

Principal Moderator's Report Summer 2010

GCSE

GCSE Health & Social Care (5HS02) Unit 2 - Exploring Health, Social Care & Early Years

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General Comments

This was the first time this unit has been presented for assessment and moderation. A small number of centres entered candidates for this series and it was clear that the evidence seen was equally divided between those centres who were able to interpret the specifications accurately and mark appropriately and those who clearly were unsure about what was required.

This was also the first time candidates have had to complete an assignment under controlled conditions and there seemed to be a wide variation in how centres had interpreted the requirements of control with some candidates clearly completing their assignments under exam conditions and others allowing more leniency. Centres should note that what is required is for candidates to complete their assignments within the classroom and not have access to the assignment once outside. Assistance may be given by the assessor/teacher, but this should then be taken into account when awarding marks. Professional judgement in terms of the amount of help given is required.

Several centres had tackled the assignment as if it they were completing Unit 5321 from the legacy qualification with candidates providing evidence that was not required and assessors appearing to mark down if this evidence was not included.

This report will consider the tasks required by the Controlled Assessment Material and then the assessment criteria separately.

The Controlled Assessment Material was divided into four tasks and required candidates to choose either an Early Years service provider or a Health provider on which to base their work. On the whole the choice of organisation was appropriate with a large majority of candidates choosing an Early Years setting. A small number of candidates had chosen Residential Care rather than a Health setting and this made it difficult for them to achieve some of the higher mark bands in the assessment criteria. Generally the needs of the service user were discussed quite well however, in a significant number of cases candidates struggled to identify how the service provider met those needs. This was in part due to the fact that candidates did not identify a specific service provider. Where candidates had identified a specific service provider, they were able to discuss barriers to access quite well. In many cases the candidates had provided maps showing the location of the provision and also attempted to provide a comparison with similar service providers. Centres should note that this is not required for this particular assignment.

Task 2 caused problems for a significant number of candidates when trying to show how direct and indirect carers work together to meet the needs of service users. Whilst candidates were able to appropriate examples of each type of carer, they struggled to apply their knowledge in showing how one supports the other. National provision was completed quite well by those candidates who had chosen an appropriate service provider. Candidates who had chosen Residential Care struggled in some cases as they were providing an organisational structure for Social Care whereas the requirement was for a Health Care setting and therefore should have focussed on the NHS or private health care.

Task 3 required the candidates to consider two workers and describe their roles. Generally this aspect was completed accurately with some excellent examples of both primary and secondary research seen in a large number of portfolios. Where

candidates lost marks was in the application of Care Values, a key aspect required for marks in Assessment Objective 2(ii).

Task 4 required candidates to evaluate the service provision and, on the whole, candidates struggled to provide evidence for this task with a large number appearing not to attempt any evaluation. Suggestions for improvement were given but in a large number of cases these were unrealistic.

In direct contrast to the legacy GCSE, evidence for the four Assessment Criteria could be found throughout the portfolios and centres should note that clear annotation of where candidates have addressed the assessment criteria is required for future submissions.

AO1 assesses the candidate's ability to recall satisfactory levels of knowledge and understanding and on the whole, this was quite well done and had been assessed accurately across the majority of portfolios. A large number of candidates had tried to compare their chosen service provision with another similar service provider and this had been assessed as providing evidence for the 'range of contexts'. Centres should note that evidence for recall of knowledge will be provided by the candidate undertaking the various tasks and no specific evidence needs to be included. AO1 also assesses the candidate's communication skills and whilst these varied greatly throughout the portfolios seen, on the whole was accurately assessed.

AO2(i) assesses the candidate's ability to plan and carry out investigations and tasks. Evidence of planning of tasks is provided via the completion of all four tasks in the CAM. What is also required to meet this assessment objective is for the candidate to demonstrate an ability to adhere to the tasks, a key aspect of planning. This was not well demonstrated in a significant number of portfolios and in a large number of cases stemmed from the fact that candidates appeared to be using the legacy GCSE as a basis for their work. Research skills were variable across the portfolios seen with a large number of candidates appearing to start off well but then lose focus half way through. This limited candidates to MB2 and 3 for the main part. It was unclear in a large number of portfolios how much work had been completed independently by candidates and it was felt that this was due in the main to a lack of understanding by centres of the requirements of Controlled Assessment.

AO2(ii) required candidates to demonstrate application skills and this could have been evidenced well by the application of Care Values to the roles of the workers discussed in Task 3. However, the vast majority of candidates, whilst mentioning Care Values, were unable to discuss them in the detail required for the higher mark bands. Mark Band 4 requires the Care Values to be applied to practice in detail and this was not evident in the majority of cases. Communication skills were also assessed in this assessment objective and on the whole were very variable across centres.

AO3 required the candidates to demonstrate evaluation skills and was evidenced for the main part by the completion of Task 4. Candidates struggled to demonstrate any evaluation skills and the majority of candidates failed to achieve marks above the lower end of Mark Band 3. Evaluation requires the candidates to consider the strengths and weaknesses of the provision and draw reasoned conclusions from those strengths and weaknesses. Candidates were also expected to make some reasoned suggestions for improvement and again, there was limited evidence of any reasoning seen. Spelling, punctuation and grammar varied considerably across the portfolios seen but in general, had been assessed accurately.

Statistics

5HS02

| Grade | Max. Mark | A* | A | B | C | D | E | F | G |
|-----------------------|-----------|-----|----|----|----|----|----|----|----|
| Raw boundary mark | 50 | 45 | 38 | 31 | 25 | 21 | 17 | 14 | 11 |
| Uniform boundary mark | 120 | 108 | 96 | 84 | 72 | 60 | 48 | 36 | 24 |

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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