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Moderators' report

Principal Moderator's Feedback

Summer 2017

Pearson Edexcel GCE
Health and Social Care (6939/01)

Unit 2: Communication and Values

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General Comments

Generally, centre assessment was fair and mainly accurate this series. The learners in the main had been enabled to meet the assessment objectives at various levels of success. It was encouraging to see that the majority of learners had visited or been on placement at appropriate settings to carry out their interactions. This enabled them to set their work in context from the outset and meet the requirements of each AO.

Some centres provide good annotation and feedback to justify their assessment decisions, whilst others still do not provide any annotation or feedback to the learners, so it is difficult to see how they justify the marks awarded. Often the learners were awarded marks in MB3 but there was little or no evidence of them achieving the criteria. In some of these instances, it was not clear where the learners had carried out their interactions. There was no introduction or setting in context so the learners launched into communication and/or the care values. Some work here tended to lack focus and application of knowledge.

Disappointingly, Centres are still encouraging learners to carry out 4+ interactions in different settings – confusing context with settings. This leads to a lot of repetition when comparing each interaction with the others. There are still a few instances where learners observe staff members interacting with each other or with the service users, which is not a requirement of the unit as it is the learner's interaction/s that should be reported. Fewer interactions would enable learners to concentrate on evidencing evaluative skills.

There are still some centres that have clearly provided the learners with a template or formula to follow so that the work lacks any individuality or opportunities to demonstrate their initiative or independent thinking. Where learners set their work in accordance with the AOs, it is easier to see to what depth and breadth they have responded. However, some take a holistic approach with AOs 'dotted' all through the report, such as barriers and transmission of values. Often these are implicit with no acknowledgement from the learner or the assessor. This makes it difficult to assess the overall knowledge, understanding and application. It also makes it difficult to assess the overall level of evaluative skills.

Overall, learners demonstrated knowledge and understanding of the theory of communication and the transmission of care values. In some cases learners wrote a great deal of theoretical information on communication skills and transmission of values. In the majority of cases they were generic and not linked to practice. Knowledge of communication and the transmission of values would be best shown through the application and analysis of the interactions carried out by the learner rather than writing separate essays. Where witness statements were provided, many lacked evidence to support the transmission of values and communication skills and this impacted on the achievement of the higher mark bands

AO1

Generally, the knowledge and understanding of communication was better considered than the transmission of values. Learners were generally able to

apply and give some examples of the skills they had used but these were occasionally simplistic and minimal. It should be noted Mark Band 3 requires “ample examples”. Specialist terms were used well by some learners but a lack of understanding of some terms was shown by weaker candidates.

A02

The evidence presented for this outcome was varied. The majority of learners were able to explain how communication and the transmissions of values can be applied to a work-related context, with appropriate vocabulary used (MB 2). Where learners had entered MB 3, evidence included how different communication and transmission of values can be applied to a variety of work settings. However, many reports showed a lack of depth when considering how to apply their knowledge and understanding to a work-related context, much of the evidence was implicit rather than explicit.

A03

There is still a tendency for many learners to attribute barriers to the care values rather than to communication and the transmission of values. For example, they would identify difficulties with physical access or financial issues – as of unit 3, therefore demonstrating lack of understanding. Often, because they had included some barriers implicitly in their narrative, they said they had not met any barriers or very few. How they overcame barriers were generally quite simple solutions. In the samples seen, few learners included an evaluation of the strategies they used to overcome any barriers.

The majority of learners had included bibliographies which confirmed the sources used to support their evidence. In the main, analysis was more generalised than specific to the research undertaken and links where work-related issues were often limited.

A04

Some of the learners made evaluative comments throughout their report, often without realising it. Again, these were more likely to be noted by the assessor. Many of the learners wrote summaries or descriptive accounts of their interactions, once again. If they considered their strengths and weaknesses they often did not reach any meaningful conclusions. Some had really detailed witness testimonies but failed to make use of them in their evaluations. This was also true of stronger learners. They do not realise that these can help them view themselves from another perspective.

The Quality of Written Communication tended to meet the criteria for the higher mark bands overall. Where SPAG tended to be reasonably accurate across the board, focus and organisation was a problem for some learners. If they did not provide a clear introduction to their clients, then they tended to be waylaid and not keep to the point. Overall, they were able to use specialist terms with varying degrees of sophistication – obviously strong learners having the greater confidence.