

Examiners' Report/ Principal Examiner Feedback

Summer 2010

PRINCIPAL LEARNING

Society, Health and Development SH302 Principles and Values in Practice

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Publications Code DP024733

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Principal Learning Society Health and Development

Level 3 Introduction

This is the third full series of the Advanced Diploma in Society, Health and Development.

It is very pleasing to report that there was much that was encouraging about the answers to the examination questions which were seen by the team of examiners. Most learners understand and can explain key terms. Learners who did this most successfully were those most able to apply their knowledge and understanding in questions which required higher level skills, such as evaluation. The examiners encourage learners to enter the exam with clear, recognised definitions of the technical vocabulary contained in the specification. Learners were also more likely to include evidence in their answers in this series. Such good practice is to be commended and encouraged for future series. There was also less evidence of personal feelings undermining the objectivity of answers, a trend the examiners hope to see continue.

Some concerns remain from previous series. It is apparent that learners are given as much support as possible in aspects of examination technique. Learners are advised to attempt all questions as they may gain marks which cannot be awarded if nothing is written. Learners are also advised to be familiar with the main focus of the specification, namely the day-to-day practice across the four sectors. Where evidence is included to support any claims made (eg statistics or references to reports) these will be rewarded by the examiners.

The Chief Examiner hopes that the recommendations included at the end of the Report will prove useful for Course Tutors.

Course Tutors are also recommended to attend Edexcel's 'feedback' training events on this examination series. The events will take place in Autumn 2010 and details can be found at www.edexcel.com.

Level 3 Unit 2 Principles and Values in Practice

Q1(a)

Learners were clear that public services operated in the four sectors and there were appropriate definitions, examples and explanations. Where reference to transport as a public service was included, this was rewarded. Those learners who adapted the definition of service provision from a previous mark scheme (the delivery of organised assistance to maintain, support and enhance the well-being of individuals and/or communities) are to be particularly commended and the examiners see this as an example of best practice.

The examiners were concerned that a number of learners resorted to asserting that 'Public services are services delivered to the public for them to use'. Such responses were unable to gain the available marks. Learners are advised that the examiners are looking for alternative words to explain those which are identified in such questions.

Q1(b)

Learners were able to give suitable and often detailed explanations of the concept of legislation. They clearly were able to draw on learning from SH301 and apply it using well-chosen examples. Again, this is very good practice.

Q1(c)

All learners gave explanations of the term 'code of practice' and appropriate examples were included, often derived from their work-placements. The examiners are very pleased that they are drawing on their experience to answer such questions.

Q2(a)

Knowledge of advocacy is required in Learning Outcome 7 and also in Learning Outcome 2 ('individuals' right to be cared for or supported in a way that meets their needs, takes account of their choices or preferences and protects them').

Learners need to be aware of the meaning of this term. Many answers gave a simple account, based around the idea that 'person *a* speaks on behalf of person *b*'. The mark scheme indicates the sorts of responses expected. The most likely recipients of advocacy as identified by learners were the elderly, asylum seekers and those with mental health problems

Q2(b)

The better answers were able to show which services advocacy enabled individuals to access. The examiners were once again, very impressed with those learners who used material adapted from previous mark schemes, in this case June 2009 (3b). The examiners strongly encourage such an approach and commend Course Tutors and learners for such perspicacity.

Learners might note the different types of advocacy which are available and the mark scheme gives some indication of these.

Q3(a)

This question was very well-answered and it is clear that learners were very comfortable with this aspect of the specification. Many answers gained full marks. The mark scheme provides more detail on the role of social workers and the examiners hope that this will be used as a teaching and learning resource.

Q3(b)

This question was derived from subject matter embedded in Learning Outcome 5, but also contained elements of Learning Outcome 6 and Learning Outcome 7.

This question too, was securely grasped by many learners. As expected, most answers referred to child protection issues or to the elderly and the best linked this to relevant legislation. Some discussions included accounts of failures of social workers to maintain confidentiality and these were rewarded. Learners who provided extensive accounts of case studies did not attain the higher mark bands. The examiners remind learners that where they included a definition of the term 'confidentiality' (as good exam practice dictates), this needs to go beyond a simple account of 'not telling other people', and point to the notion of restricted information to which access is controlled by legislation and where professionals are governed by strict guidelines and codes of practice. The best answers did this successfully.

Q4(a)

This question was based on Learning Outcome 4 and some elements of Learning Outcome 3. It is a key aspect of the specification. It is therefore a concern to the examiners that a number of learners were unable to offer any response to either this question or question 4b).

Some learners did not note the requirement to identify a particular sector and some simply stated the 'social sector'. The examiners anticipated that some learners would use their work placements to illustrate their answers and where this was the case, most answers were rewarded.

Learners should be aware that there are cases where it is permitted to refuse treatment to certain individuals (and thus discriminate against them). For example, doctors can refuse to carry out an abortion if their religious affiliation prevents them from doing so.

Q4(b)

The examiners saw too little evidence of evaluation. Less-able learners were fixated on the idea of providing facilities in hospitals for those with certain religious beliefs but could not see the wider picture. There were references to the 'Anti-Discrimination Act', rather than, for example, The Disability Discrimination Act (2005). Answers must be specific in these cases. Notions of disability seem to be confined to the need to provide ramps for people in wheelchairs. Answers suggest that this aspect of the specification is not widely understood. There is, in some answers, a distinct lack of awareness that 'people in wheelchairs' can participate in the economy, in business, in work, in education, in sport and in social and political life. This should be addressed by Course Tutors and learners.

Learners also need to be aware that racism is not simply a process which flows from white people to black people. It can work the other way and between minority ethnic groups themselves. Where answers suggest that 'doctors refuse to treat black/gay/female patients', learners should either support such a claim with evidence or recognise that some doctors are black/gay/female.

There were no answers that considered mental health.

Q5(a)

There were some excellent answers to all parts of Question 5. These questions demonstrated most clearly that some learners could apply their knowledge and understanding to very good effect and these also deployed local examples to support their claims.

Almost every learner gave a plausible reason why health inequality persists (including awareness of cultural variation) and a few supported this with evidence. The examiners would very much like to see this practice become widespread. Some learners were acquainted with current developments and the examiners were hugely impressed to see answers which suggested that health inequalities persist because Primary Care Trusts had carried out inadequate assessments of local needs. Such answers suggest that this Diploma provides a strong academic challenge to which some learners are well-equipped to respond.

There was some misunderstanding of the question by a few learners who thought it meant that health inequality was a benefit to society. The examiners point out that those on higher incomes are more likely to lead healthier lifestyles rather than automatically turn to private provision. Learners might like to investigate the extent to which private health care is used and its cost before they make any judgements.

Q5(b)

This question too was widely understood and in some cases, comprehensively answered.

Poverty is the fundamental reason why health inequality impacts on the lives of people and this could be linked to social class or other factors. Some good answers suggested that health inequality can lead to social unrest or that it is caused by poor management. The examiners would like to see learners develop such arguments.

There seems to be a consensus that private provision is better simply because it is paid for. Learners must support such assertions with evidence. Learners should also avoid apocalyptic accounts of the future, where rising death rates and falling birth rates lead to the end of life as we know it. It would have been more interesting to see what effect these factors had on health inequality.

Q5(c)

There were some very convincing answers on the ways that the NHS and the Children and Young Peoples' sector promote health equality. There were references to the Every Child Matters Agenda and to the Educational Maintenance Allowance (EMA). Such approaches are highly commendable.

Those learners who referred to waiting lists might like to consult the NHS website and the Department of Health website, where waiting list statistics per region are to be found. This might lead to a more positive view of the impact health policy and the NHS in overcoming health inequality.

The examiners would like to have seen some references to palliative care and the work of hospices, especially as the UK provides the best end-of-life care, according to research carried out in 2010 by the Economist Intelligence Unit.

Q6(a)

The Examiners note that the concept of social inclusion runs through all the learning outcomes in this unit, from Learning Outcome 1 where the notion of embracing diversity and recognising equality point to its significance, to Learning Outcome 4 with its emphasis on challenging discrimination, to Learning Outcome 6 with its focus on human rights and equality of opportunity. Where social inclusion is a process designed to ensure that marginalised people (including those living in poverty) have greater participation in decision making which affects their lives, this makes it relevant to Learning Outcome 2 and where it enables people to improve their living standards and their overall well-being, it relates to Learning Outcome 3. Furthermore, the social inclusion agenda clearly runs through the Children and Young People's sector and the social care sector. From their answers, it seems that most learners were aware of the idea but were unable to define it as such.

Q6(b)

The examiners note that most of the answers here suggested that the main advantages to living independently as an older person were that they were more likely to be 'comfortable', 'happy' and 'be able to have their friends round'. Such responses did not gain many marks. Answers which referred to dignity were rewarded but there were too few answers which suggested that living independently removes the need to sell property to fund care needs (in England) or that it lessens the impact of the elderly being perceived as 'a problem to be solved' rather than constituting a group in society with rights like any other. The mark scheme offers further suggestions.

Learners perhaps need to be aware that residential care is a preference for some elderly people and that it need not mean loss of quality of life or a decrease in dignity or empowerment.

Q6(c)

This question encompassed Learning Outcomes 4, 6 and 7. There were some very encouraging responses which linked the effectiveness of care provision to the relevant legislation. Some answers included empirical evidence and statistics. The examiners again encourage such approaches. Most impressive were those answers which considered the roles of Macmillan Nurses and Marie Curie in managing care provision for those living with cancer. Such application of learning is highly commended.

Weaker responses resorted to unsubstantiated generalisations and anecdotal evidence. The examiners hope that learners might use evidence from their work placements to answer such questions.

Recommendations:

- practice exam technique using past papers, mark schemes and examiners' reports available at www.edexcel.com
- ensure all the content of the specification is fully covered and understood
- encourage learners to read all the questions carefully
- careful note should be made of the number of marks for each question as this gives an indication of the level of detail required in the response
- although the examination techniques demonstrated by the learners has clearly improved, Course Tutors are advised that further support is needed for less-able learners to progress
- It is important that learners understand the level of responses required by the different command verbs which included explain, discuss, analyse and evaluate. It is suggested that Course Tutors may wish to plan to give learners practice writing responses to these different levels when reviewing past papers
- learners need to read their answer script through carefully before the end of the examination
- learners should support their responses with evidence as far as possible

Statistics

Level 3 Unit 2 Principles and Values in Practice

	Max. Mark	A*	A	B	C	D	E
Raw boundary mark	90	72	64	56	49	42	35
Points Score	21	18	15	12	9	6	3

Notes

Maximum Mark (raw): the mark corresponding to the sum total of the marks shown on the mark scheme or mark grids.

Raw boundary mark: the minimum mark required by a learner to qualify for a given grade.

Grade boundaries may vary from year to year and from subject to subject, depending on the demands of the question paper.

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