

## **GCSE Health & Social Care – Principle Moderator’s Report** **June 2017**

### **5HSO2**

It was pleasing to see that most centres met the submission deadline this series and learners had authenticated their work. Centre administration was generally good with few errors noted.

The unit is assessed through the production of a portfolio of evidence based on Controlled Assessment Material (CAM). The requirements of the CAM change each year and give the learners the choice of two service user groups on which to base their assignment. For June 2017 the two service user groups were in the categories of Early Years and Health. The majority of learners opted to consider the Early Years service user group.

In general, assessment was once again either very accurate or very lenient with some Centres still struggling to interpret the requirements of the Assessment Objectives.

The assignment for 2017 comprised five tasks which provide evidence for the variety of contexts. The tasks cover the main elements of the syllabus.

Learners would benefit from going out on placement and basing their report on their experience within the placement but this is not a requirement and centres can use visiting speakers and case studies for the learners to base their assignments on. One issue with the use of case studies is that it makes it more difficult for learners to obtain evidence from primary research, a requirement of Task 3 and an aid to gaining marks in the higher mark bands for AO2(i).

The CAM required the learners to complete five tasks under Controlled conditions within a suggested time frame of 22.5 hours. Centres should note that the 22.5 hours is only a guideline and refers to the time allowed to write up the portfolio. Research time may be in addition to the 22.5 hours. However, centres should note that any data obtained during research must not be analysed outside the controlled environment and only raw data should be taken in to the environment.

The assessment requirement is to provide evidence of knowledge and understanding, planning and research, application, analysis and evaluation of information. As mentioned above, the various tasks, if undertaken correctly, will provide evidence for all four assessment objectives and therefore assessment should be holistic and not based on a task per assessment objective method.

## **Assessment Objective 1**

This assessment objective assesses knowledge and understanding and evidence should be found throughout the portfolio and particularly within the first four tasks. The needs of the service user were generally quite well described and some learners did discuss the hierarchy of needs with most referring to Maslow. However, for the most part, as in previous years, learners appeared to struggle with the concept of the hierarchy and did not understand that 'Self-Actualisation' according to Maslow is aspirational. Many learners felt that if children were creative this meant they had achieved self-actualisation. Referral methods and barriers were, for the most part understood. In general learners were able to discuss the services provided by the service provider under discussion although it appeared that 'additional services' were less well understood as a concept. Learners should have discussed the core service and then additional services offered. Examples would include a core service of education for a reception class within Early Years and then additional services would be examples such as breakfast clubs, after school clubs, summer schools and so on. There was some confusion with regard to the different sectors with a large number of learners describing Early Years, Health and Social Care as the sectors and failing to appreciate that the sectors which should be described are Public, Private and Not for Profit. Outsourcing was not understood by a large number of learners and a significant number appeared to ignore this element of the task. Task 3 required learners to discuss local and national frameworks and this presented problems for many learners. The EYFS could have been discussed by those learners focussing on Early Years and then, for those focussed on health, there is a large number of frameworks that could have been considered; the National Service Framework for Diabetes, the National Service Framework for Coronary Heart Disease and the National Service Framework for Older People are just three

examples. Job roles were discussed quite well by the majority of learners.

### **Assessment Objective 2(i)**

This assessment objective assesses the learners' ability to plan their work and undertake both primary and secondary research. Marks are also awarded for independent work. It was pleasing to see that many assessors had commented on the amount of help required by the individual learners. Planning was evidenced in some portfolios by the inclusion of an action plan for completion of the portfolio and this is considered good practice although completion of all elements of all five tasks was accepted as evidence of implicit planning. In the majority of cases, however, as in previous series, elements of some of the tasks had been omitted. This was most apparent in Task 2 where a discussion of outsourcing was not seen. There was some very good evidence of both primary and secondary research seen in many portfolios with learners providing comprehensive bibliographies as evidence of secondary research and questionnaires or transcripts of interviews for primary research. Several centres appeared to use a template to help their learners. Whilst this is acceptable it does make it more difficult for learners to evidence independent work and also means that the same mistakes are often seen in all portfolios.

### **Assessment Objective 2(ii)**

This assessment objective assesses the learners' ability to apply the knowledge shown in AO1 and in general, this was weak in the majority of portfolios and had been over assessed; however, it was pleasing to see that where learners had considered the hierarchy of needs in Task 1, this had been applied with much more accuracy this series. Evidence for this AO is also provided through discussion and application of Care Values. Once again, in the majority of portfolios seen the Care Values were discussed very briefly showing limited understanding and application was not well evidenced. The Quality of Written Communication (QWC) should also be assessed in this AO and there was limited evidence seen that assessors had taken QWC into account when awarding marks

### **Assessment Objective 3**

This final AO assesses the learners' ability to analyse and evaluate information and in general this was not well done and for the most part had been leniently assessed. Analysis can be clearly evidenced through interpretation of data obtained from primary and secondary research and yet in too many cases whilst it was clear that learners had used questionnaires or undertaken interviews there was limited, if any, evidence of conclusions drawn from the information gained. Many learners had just included the questionnaires and not commented on the information at all.

As is often the case with learners of this age, evaluation skills were not well evidenced in the main with the majority of learners merely providing descriptive comments and not evaluative statements. What learners should do is evaluate the service provider under discussion in terms of how effective it is at meeting the needs of the service user as identified in Task. This should be done by discussing the strengths and weaknesses of the service provision and relevant conclusions should be drawn. Learners had attempted to make suggestions for improvement but these were limited and not fully justified. Again, the QWC is assessed in this AO and for the most part this does not appear to have been taken into account.