

Moderators' Report/
Principal Moderator Feedback

Summer 2014

Pearson Edexcel GCE in Health and
Social Care (6938)

Unit 1: Human Growth and
Development

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The external assessment consisted of three questions matching the three areas of the specification. There were less unattempted questions this summer than in previous series indicating that the paper was accessible to candidates with a variety of skills and abilities, however the quality of the responses was a little weaker. Examiners reported that handwriting was still a problem and the quality of written communication had not improved. Practice in handwriting past papers may highlight these issues for students who need to be aware that if the response cannot be read then it cannot be marked. Some centres still enter students who are not ready for external assessment due to a lack of knowledge, skills or understanding and who inevitably, will be disappointed with the outcome.

Candidates often use inappropriate informal language such as "kids", "stuff", "things" and one examiner reported "giving them evils"; such terms should be avoided.

Repetition occurred frequently often with different wording; candidates should understand that points can only be credited once. The use of PIES to answer extended answer questions resulted in many candidates failing to answer the question due to going off track and many candidates insisted on giving the positive and negative viewpoints when the question stem clearly did not require them to do so.

Question 1

1ai. Most candidates gave simple answers to this such as increase in weight or height and surprisingly some could not provide a response at all. Very few responses referred to a more scientific cellular level.

1aii. Many answers referred to "centile charts" or the "Red Book" which were relevant to recording and/or comparing heights or weight. Generally 1-3 marks achieved.

1bi. This question was answered well overall with most candidates gaining full marks.

1bii. Only a minority of candidates were able to provide a correct response and even accepting motor skills and eruption of teeth did not improve the result.

1c. Many correct answers identified but far too often candidates gave changes in hair colour, brittle bones, wrinkles and menopause which have **never** been accepted.

1d. Level 2 answers were the most common with 2 or 3 awardable points being explained but few responses achieved level 3. PIES was not an appropriate tool to use but many candidates followed this route. Pain was a popular answer but was not in the scenario.

1e. Candidates still have trouble differentiating between questions dealing directly with characters from the scenario and more general questions like

this on positive ageing. Many provided the negative aspects of ageing as well which gained no credit. A few answers related to being in care homes and having everything being done for service users or that all the family visit; several responses revolved around Bill and his computer course and a few mentioned that this would enable him to get a good job! There were some left unanswered as candidates clearly were unable to think of anything positive about ageing. Many answers trotted out the same phrases such as learn new skills and meet new people as they went through PIES yet again.

Question 2

2ai Lifestyle/environmental/nurture were terms accepted for both breast cancer and diabetes type II but genetic/ inherited/ nature was a far more popular response for breast cancer. Some candidates could not upgrade their knowledge to the factor terminology needed and were offering smoking, radiation, diet, sugary foods, fatty foods etc. however well answered generally with most achieving at least one mark.

2aii. This question was quite well answered but surprisingly many candidates had unrealistic roles for current G.P.s while most correct answers focussed on check-ups, medication, blood tests, advice on diet and exercise.

2aiii. A popular question with candidates achieving 3-6 marks through logical explanations of the way in which diet, lack of exercise and alcohol intake can link to strokes and diabetes. Some answers reflected a lack of basic science stating that convenience food high in sugars and fats were low in nutrients. A large number of answers referred to Bill being depressed as his wife had just died when the scenario stated that this was 15 years ago.

2b. Those who followed PIES in this question quickly went awry; there were answers indicating that Bill would educate others, get the wrong information or stop seeing his GP and start treating himself. Basic common sense could have been applied to get good marks but due to slavishly following PIES and that "discuss" means give both sides, achievement was often low. Candidates must apply "rules" from centres with intelligence and if a question asks for advantages or "the importance of" negatives are not required. Some candidates interpret positives and negatives literally such as "with knowledge Bill can stop the condition getting worse" and "without knowledge Bill cannot stop the condition getting worse", this will not generate double marks and is therefore a waste of the candidate's precious writing time.

2c. Psychological factors were not well known and there were more "blank" pages for this question which had not been asked before than others. PIES was used again and generally did not help; many answers dealt with depression as a result of wife's death (15 years ago).

Question 3

3ai. The holistic definition was the most common; sometimes candidates did not identify which definition they were using.

3aii. Some candidates presented models of health rather than the aims of health promotion; this was less well done than on previous occasions. There was confusion over certain terms such as decreasing morality, increasing mortality and promoting ill health – interesting as aims for health promotion!

3b. On this question, candidates gave one advantage and quickly moved to illustrating with an example - usually the banning of smoking in enclosed public places limiting the marks. Other responses involved guessing around the word “societal”- involving large groups however, there were also some excellent, detailed answers.

3c. In this question candidates could express their knowledge on the “smoking ban” to gain credit but, many did not extend their answers to explain any effects on the health of the population. Some responses went on to mention taxation, imaging on cigarette packaging and smoking in cars –all irrelevant.

3d. Similarly, candidates could describe some features of the educational/behavioural model but often failed to offer any evaluation in terms of strengths and weaknesses. Once again, many answers moved swiftly to using examples particularly of campaigns in educational settings. This was not required. Candidates who are re-sitting Unit 1 should adhere to the joint nature of the model/approach as in 1.3 of the specification and not split the two models as if dealing with Unit 8 (6945).

Overall, this year’s cohort seemed weaker than the previous year particularly in regard to levels of knowledge and understanding. They exhibited a less than logical approach to formulating responses and often lacked examination technique.

