

Examiners' Report/ Principal Examiner Feedback

January 2010

Principal Learning

Society, Health and Development SH302
Principles and Values in Practice

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Principal Learning Society Health and Development

Level 3 Introduction

This is the second full series of the Advanced Diploma in Society, Health and Development. The examiners were, once again, pleased with the response from centres and there was much that was encouraging. It seems to be the case that both learners and their Course Tutors are becoming more secure in their grasp of the specification. Such improvements are in line with the support offered through Edexcel's national and bespoke training service.

Centres are also becoming more comfortable with the administrative requirements associated with the Diploma. Most were able to submit work by the due date with correctly completed Candidate Record Forms. Centres are strongly advised to use the templates provided and to ensure that all sections are completed. It would be particularly helpful if learners were to tick the box giving their consent to Edexcel to use their work for training purposes. The examiners hope all centres will be able to do so in the next series and we encourage course tutors to approach Edexcel for clarification where uncertainty exists. At least one key member of the course delivery team should be encouraged to attend Edexcel's training and feedback events, details of which can be found at

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The moderators and examiners went to considerable lengths to ensure that standards were comparable across all units at Level 3 and that moderated marks were based solely on the Mark Bands contained within the Marking Grids and the guidance for allocating marks.

The examiners offer the following general comments about the internally and externally assessed units. More specific comments relating to the responses to the learning outcomes can be found in the section on the relevant unit.

The concerns identified by the examiners in the June 2009 series persist and we make the following recommendations:

- that learners are given more support with their writing and their examination technique
- that the standards of grammar, punctuation and spelling in the internally assessed units are replicated in the externally assessed units
- that learners attempt all questions as they may gain marks which cannot be awarded if nothing is written
- that all learners are familiar with basic aspects of the specification
- that learners might need more support in terms of the appropriate level of response. (some learners who could not respond often resorted to a simple re-write of the question)

The examiners once again draw attention to the fact that the questions focus on day-to-day practice across the four sectors. Well-publicised and often controversial cases are obviously useful for evaluative purposes, but these distract from everyday practice. The specification is primarily concerned with the latter and learners are advised to bear this in mind when answering questions.

The comments above regarding the use of empirical evidence also apply here.

Level 3 Unit 2 Principles and Values in Practice

Overview

The examiners are pleased to note the wide range of knowledge which many learners displayed in this unit. A number were able to effectively apply their knowledge in novel and thoughtful ways, especially in Q6. It is also clear the skill of evaluation is becoming embedded in the work of learners although this is not yet as widespread as we would like to see. The examiners strongly encourage learners to include references to empirical evidence in their answers, especially where they make a controversial claim. Such evidence is easily accessible and will be rewarded by the examiners.

The examiners hope to see improvements in the standards of writing in the next series and would like Course Tutors and learners to use the Mark Schemes and this Report as a teaching and learning resource.

Q1(a)

Most learners could offer a general definition of the term society, although a number of answers did not elaborate. An example was nearly always supplied. Less able learners might need more support if they are to suggest more than 'the place where you live'. The mark scheme offers a range of definitions which could enable such learners to attain a higher mark band.

Q1(b)

Most learners were able to define the concept of values and were able to gain further marks with appropriate examples. There were some sophisticated and well-argued accounts of the importance of values. This was most pleasing to the examiners. Less able learners usually offered 'respect' as an example and left it at that. The mark scheme indicates the sorts of examples the examiners were expecting to see.

Q1(c)

Learners need to be aware of the different criteria which affect the rights an individual may or may not have. Whilst nearly all learners mentioned human rights (and the relevant act) hardly any referred to civil rights or equal rights. One answer traced the notion of human rights to the Geneva Convention and was suitably rewarded.

Many learners mentioned a right to life but did not clarify. There was a very good opportunity for learners to use recent cases where individuals have assisted their relatives (in various ways) to die. No learner considered this.

Learners need to be more aware of the circumstances in which an individual can be deprived of their rights as a significant number of responses asserted that 'everyone in society has rights which can't be taken away'. More able learners were able to indicate circumstances such as imprisonment which do deprive individuals of some of their rights.

Learners might find it useful to the Learning Event Report 'Human Rights and Learning and Development' published on the Southwark NHS website (www.southwarkpct.nhs.uk) for information about how people working in healthcare settings are trained to implement human rights. The Executive Summary (Section 1) would be a good starting point.

Q2(a)

The most frequent response here was that 'service provision is services provided to service users'. This is not an acceptable response at Level 3 and no marks awarded for such an answer. Course tutors and learners are strongly advised to consult the mark scheme where the expected definition is stated. All learners should be familiar with this term.

The examiners note that in order to avoid confusion amongst one or two learners, the question could be re-phrased as follows:

'Explain the term **service provision** and give an example from **one** of the four sectors.'

This might avoid answers that referred to shops.

Q2(b)

Answers to this question lacked focus but nearly all learners were able to say that individuals had a right to service provision because of legislation, the most popular choice being the Human Rights Act (1998). Fewer were able to say that rights are linked to citizenship and fewer still were able to point out that medical professionals/social workers (or any similar professional) determine that particular services are necessary for the survival and well-being of the individual.

The examiners were encouraged that some learners were able to distinguish the concept of equity (fairness) from the concept of equality (where individuals enjoy the same rights irrespective of status) in their answers.

There is a clear awareness amongst learners that statutory provision is funded through taxation, hence individuals have a right to services.

Credit was given to those learners who discussed what society might be like without such services, although this was not strictly within the expectations of the question.

It is worth pointing out that The Care Standards Act (2000) requires all those who receive care to be treated equally. It is not, as some learners claimed, about general equality in society. The examiners would like to see more accuracy in these responses.

Very good responses pointed out that not everyone does have a right to service provision and drew comparisons with the situation in the United States and in other EU countries. The Examiners highly commend such an approach. They were also very pleased to reward those answers which considered services which support parents and carers; those which considered the quality and appropriateness of provision and that age can determine entitlement. Such answers were confident demonstrations of the learners' ability to interpret and apply knowledge and the question was deliberately worded to enable them to do so.

The examiners recommend that learners' attention is drawn to the fact that National Insurance contributions do not entitle individuals to NHS services and nor do they fund the NHS. According to HM Revenues and Customs (www.hmrc.gov.uk), National Insurance contributions pay for the following benefits: the basic State Pension; the additional State Pension; Jobseeker's Allowance - the 'contribution-based' element; Employment and Support Allowance - the 'contribution-based' element; Maternity Allowance; bereavement benefits - Bereavement Allowance, Bereavement Payment and Widowed Parent's Allowance.

Q3(a)

The examiners recommend that Course Tutors could help to dispel some of the myths which surround the concept of mental illness. Learning Disability and mental illness are not the same thing. Downs syndrome is not a mental illness and neither is epilepsy. People living with mental illness are not sub-normal (hardly an appropriate term to use) nor do they necessarily have lower levels of educational attainment, unless their mental illness developed whilst they were in education and then not always so. People living with mental illness are often aware of their condition. At any given time, mental illness affects 25% of the population. The Research and Policy section of the Mind website (www.mind.org.uk) will support learners to find information.

According to the British Medical Association (BMA), in 2006, 1 in 10 children under 16 were affected by mental illness. The Royal College of Psychiatrists has a range of information designed for people of all ages living with mental illness. Learners need to be more aware of an issue to which the four sectors devote a considerable amount of resources and which affects significant numbers of their contemporaries. Learners and practitioners will find it useful to refer to information on mental illness detailed given on the Mind website (www.mind.org.uk).

Q3(b)

Answers to this question were often unclear about how mental illness is managed.

As made clear in Q3a), provision for those living with mental illness is embedded in the work of the four sectors and involves considerable levels of inter-agency working and collaboration. Many learners seemed to have undertaken a work placement in a relevant setting.

The question invited learners to use their experience on their work placements (where relevant) to make an assessment of Tony's situation and needs. Learners needed for example, to consider why Tony was living at home and the nature of his illness. Some learners were able to say that living with his parents was the best situation for him and that the most appropriate service was respite care. Such responses warrant marks in the highest Mark Band.

Others recommended that Tony be assigned to a residential home, seemingly unaware that this contradicts not only current policy but also many of the criteria identified in the learning outcomes.

Counselling was the most frequently suggested service but learners were not generally familiar with the facts about this. Nor the spelling.

A number of learners suggested that by interacting with other people who lived with mental illness, Tony's situation would improve. Justifications of such an approach need to be included.

Where learners discuss services local to their area, it would be helpful to the examiners if this was made clear. Such explanations were often well-thought out and this approach is to be commended.

The examiners strongly recommend that learners familiarise themselves with what GPs, psychiatric nurses and social workers actually do when working with patients. They must also use the appropriate terminology. Mental institutions are now referred to as psychiatric hospitals. Learners did not generally know about Community Mental Health teams. Furthermore, psychiatrists are doctors and can prescribe and administer treatment. Psychologists and counsellors can not.

There was nothing in the stem to suggest that Tony needed psychiatric services. In fact, as suggested above, his symptoms are experienced by large numbers of people at any given time. Learners need to be aware of this. Some learners did not apply the question stem in an appropriate manner and others included Acts where they were asked to specify services and were not rewarded with marks.

The Examiners hope that learners will find these recommendations useful and accessible

Learners and practitioners will find it useful to refer to information on mental illness detailed given on the Mind website (www.mind.org.uk).

Q4(a)

This question was based on Learning Outcome 3. The Examiners were very pleased that some learners were very well-briefed in this aspect of the specification. They could apply their learning effectively and gained marks in the highest mark band. Those who attained a mark in mark band 1 were also aware of the relevant issues. A number of learners did not attempt this question. This is a concern.

The examiners would encourage learners to use the term 'Minority Ethnic Groups' where appropriate. It might come as a surprise to some learners, but doctors see all their patients, irrespective of status or background. If learners assert otherwise, the examiners expect them to support their claims with reference to empirical evidence. Anecdotal evidence will not suffice.

Q4(b)

The majority of answers to this question focused on the ways that hospitals provide facilities for their Muslim patients. Answers which focused on religion might also have considered so-called 'faith schools', which might have provided a wealth of possible responses.

There were many other possibilities and the examiners encourage Course Tutors to use the Mark Scheme as a teaching and learning resource. There were some very convincing responses focusing on, amongst other things, police recruitment policies and partnerships with schools abroad. The former also considered the impact of the Stephen Lawrence enquiry. The latter enabled the learner to draw on valuable experience from their own learning environment and they were able to articulate a proper argument. This is most commendable. Answers which primarily focused on legislation were also welcome.

Less successful answers could only consider simplistic reasons. For example, it is not only Muslim women who might want the curtains round their bed closed when they are seen by medical staff or being washed and changed. The examiners recommend that other points are reinforced by course tutors: the NHS does treat those on low incomes and men can train as midwives. Barriers to this were lifted in 1983 and in 2006, according to the Nursing and Midwifery Council, approximately 11% of midwives were male. Its recruitment page features a picture of a man.

In conclusion, the examiners regret to note the lack of evaluation in the responses of some learners. A list of advantages and disadvantages does not constitute and evaluation at this level.

Q5(a)

There was some misinterpretation of the term 'quality of life issue', despite these being explained in the question stem, but most learners offered a plausible explanation

Q5(b)

The most successful answers focused on local initiatives. Learners might like to consider the willingness of those who engage in anti-social behaviour to participate in community organisations or to respond to surveys.

Learners should be aware that Anti-Social Behaviour Orders (ASBOs) can only be applied by a Magistrates Court.

Q5(c)

There was some overlap between the answers to this part and part b). The Mark scheme makes clear the sorts of distinctions the examiners were looking for.

Again, the examiners remind learners that controversial assertions must be supported with appropriate evidence.

Q6(a)

The examiners were most impressed with the breadth of answers to Q6 and it raises some very interesting paradoxes for learners. There was effective application of knowledge throughout.

All learners who answered this question were able to offer a plausible reason why the UK Government proposes to introduce a national identity register and issue identity cards. As the examiners expected, learners were able to interpret and apply the information contained in the question stem.

Q6(b)

Similarly with part b). All learners who answered this question were able to offer a plausible reason why identity cards should not be introduced. Some were able to point to a lack of confidence in the government's security arrangements and others to the possibility that databases could be hacked.

Q6(c)

The examiners were particularly encouraged by the improved quality of evaluation demonstrated by learners in their answers to this question. Perhaps this was due to the obvious interest that they have in such matters. The examiners offer the following comments for consideration in teaching and learning environments.

Most learners were in favour of the introduction of identity cards. Various reasons were proposed. Most considered that such cards might reduce crime or have some impact on the extent of illegal immigration. Once again, the examiners detected in a number of responses an attitude which was possibly unintended. Learners need to think carefully about how they express their views on controversial subjects.

Where controversial claims are made, the examiners expect them to be substantiated with evidence from reliable sources.

The paradox referred to above occurred in those answers which in Q5 were all in favour of increased levels of surveillance to reduce anti-social behaviour but were opposed to such surveillance in the form of identity cards.

A second dimension to this paradox was the failure to point to the willingness of individuals to make available all sorts of personal data to anyone with access to the internet, via their social networking sites whilst at the same time arguing that no outside agency should have access to their personal data.

Those learners who, remembering Learning Outcome 1, were able to articulate their own values and beliefs in terms of the issue of identity cards were rewarded. Learners also need to consider other forms of surveillance: medical records; credit/bank/store cards; credit histories; some did briefly consider the merits of biometric testing.

Well-considered responses included comments about the Human Rights Act (1998) and the Data Protection Act (1998) and others about the rationale of introducing identity cards at substantial cost during a time of economic stringency. Other responses considered the impact of a 'Big Brother' society and one answer referred to Orwell's novel '1984'.

Statistics

Level 3 Unit 2 Principles and Values in Practice

	Max. Mark	A*	A	B	C	D	E
Raw boundary mark	90	74	66	58	50	43	36
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.

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