directed learners to carry out more than one activity. Learners had identified and explained up to four activities and then carried them all out, rather than then choosing one activity to carry out with their chosen client group and explaining, in detail, the benefits of this activity for the group. Consequently the learners did not fulfil the assessment criteria fully as they didn't explain why their final choice of activity was made. 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 (AO).

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.

Centres tended to get the correct mark bands but awarded marks in the higher section of the band, which meant that their assessment was too lenient. Most centres interpreted the specifications correctly, but awarded marks within the mark bands too generously. Often a lot of generic information about needs and activities was included without sufficient linkage to activities considered in AO1.

Assessment Objective 1

In AO1, 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 consider a range of activities in the light of 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

In AO2, 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 of this assessment objective.

Assessment Objective 3

AO3 requires reporting on the planning of the activity, and the 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. There were still a few centres where learners did not clearly indicate the sources of the information they used for AO3. Often, however, 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

AO4 requires an evaluation of the activity, including benefits to the service users. This 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, learners sometimes seemed to be unsure how to go about evaluating their activity. Often only a few points, generally good ones, were described or stated. There were still a lot of learners who evaluated broadly e.g. in relation to their communication skills and the service user's enjoyment, rather than focusing on the benefits gained.

The conclusions drawn were the weakest part of many evaluations. Few learners managed to provide the depth of evaluation necessary to reach the top mark band. 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 centre. Learners need to be encouraged to reference their work fully and provide detailed bibliographies to demonstrate good practice. Learners should remember to plan evidence collection methods so that they incorporate this in 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

There were some notably improved entries this series and it is heartening to note that some centres are taking notice of previous reports and the training that is available. However, there is still a significant minority of centres who are not directing their learners to appropriate issues for this unit and so the learners are struggling to access the higher mark bands, especially in assessment objective 4.

Some learners included large amounts of information taken directly from the internet which, although referenced, tended to take the place of the learner's own input. The overuse of sources is something that learners should be discouraged from: this especially detracts from the learners' analysis and evaluations in AO3 and AO4.

Assessment Objective 1

The successful learners had chosen relevant issues and linked them to the public health consequences without overlong descriptions of the effects on public health. There were fewer instances of learners including long descriptions on an individual's personal health.

Assessment Objective 2

The successful candidates had chosen relevant issues and linked them to a specified group of the population and then identified the relevant social, environmental and lifestyle issues that were relevant to that section of the population. This section leads directly into the analysis in AO3.

Assessment Objective 3

Some 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 report. They should also take care to reference all the work that they quote. It is good practice to ensure that learners include bibliographies to reports. For mark band 2 and 3, they are required to analyse environmental and lifestyle problems in relation to the public health issue. Although the descriptions were seen in AO2 there are still few attempts at realistic analysis seen and what attempts were seen tended to be overmarked.

Assessment Objective 4

This is an assessment objective that learners still find difficult. They are generally being better directed by centres towards appropriate issues and strategies but even the stronger learners tend to submit descriptions and information from websites rather than evaluations of strategies, making it harder for them to access the higher marks in mark band 3. Evidence that the learner has thought about the issue themselves - and drawn some conclusions from the information they have considered - needs to be seen. 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 learners should be supported by their centres.

6944/01: Meeting Individual Needs

General comments

The June 2009 paper consisted of three questions. The format of the paper remained unchanged and consisted of case studies/scenarios and related questions which accurately reflected the unit specification. The paper was marked out of 90, with each set of questions worth 30 marks. To differentiate between candidates and to make the paper more accessible to all candidates, those questions requiring extended writing were tiered into Levels.

In general, the paper was well received by the majority of candidates and the key strengths were:

- good knowledge and understanding demonstrated by the majority of candidates;
- centres had prepared candidates adequately for the paper;
- past papers had been used to good effect in preparing candidates;
- knowledge and understanding of unit specification has improved;
- ability to structure coherent and fluent answers, particularly on those questions which required extended writing, has improved.

However there are still some weaknesses in candidates work, such as:

- misinterpretation of the question stem, even amongst the more able candidates;
- poor understanding of key terms such as normalisation;
- poor use of grammar and spelling in a minority of cases;
- where questions require discussion the majority of candidates fell into Level 2 which meant that there was generally a lack of understanding of the question, with candidates giving one-sided, unbalanced responses;
- bullet-pointed lists should also be discouraged in answers by centres.

Question 1

This question focused on a young girl who was living in a children's home. It consisted of five questions, commencing with a short and relatively easy question which asked for a definition of normalisation. The majority of candidates achieved one mark on (a) with many stating that it was about 'fitting into society' and relating it to disability. This is not strictly accurate, as it can relate to any client group e.g. ex-offenders. Parts (b) and (c) were accurately answered and candidates demonstrated their ability to discuss the importance of partnership working in (d). Part (e), which required candidates to assess the importance of anti-discriminatory practice, was adequately answered in that candidates understood the term anti-discriminatory and could explain how it promotes independence, empowers the client, etc. However, their ability to assess its importance and get into Level 3 was poor.

Question 2

This question focused on Ashbrook Residential Home and examined issues such as organisational culture, training and development, etc. Although candidates in the past found this sort of question difficult to answer, the majority of examiners did report an improvement in the level and quality of answers. Parts (a), (b), (c) and (d) were well answered with (c) being a synoptic question on care values. Once again, (e) was poorly answered with the majority of candidates only accessing Level 2. Although they recognised the agency (GSCC), they had difficulty in assessing their role - the majority of responses explained the function and purpose of the agency but limited it to that one agency; candidates could not apply their knowledge to other similar agencies.

Question 3

The final question focused on legislation and quality assurance which traditionally candidates find difficult. In this paper there appeared to be no significant improvement in their ability to apply their knowledge to questions which test their knowledge and understanding of such issues. The question started with a recall of the Human Rights Act and the human rights protected under it. The majority of candidates achieved one mark, with some candidates giving answers which were inappropriate. The ability to explain the importance of a complaints policy was limited to what a complaints policy was, rather than it being a right of the service user to have one. Part (c) was adequately answered and was a synoptic question; however, even here, a minority of candidates misread the question stem and failed to identify and explain two effects on health and well-being. Finally, both (d) and (e) were very poorly answered with only a minority of candidates fully understanding the importance of promoting and supporting rights of minority groups through legislation in (d), or the importance of acknowledging service users rights when providing care services in (e).

6945/01: Promoting Health & Well-Being

General comments

Assessment of this unit was more accurate this series and it was pleasing to see that most centres had undertaken some form of internal moderation although this was not always of value, with internal moderation being less accurate than the original assessment in some cases.

Administration by centres, however, continues to be poor with a significant number of centres appearing to ignore the deadline dates for submission. There was a marked increase in the number of centres that had incorrectly totalled or transferred marks, or sent the incorrect sample to the moderator, usually the highest and lowest marks being omitted where they were not included in the Edexcel requested sample. The majority of work had been authenticated by learners and assessors.

The majority of learners had chosen suitable topics on which to undertake their health promotion and delivered their promotion to a suitable target group; however, several moderators reported that there was a worrying increase in the number of learners attempting to 'promote' mental health issues. These included anorexia and bulimia, schizophrenia, mental health conditions in general, self harm and teenage suicide. Learners may need some guidance when choosing topics to ensure they are appropriate for their target audience.

Assessment Objective 1

AO1 requires the learner 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. There continues to be a heavy reliance on internet sources with little appreciation of where the statistics come from. Conclusions were drawn about various topics, such as obesity, using figures from as far away as Hawaii and Australia with no comment about the validity of these by either the learner or the assessor. Most learners were able to give a reasonable rationale for their choice of target group, but there continues to be a small but significant number using reasons such as 'ease of access' and 'because no-one else was doing it'!

Assessment Objective 2

AO2 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 still 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. A significant number of learners are still stating their objectives as being 'to produce a leaflet or a PowerPoint presentation' for example. Centres should note that this 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. The majority of learners were able to discuss the various models of Health Promotion but there was a small, but again, significant number who appeared merely to have copied the information and showed no real understanding of the actual models. A good portfolio should discuss all methods and then provide a rationale for the one or two chosen.

It was pleasing to see that the plans included some detail of the whole process; however, where Promotions had been undertaken as a group, learners are still not identifying exactly what work each person had undertaken. Discussion of evaluation methods was much improved this series with a large proportion of learners discussing process, impact and outcome evaluation and then identifying which they will use and why. However, 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

AO3 requires the learner to provide evidence of implementation of their health promotion, produce appropriate media and materials and provide an analysis of the results. Far too many learners merely implied that they had carried out their promotion with no explicit evidence of implementation. Materials and media were either very good or poor, with very little in between. Analysis of data in most cases was weak and could not reach the higher mark bands because it was rare to find a learner who had gathered extensive data. Most learners presented their findings in the form of graphs and charts but occasionally forgot to give details of what they represented.

Assessment Objective 4

AO4 requires the learner to evaluate the health promotion campaign with reference to their initial aims and objectives. As in previous series, evaluation remains very weak. Learners attempted to evaluate their campaigns, but in many cases it was a narrative account of what they had done with little on the strengths and weaknesses of the individual components. Very few looked at team work or their own part of the activity. A few strong learners demonstrated excellent evaluative skills and drew on all the evidence they could. Some learners included a witness testimony in the appendix but generally the feedback was not used by the learners. Where witness testimonies had been used, in far too many cases they only confirmed that the presentation had taken place and did not include anything useful for the learner to use in their evaluation. As in previous series, 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 A2 level this is far too simplistic and needs to be considerably strengthened for future submissions.

6946/01: Investigating Disease

General comments

Most centres submitted their samples by the deadline date but moderators reported that many front sheets were incomplete. Authentication signatures of learners and some teachers were omitted; strands were frequently incorrectly totalled or transferred to the OPTEMs. Centres are requested to complete front record sheets accurately to avoid unnecessary work for moderators. Page references and assessment objective annotations were present on the majority of samples and some centres included excellent assessment summaries which were very helpful. There are still some centres that do not use the recommended guidance for the location of evidence and either leave the work blank or tick points. This is not helpful to the moderation process.

Internal standardisation across units and teachers seems to be declining and this often resulted in different unit values within a centre. This may result in individual teachers feeling uncomfortable, which co-operation in a standardising process would avoid.

There was a decline in unusual diseases this year which is pleasing to note. Rare conditions often lead to lower achievement due to difficulties in finding adequate information to match the assessment criteria. Centres should note that long generic introductions detailing agents of disease and types of disease are not creditworthy and therefore not required. Some centres do not provide copies of the assessment criteria for their learners and, when assignment briefs have been included, there is often an item missing. Learners should be aware of the criteria they are trying to meet.

The majority of moderator reports condemned the use of large numbers of web sites from which material has been extracted in a wholesale manner and/or the extensive use of quotations from such material. The unit specifies that to achieve mark band 2 and 3, the learner must demonstrate the use of initiative and independent thinking. Using material fairly exclusively from published sources counters this and moderators will be alert to this in future. It is vital that centres monitor the wholesale use of published material in this way. Centres are asked to reinforce their guidance that the reports should be in the learners' own words.

Assessment Objective 1

The biological basis of the disease is often skimmed and only contains the name of the infective organism and a synopsis of the non-communicable disease. This should contain more detail about the organism and tissues affected by the specific disease process. The body's response to the disease has been synonymous with signs and symptoms in some reports. This should contain more about the immune response, changes in blood or other body fluids and body parts affected. Some centres have used complications of the disease to respond to this criterion, but this alone is not sufficient. Centres should note that a list of signs and symptoms is only adequate for mark band 1. Production and display are necessary for the higher mark bands. The number of signs and symptoms is not enough to justify higher mark bands. For mark band 3, there must be an overt reference to the relation of the changes as a result of the disease to methods of diagnoses. The majority of centres ignore the need to differentiate the disease from others of similar signs and symptoms in relation to diagnoses. Having said that, this is usually the best strand of the unit.

Assessment Objective 2

This assessment objective involves causes and distribution of the chosen diseases. Some centres are confusing distribution with methods of transmission. Learners are required to identify factors affecting causes and distribution and compare these in mark band 2. Factors might include gender, race, geographical region, climate, age and lifestyle amongst others. In mark band 3, a comparison of the chosen diseases is required and centres must take care that if a chart or table is used this must not be a vertical summary of the diseases. A true comparison would be for example, cystic fibrosis is a genetic disease whereas tuberculosis is not a genetic disease.

Assessment Objective 3

When a choice is inappropriate, this is where the omissions begin to show and centres are advised to encourage learners to research whether their choice can lead to the higher mark bands by investigating the information to address these and also AO4 requirements before arriving at a final decision of disease to study. Factors affecting the outcome of treatments for both diseases are required. Treatments must be described and, for mark band 3, a comparison of local and national treatments with justifiable reasons for differences in provision. Differences in provision are also needed for mark band 2. Roles of professional and voluntary support are required with the addition of a comparison of support for the chosen diseases and with at least one disease of a similar type. This is often omitted by learners, yet marks given by centres are in mark band 3. Information must be drawn from different types of sources and it is generally accepted that primary research is recommended for A2 units. Work-related issues and problems can be broadly addressed but must be present and centres should advise learners to make these explicit, probably by using sub-headings. Analysis should be substantial in this assessment objective.

Assessment Objective 4

Evaluation generally remains weak and learners need practice in developing their skills. It is not sufficient to state strategies for prevention: their strengths and weaknesses should be teased out. This is another area which provides evidence for independent thinking and initiative for higher mark bands. One/two/three reasons why strategies are not always successful are required across the mark bands. Finally, suggestions as to how the work-related issues impact on prevention, support and treatment are required; as most reports ignore work-related issues in AO3 there is generally no evidence to support this area.

In conclusion, it must be stated that some learners had worked incredibly hard and produced well-presented, accurate and detailed reports while others had apparently given two accounts of chosen diseases with one weak comparison chart. Centres frequently gave high marks in the four strands without the criteria being met. To achieve mark band 3, all criteria must be present and evidenced clearly. It is important that the learners' own words are used and sources referenced appropriately either in the text or as the report concludes. A minority of centres are insisting on candidates referencing appropriately: their reports appear very professional. There appeared to be a decline in the use of primary research this series and it is hoped that this will once again be a strongly utilised feature of future reports for this unit.

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, such as smoking, binge drinking and STDs. However, some learners chose a topic that was not related to Health and Social Care and the quality of research carried out by many learners was disappointing.

Assessment Objective 1

In AO1, 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 method 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, though most opted for some form of questionnaire. There was also use of 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.

A formal literature review is not part of the evidence requirement of the unit. In some centres, it appeared that assessors had marked learners down due to the quality of their literature review; this is not allowable within the marking criteria. Learners who had apparently been directed to use a particular set of research methods often showed limited understanding of the advantages, disadvantages and overall rationale of each method they employed.

Assessment Objective 2

In AO2, most learners had created useful research tools and some were very well considered. Occasionally, learners had put considerable effort into this aspect of their work. Several learners included plans of their research, but few modified or revisited them and hence limited their access to mark band 3. Pilot studies were sometimes used; most learners who did pilot their research showed how and where their methodology was changed in the light of the pilot. However, this was often merely a rewording of questions in their questionnaires

Assessment Objective 3

In AO3, 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. AO3 was the weakest area of the unit, but teachers were generally reliable in identifying this and allocating marks outside mark band 3 to the learners who struggled. 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 required for AO4 was weak in most reports. Learners who had good understanding were able to evaluate their work in a balanced way, recognising both strengths and limitations. Most learners identified weaknesses in their data, but high levels of independent thinking and initiative were rarely found.

More full and balanced evaluations were seen this year than in previous years. 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

There were some excellent reports seen from centres who had obviously read previous reports and attended training. Unfortunately there was also a significant number of centres who did not read the specifications accurately or did not understand them and directed learners onto inappropriate topics.

As a result of this, the choice of area of study for many learners caused them problems as they were not able to access the higher mark bands. This was because the appropriate information to cover all the Assessment Objectives was difficult to identify for that topic, or indeed the topic was so inappropriate that the information does not exist. 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. This direction towards health issues was the biggest single reason that learners were struggling with accessing the assessment criteria. When choosing topics it is often worth identifying government responses and demographic factors associated with the issue before embarking on the report.

Assessment Objective 1

Learners generally used a wide range of different sources. There was less of a tendency to include irrelevant historical information and this is to be applauded. Some learners did not attempt this in sufficient detail, giving a very brief overview of the issue.

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 3 before embarking on their coursework. Some learners gave good detailed descriptions of demographic factors and the better learners linked these to their issue, but a significant number wrote this section as a generic description of demographic 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, or workers within that group e.g. counsellors working with young men, issues for primary teachers when considering childhood poverty.

Assessment Objective 4

Description of government strategies was seen in nearly all cases but the attempts at evaluating the strategies was generally very poor. A lot of descriptive information was seen and many students had poorly referenced information they had sourced on the internet: they need to be encouraged to reference all such information. Where learners had attempted to evaluate the strategies, many - but not all centres - had tended to over-mark and, as such, centres need to be careful to mark to the descriptors for this assessment objective.

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, to use the 'Ask the Expert' service as a source of useful advice.

6949/01: Understanding Human Behaviour

General comments

As in previous series, 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, with a distinct improvement compared to the previous series. Centres are to be congratulated in preparing many candidates well for this paper. They seem to be using past papers to help prepare candidates. However, a significant number of candidates are still giving too much description and not enough explanation or evaluation in the longer questions.

Question 1

This question was based on a teenager who showed inappropriate behaviour. It allowed the candidates to demonstrate their knowledge and understanding of the behavioural approach and also the appropriateness of using a humanistic (person-centred) approach when working with teenagers.

Most candidates gained both marks in (a)(i), although not all used the information given in the case study e.g. his father leaving when he was young and feeling resentful of twins / new partner taking up his mother's time. Part (a)(ii) was not done as well as it might have been. Many candidates did not make it clear that they understood what was meant by primary socialisation and a significant number just gave similar answers to those given in the previous part of the question. 'Not able to form relationships' was the most common correct answer given. Most candidates scored within Level 2 in (b), giving descriptions that sometimes lacked detail. Most were able to demonstrate some knowledge of a behavioural approach, but only the best candidates talked about the importance of a baseline assessment. Many candidates provided relevant answers to (c) and gained marks within Level 2. A number did not relate their answers to a teenager and just gave general advantages or disadvantages instead. 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. Some candidates did not relate their answer to teenagers.

Question 2

This question focused on the cognitive (behavioural) approach. It also gave the candidates an opportunity to demonstrate their data-handling ability.

Many candidates gained the two marks in (a)(i). Some mistakenly calculated the increase as 2%, rather than 0.2%, and some lost a mark because they just referred to males increasing and females decreasing, without qualifying their answers. Most candidates correctly identified obsessive compulsive disorder and panic disorder in (a)(ii). The majority of candidates gained three or more marks in (a)(iii). The most common mark lost was in not making a correct reference to agreeing with the statement or not. Part (b)(i) was well done, with the majority of candidates gaining the two marks, either by a full generic definition or by giving a partial one with a good example. Most candidates could explain that the cognitive approach in (b)(ii) was to do with thinking, but only the more able talked about changing distorted thinking and getting people to talk about and re-examine their beliefs. Part (b)(iii) was fairly well done with many candidates scoring in mark band 2. However, some of the answers were very vague or repeated, without giving much detail relating to those who had mental problems.

Probably the best answered longer question in the paper was (c). Candidates used the information given in the question about assertive care management well. They were able to

make use of their own knowledge and apply it well, giving some good advantages and disadvantages. The omission of informal carers was surprising with most thinking that the clients would be on their own.

Question 3

The case study for this question centres on a young family and it tested the candidates' knowledge of behavioural and family therapy.

Most candidates scored well in (a)(i), demonstrating a good knowledge of positive reinforcement. Some forgot to mention that the good behaviour would be repeated, however. Very few candidates showed, in (a)(ii), that they understood the concept of negative reinforcement. Many believe this refers to punishment. Some only gained one mark for indicating that a child would not understand the concept. Others did know that it was when something unpleasant stopped, but they did not go on to expand on this or relate their answer clearly to the case study. It was pleasing to see, in (b), that most candidates did know about John Bowlby and could use that knowledge to explain the problems experienced by Rami. However, as evident throughout the paper, their ability to express themselves clearly was disappointing. There were mixed responses to (c)(i). Some candidates gained a mark for referring to the unconscious mind and others gained a mark for referring to either the id, ego or superego. Not many candidates gained both the two marks. Part (c)(ii) was surprisingly well answered. Many candidates were aware that the ego kept the id in control, but most did not expand on this. Some candidates clearly did not know the term well. Most candidates showed a very reasonable understanding of the psychodynamic approach in (c)(iii) and gained marks in the lower end of Level 2. However, a significant number did not relate their question clearly enough to a child and few gave a balanced argument worthy of Level 3.

Grade Boundaries

Externally assessed units

6938: Human Growth and Development

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	51	44	37	31	25
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	70	63	56	49	42
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	64	57	50	43	36
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	66	58	50	43	36
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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