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# **Examiners' Report**

## Principal Examiner Feedback

Summer 2017

Pearson Edexcel GCSE  
Health & Social Care (5HS03/01)  
Unit 3: Promoting Health and Well-Being

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## **General Comments**

The assignment for this unit is completed under Controlled Assessment conditions. The write up time allowed for the activities is 22.5 hours in total. The evidence produced by centres showed that there was a clear division between those centres who understood what was required by the specification and those centres who were unable to interpret the specification requirements appropriately. Generally this year there were more centres whose candidates submitted work to meet the assessment criteria appropriately. The Controlled Assessment task for this unit was to produce a report on a person selected from the case study and service user profile. There were three assessment objectives to be addressed and covered in the work produced to meet the assessment criteria. The Controlled Assessment task should be looked at holistically when assessing the evidence produced. There are specific areas which should be evident. These are the definitions of health and well-being, the use and application of health measures and analysis and evaluation.

### **Assessment Objective 1: Recall, select and communicate knowledge and understanding of health and social care in a range of contexts.**

Candidates were generally able to show good knowledge and understanding of the definitions of health and well-being. In this series it was good to see that more centres and candidates were including aspects of social construction and using Maslow's Theory of Needs to good effect. However, there is still some confusion about the definitions of health especially about the negative definition. Many candidates were able to give in depth definitions of health and wellbeing by referring to positive, negative and holistic views. More centres included how time and culture change definitions but some candidates did not develop their explanations. There was good recall and selection of knowledge in the design of health care plans. Communication was generally good and clearly developed.

Where candidates were able to look beyond positive, negative and holistic definitions, the higher mark ranges were available. Where candidates were able to show good recall, knowledge and understanding of their health plan and were able to communicate their findings effectively, they were able to access the higher mark ranges.

#### **Areas for improvement for candidates:**

- In the definitions of health and well-being, socialisation over time and culture and Maslow's Theory of Needs could be considered as well as applying PIES to the positive, negative and holistic definitions included. Avoid unnecessary material about changes over time and different cultures,
- Candidates could introduce their chosen person from the case study from the start of their work and apply these definitions to them to show excellent recall, selection and communicate this knowledge and understanding of health and social care in a range of contexts.

- Avoid the inclusion of pages of unnecessary downloaded information included as research.

**Assessment Objective 2(i): Plan and carry out investigations and tasks.**

Candidates were generally able to show that they had planned their work and had carried out investigations using a variety of information sources. Smart phone apps were included again this year, making research and planning current and relevant. Many more students than last year included a bibliography. To gain marks from the higher mark bands, candidates needed to investigate and apply a range of health measures such as peak flow, BMI, pulse rate and blood pressure to show where their chosen person was on these measures so that a plan for improving their health and well-being could be devised with suggestions for implementing the plan for it to be successful. More candidates picked up on the cholesterol figures in the case study, but few made any mention of reducing salt intake to help reduce blood pressure. Short, medium and long term targets were in general included when awarding marks in the higher mark ranges. Calculations should also be included in the evidence to show where the chosen person is now and what their goals should be. This level of detail was sometimes missing from the work seen yet high marks were awarded for limited calculations, with no real understanding of the health measures used to assess health and well-being evident in the candidates' work. Where candidates had used a website for their calculations, few showed how the particular health measure was actually worked out which prevented them from achieving marks in the higher mark bands. Some centres had guided their candidates to produce detailed weekly plans for both healthy eating and exercise. Where this occurred and the health measures were used effectively to assess health and well-being, marks could be awarded from the higher mark ranges. Where candidates wrote generally about healthy eating and exercise but did not relate the health measures to their chosen person or gave unrealistic targets, marks were limited.

**Areas for improvement for candidates:**

- Use a range of sources to collect information from such as health promotion leaflets, magazines, slimming clubs, Internet websites.
- Use a range of health measures to assess health and well-being such as peak flow, BMI, pulse rate, cholesterol levels and blood pressure measurements.
- SMART targets, particularly for weight loss, should avoid being just vague statements, acronym with no explanation or just statements about 'losing some weight' or 'reducing the BMI'.
- Ensure that calculations are used to assess health and well-being. These should be detailed for marks from the higher mark ranges.
- Set realistic targets which show progression from short to medium and long term targets for their chosen person.

## **Assessment Objective 2(ii): Apply skills, knowledge and understanding in a variety of contexts**

In this assessment objective the Quality of Written Communication was also assessed as well as the evidence produced to meet the criteria for this assessment objective. Many candidates showed a good level of skills, knowledge and understanding evident in their work with a few students showing excellent skills. A majority of candidates understood the implications of the results of the measures of health, although, few actually referred back to the measures when preparing the health plans. SMART plans were evident and many set targets although the students did not always divide them into long, medium and short term. Any calculations included were generally not detailed nor did the candidates show any real understanding of why they were using them. Where candidates used sources and information from a variety of contexts, the work produced showed a good level of understanding and an ability to relate to the information gathered in a relevant way to the chosen person. Most plans were unrealistic. The exercise plans generally started with exercises which are too energetic for too long and too often. This aspect of the plan remains a weakness. Most candidates working in the higher mark ranges considered weight loss through changes in diet and exercise as well as the other issues which applied to their service users.

### **Areas for improvement for candidates:**

- Use a range of health measures and ensure that they are applied to the chosen case study person.
- If using pictorial information such as graphs and charts, ensure that they are used and applied to the case study individual.
- Include detailed calculations. These could show before and after information regarding BMI, blood pressure, and peak flow for example.
- Ensure that the plans produced are relevant and realistic. Targets should also be used.
- Use information from a variety of sources and contexts.

### **Assessment Objective 3: Analyse and Evaluation.**

Some centres had not covered the health promotion side of health and wellbeing and the support offered by this aspect. Some candidates focused on formal and informal support. There was evidence of good skills in analysing and evaluating by a good majority of centres. However, some candidates did not include any reference to the health measures again or consider any suggestions as to how the plans would improve them. Difficulties which could be experienced during the carrying out of the health plans were considered with varying levels of understanding. Several centres and their candidates analysed different leaflets to improve health as well as joining Slimming World or Weightwatchers. Several centres analysed different leaflets to improve health as well as websites. Some centres analysed the colours, font size and layout rather than the content of these. Most centres identified informal and formal support with more detailed application being seen in the work this year. However, candidates

often did not include how voluntary support could be used. Some candidates gave more of a job description for the formal support and did not apply it to the service user. Few candidates drew up a final conclusion and many finished their work quite abruptly after discussing types of support. The difficulties which the chosen person experienced in implementing the plan were addressed well generally with some evaluation and reasoned judgements evident. In this assessment objective the Quality of Written Communication was also assessed as well as the evidence produced to meet the criteria for this assessment objective.

**Areas for improvement for candidates:**

- Include relevant health promotion literature when evaluating support available for the individual.
- Ensure that the skills of analysis and evaluation are understood and can be used effectively when considering how the chosen person has managed on the plans.
- Include detailed calculations.
- Address the difficulties experienced by the chosen person so that reasoned judgements are evident in the analysis and evaluation.

This was the most over marked section with many students assessed for the highest mark range and several given full marks. There was evidence of good skills in analysing and evaluating but excellence was only by a small number. Candidates are now referring to the health measures and are able to suggest how the plans would improve them. Difficulties which could be experienced during the carrying out of the health plans were considered in varying levels of understanding. Several centres analysed different leaflets to improve health as well websites. Some centres analysed the colours, font size and layout rather than the content. Most centres identified informal and formal support but few were detailed or included voluntary. Few students drew up a final conclusion and many finished their work quite abruptly after discussing types of support.