

# Teacher's Guide

## Edexcel GCSE in Health and Social Care



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## What's new?

### What's changed in the GCSE subject criteria?

The regulatory subject criteria for GCSE Health and Social Care have remained broadly the same. The main emphasis is on ensuring that the subject is up to date and relevant to the 21st century.

The changes have given awarding bodies the opportunity to offer both a Single and Double Award GCSE in Health and Social Care to better meet student needs.

In the Double Award students are required to demonstrate knowledge and understanding of 'promoting health and wellbeing'. This is not a requirement of the Single Award.

Portfolio work is to be completed under controlled conditions to ensure the work is the student's own.

### What you have told us you want

Edexcel has listened carefully and responded to centres' views. The key messages were that centres:

- felt comfortable with the existing market-leading qualification
- did not want the existing qualification content and structure to be changed too radically
- were interested in looking at new ways of delivering the portfolio units to add variety to the tasks students undertake.

### How we have responded

Edexcel has developed both a GCSE Single and Double Award in Health and Social Care.

Double Award	Single Award (Units 1 and 2 only)	Unit 1	Understanding Personal Development and Relationships	External assessment
		Unit 2	Exploring Health, Social Care and Early Years Provision	Controlled assessment
	Double Award only (Units 3 and 4)	Unit 3	Promoting Health and Wellbeing	Controlled assessment
		Unit 4	Health, Social Care and Early Years in Practice	External assessment

# Information for Edexcel centres

Edexcel has kept the content of the specification broadly the same. We have built on the existing market-leading qualification, retaining many of its most successful features. New features include the following.

- Single and Double Award qualifications. These will better meet student and centre needs.
- A broader range of assessment techniques. Some multiple-choice questions in the Unit 1 external assessment and pre-release material in the Unit 3 controlled assessment.
- Unit 4 is a synoptic unit, building on content from the three previous units but adding more 'depth' and 'breadth' to the knowledge and understanding required.
- Controlled assessment for portfolio work (Units 2 and 3).

The 'spirit' of the qualification remains the same but we have updated the specification to reflect the changing nature of health, social care and early years practice.

We have responded to new Ofqual's requirements regarding portfolio assessment and have taken the opportunity to introduce pre-release material for one of the portfolio units. This adds to the qualification and gives students more variety in terms of the tasks they need to complete throughout the Double Award. The new controlled assessment adds even more integrity to the qualification.

Current Edexcel content	New specification reference
Unit 1 – this reflects Unit 3 from the existing qualification	Number of life stages updated from five to six. Lighter touch on self-concept.
Unit 2 – this reflects Unit 1 from the existing qualification	Service user groups now run across the six life stages identified in Unit 1. Direct and indirect carers has been widened to include sub-contracted or outsourced service providers, for example catering in hospitals.
Unit 3 – this reflects Unit 2 from the existing qualification	Definitions of health have been widened to include the social construction of health. Measures of health have been brought up to date to include such measures as hip/waist ratios.
Unit 4 – this is a new unit for Double Award students only	This unit builds on the 'core material' from Units 1–3 and aims to broaden and deepen the student's knowledge and understanding of the core principles within health, social care and early years practice. (See the specification for the detailed content.) Four broad areas are revisited: <ul style="list-style-type: none"> <li>• the range of care needs of major client groups</li> <li>• care values used in practitioner work</li> <li>• the development of self-concept and personal relationships</li> <li>• promoting and supporting health improvement.</li> </ul>

# Information for AQA and OCR centres

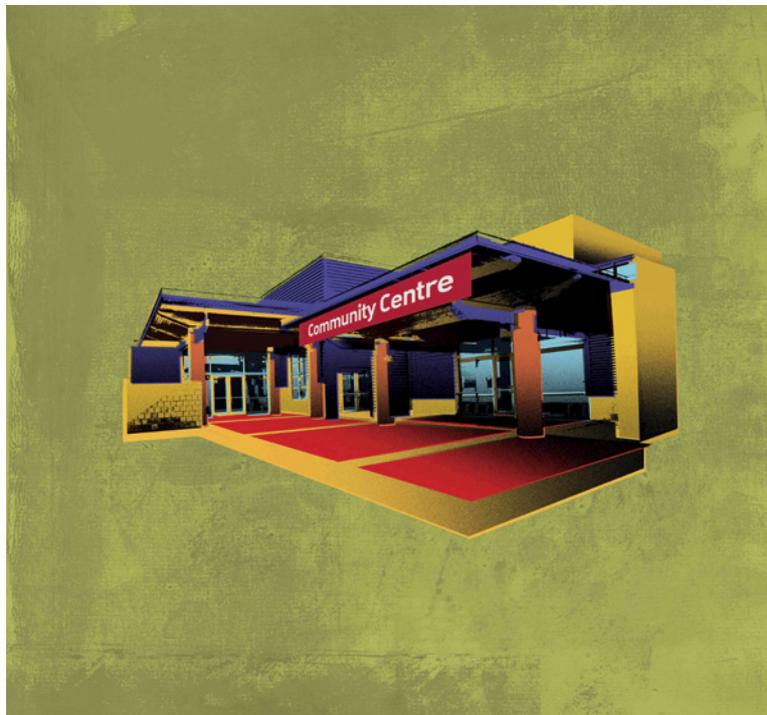
The existing qualifications of all awarding bodies are broadly similar as they are built on the same subject criteria. There were no major changes to the subject criteria for health and social care following the Ofqual review.

As a result, moving to the Edexcel GCSE is straightforward.

The current AQA and OCR qualifications are very similar to the new Edexcel GCSE – AQA and OCR centres should not have any significant problems in terms of delivery.

The major changes in the new Edexcel GCSE are:

- in the Single Award portfolio unit, the starting point for the investigation into health, social care and early years provision is based around an individual rather than a service provider
- in the Double Award, the investigation and design of a health plan is based on pre-release information about a number of individuals. The pre-release material will be reviewed every two years to allow for re-submission of portfolio work.



# Course planner

This course planner forms a scheme of work which covers the whole specification. The new Edexcel GCSE has been developed with the new 11-19 agenda in mind and allows flexibility for:

- centres to offer either a Single or Double Award
- the Single and/or Double Award to be taught in one or two years
- the qualification to be taught at Key Stage 3
- centres to use the qualification, or parts of the qualification, as part of the specialised learning for the new Level 2 Diploma courses.

Plenty of time is allowed to teach the content and prepare for the modular examinations. The planner is based on three hours of teaching a week, and a three-term year.

In writing an exemplar delivery plan we have assumed that the centre is entering students for the Double Award at the end of a two-year teaching programme.

If two teachers are delivering the course it may be that two units are being taught in parallel – the following scheme would need to be amended appropriately: the ‘long and thin’ model, as opposed to the ‘short and fat’ model.

# Section A: Content guide

Term/week	Content	Notes
Year 10 Autumn term 1	Unit 1 <ul style="list-style-type: none"> <li>Human growth and development</li> <li>Factors affecting human growth and development</li> </ul>	This unit underpins the knowledge and understanding for future learning. It does not HAVE to be taught first.
Autumn term 2	Unit 1 <ul style="list-style-type: none"> <li>Effects of relationships on personal growth and development</li> <li>The effect of life events on personal development</li> </ul>	Many centres find this to be a motivational tool which helps engage students.
Spring term 1	Unit 2 <ul style="list-style-type: none"> <li>The range of care needs of major client groups</li> <li>How health, social care and early years services are provided</li> </ul>	Before students complete the controlled assessment, at least part of the unit content needs to be covered. It is possible to teach sections of the unit content and then complete parts of the controlled assessment.
Spring term 2	Unit 2 <ul style="list-style-type: none"> <li>Workers in health, social care and early years</li> <li>Care values which underpin service provider interaction</li> </ul>	Another approach to controlled assessment is to teach all the content, and then complete the controlled assessment. Completing this unit in the spring term allows students to ready their portfolio in Year 10 and submit in Year 11.
Summer term 1	Unit 2 <ul style="list-style-type: none"> <li>Completion of the controlled assessment task</li> </ul>	Ensure that the controlled assessment is completed for submission. (If all students are completing the Double Award it is possible to cover Unit 3 instead of Unit 2.)
Summer term 2	Unit 2 <ul style="list-style-type: none"> <li>Completion of the controlled assessment task</li> </ul>	At this stage the content of this unit needs to be covered.

# Section A: Content guide

Term/week	Content	Notes
Year II Autumn term 1	Unit 3 <ul style="list-style-type: none"> <li>● Indicators of physical health</li> <li>● Promoting and supporting health improvement</li> </ul>	Coverage of the background content for Unit 3 needs to be completed at this stage in preparation for the Unit 4 examination and the beginning of controlled assessment in the spring term.
Autumn term 2	Unit 4 <ul style="list-style-type: none"> <li>● The range of needs of major client groups</li> <li>● Care values commonly used in care practice</li> <li>● The development of self-concept and personal relationships</li> <li>● Promoting and supporting health improvement</li> </ul>	As this is a synoptic unit the focus should be to revisit and broaden and deepen knowledge and understanding of the unit content.
Spring term 1	Unit 3 Controlled assessment work based on the pre-release material for Unit 3	Careful preparation is needed to ensure that students are familiar with the circumstances of the person they select.
Spring term 2	Unit 3 – and possible amendment to Unit 2 if there are re-submissions Completion of controlled assessment task	
Summer term 1	Preparation for any external assessment for either Unit 1 or Unit 4 Completion of controlled assessment tasks	Some centres may choose to enter students for Unit 4 in the summer of Year II only.
Summer term 2	Most centres will have students on study leave at this stage	

# Teaching ideas

Here are some ideas about the approaches you could take to introduce the key concepts of the units.

These could be used as ‘taster sessions’ to engage students in learning.

## Unit 1: Understanding Personal Development and Relationships

**Topic:**

**Life stages and PIES**

**Objective**

To know the six different transitional life stages and the four main aspects to human development.

**Starter**

Suggested role play. Select six students; write the names of the six life stages on paper. Students pick a life stage out of a ‘hat’ and form a row in sequence from infancy through to later adulthood.

**Key vocabulary**

Infancy, childhood, adolescence, early adulthood, middle adulthood, later adulthood, physical development, intellectual development, emotional development and social development.

**Activities**

- Introduce the six life stages and the ages attached to these stages.
- Students then create a flow diagram with the stages in sequence, with the ages attached.
- Quick question and answer session, including questions like ‘Joyce is 82 years of age. How many life stages has she passed through?’ , ‘Tony is 22 years of age, which life stage was he in before his present life stage?’.
- Introduce the concept of PIES and how it applies across the life stages.
- In pairs, ask students to recall an important life event which happened to them in a previous life stage.

**Plenary**

Spot questions and answers to check learning. Reverse the sequence: you give the answer, and students guess the question!

**Extension work**

Students talk to a relative who is in later adulthood and ask them to identify which life stage they found the most difficult to be in, and why.

Feedback from this activity forms the starting point of the next lesson.

## Unit 2: Exploring Health, Social Care and Early Years Provision

**Topic:**

**Barriers to accessing services**

**Objective**

To know the main barriers which restrict service users from accessing services.

**Starter**

Stand at the front with your back to the students. Explain the objective of the lesson in a mumbling voice or a foreign language. Then turn round to face the students, and get them to feed back what the barriers to communication were.

**Key vocabulary**

Physical, psychological, financial, geographical, cultural/language and resource barriers.

**Activities**

- Case study of a health centre, its users and facilities.
- Students to work in groups and discuss the reasons why people may find it difficult to access the health centre.
- Groups feed back to the class. Group the reasons identified by students into the key vocabulary words.
- Students to produce a spider diagram identifying the barriers to access, with a brief explanation of each.

**Plenary**

Put yourself in the 'hot seat'. Students ask you about a situation when you found it difficult to access a particular service and how that made you feel.

**Extension work**

Students consider the potential barriers which exist for people new to their own centre.

Feedback from this activity forms the starting point of the next lesson.

## Unit 3: Promoting Health and Wellbeing

### Topic

What is health and wellbeing?

### Objective

To develop knowledge and understanding that health and wellbeing is a socially-constructed concept, dependent on time and culture.

### Starter

Give students a series of pictures of people, (perhaps projected), which show someone running, someone in hospital, someone blowing their nose, someone using a wheelchair etc. Ask students to work in pairs to identify what they believe health and wellbeing is. Follow with a whole-class discussion.

### Key vocabulary

Positive, negative, holistic definitions of health and wellbeing. Social construction of health and wellbeing.

### Activities

- Put students in small groups (four/five per group).
- Give each group an envelope with different statements about health and wellbeing, for example: life coach, having no illnesses, feeling happy, having a disability. Some of the statements should be examples from other cultures. Some should be linked to physical health, and others linked to aspects of the holistic view on health and wellbeing.
- Lead an input on the positive, negative and holistic meanings of health. Possibly linked to history and changing definitions over time.
- Groups then place the statements into one of the three sections: positive, negative or holistic meanings of health.
- Groups feed back to the whole class and take part in the subsequent discussion.
- Input on how the meaning of health and wellbeing is socially constructed, based on the culture in which you live and the time period in history.

### Plenary

Question and answer session to check learning. You start with the first question and then the student who answers correctly is able to ask a question of someone else in the class.

### Extension work

Design a questionnaire to be given to adults to assess their health and wellbeing.

## Unit 4: Health, Social Care and Early Years in Practice

### Topic

Self-concept

### Objective

To be able to understand and use the self-concept equation. (self-image + self-esteem = self-concept).

### Starter

Working in pairs, students create a list of all the features of individuals that make them unique and different from other people.

Feed back to the class.

### Key vocabulary

Self-concept, self-image, self-esteem.

### Activities

- Input on the equation for self-concept. This needs to be delivered carefully to ensure that students clearly understand each aspect. Break the equation down into the following parts.
- Self-image – how people see themselves. This can be influenced by a range of things such as age and culture.
- Self-esteem – how people value themselves. This can go up or down according to things that happen to them in their lives.
- Self-concept – a combination of self-image and self-esteem. A person's self-concept continually changes as events happen in their lives, and as they move through the life course.
- Students discuss in groups the things which have affected their self-esteem today.

### Plenary

To end this session, invite each student to say something positive about the other members of their group to show how what others say influences how we feel.

### Extension work

Ask students to identify whether they are a 'half-full glass' or a 'half-empty glass' person in their approach to life. (Explain the concept.) Students are to think about the idea and discuss with others. The next lesson builds on student feedback.

# Student guide

### Why should I study this subject?

If you are interested in, and want ultimately to work with, people this may be the course for you. Some students already have an interest in working with children or want to care for and help others. The GCSE course gives you the background knowledge and develops the skills needed by anybody considering working with people. It could be just as useful for someone interested in being a personal trainer or even a teacher.

You will:

- learn through investigation
- develop knowledge and understanding about health, social care and early years
- complete practical work
- learn about and understand the world you live in
- be able to design a health plan
- research occupations you may want to work in.

### What will I learn?

The world of health, social care and early years is rapidly changing – our course is completely up to date.

The course has the following four units.

#### Unit 1

This unit helps you understand how people grow and develop, as well as the personal relationships people have during their lives. You will look at how people grow and develop from birth, right through to later adulthood. This knowledge will help you understand others and maybe help you understand yourself.

#### Unit 2

This unit is based on an investigation into the needs of one person and how health, social care and early years organisations meet those needs. You will select the person you study and conduct all the research yourself.

#### Unit 3

This unit focuses on what it means to be healthy, the factors that affect health and wellbeing, and how health is measured. You will design a health plan for an individual.

#### Unit 4

This unit combines all the things you have studied in the previous units. The aim is for you to develop an in-depth understanding of the core principles needed to work with other practitioners and service users.

## How will I be assessed?

This course is modular and consists of two units if you are following the Single Award GCSE, and four units if you are following the Double Award GCSE course.

60 per cent of the marks come from portfolio activities and 40 per cent come from examinations.

You will be able to complete two units in a year. This means that all the assessment is based on work you have carried out recently.

Students can achieve grades A\*-G and questions are designed to meet the needs of a wide range of students.

## What do I need to know, or be able to do, before taking this course?

This will be a new subject for most students. The course is vocationally based and having studied this GCSE you will have some understanding of working in health, social care and early years.

You will already have studied a number of relevant issues in Key Stage 3 in your PHSCE or Citizenship courses. You will be able to build on this knowledge and develop your skills.

## What can I do after I've completed the course?

This course is ideal preparation for progression to more detailed study of health, social care and early years. This could be an A Level course, a BTEC National qualification or a 14-19 Diploma. Some students may complete the course and progress to working or training in a specialised area within the health, social care and early years field.



*Joe had always wanted to be a nurse. He works in an Intensive Care Unit in Leeds. Joe enjoys working shifts and giving personal care to patients who rely on him. He also works with members of the family and Joe feels valued because of the importance of his work.*

*Joe followed the health and social care course at school and then completed a three-year course in nursing.*

## Next steps!

If you are interested in this course you should start to find out more about the subject. You can do this by asking your health and social care teacher and/or discussing the course with others who are already studying it at your centre.

# Assessment overview

The table below gives you an overview of the assessment requirements for the GCSE in Health and Social Care. We recommend that you make this information available to students to help ensure they are fully prepared and know exactly what to expect in each assessment.

Unit 1	Percentage	Marks	Time/pre-release	Availability
<b>Understanding Personal Development and Relationships</b>	40% of the total marks for Single Award GCSE 20% of the total marks for Double Award GCSE	70	Externally assessed 75 minutes No pre-release material	June
Unit 2	Percentage	Marks	Time/pre-release	Availability
<b>Exploring Health, Social Care and Early Years Provision</b>	60% of the total marks for Single Award GCSE 30% of the total marks for Double Award GCSE	50	Controlled assessment Internally assessed and externally moderated	June
Unit 3	Percentage	Marks	Time/pre-release	Availability
<b>Promoting Health and Wellbeing</b>	30% of the total marks for Double Award GCSE	50	Controlled assessment based on pre-release material Internally assessed and externally moderated	June
Unit 4	Percentage	Marks	Time/pre-release	Availability
<b>Health, Social Care and Early Years in Practice</b>	20% of the total marks for Double Award GCSE course	70	Externally assessed 75 minutes	June

# Section B: Assessment guide

Unit 1 description	Knowledge and skills
<p>The examination paper has two sections. Section One consists of 15 multiple-choice questions. Section Two consists of a small number of longer questions, based on case studies and short scenarios. Each question is split into several parts and becomes increasingly demanding. Short answers are needed to begin with and then longer answers involving extended writing. All questions in both sections are compulsory and may be about any aspect of the unit content. The paper covers the full range of grades available for this qualification.</p>	<p>The Assessment Objectives covered in this assessment are: AO1: 7.1%, AO2: 8.3%, AO3: 4.6%</p> <p>Student work will show evidence of:</p> <ul style="list-style-type: none"> <li>• the stages and patterns of, and different factors affecting, human growth and development</li> <li>• the development of self-concept and personal relationships and the role of relationships in personal development</li> <li>• major life changes and how people manage their effects.</li> </ul>
Unit 2 description	Knowledge and skills
<p>Students will produce a report, under controlled conditions, based on an investigation into the needs of one service user and how these needs are met by service providers and care practitioners. See the controlled assessment on page 20 for more information.</p>	<p>The Assessment Objectives covered in this assessment are: AO1: 6.0%, AO2: 14.4%, AO3: 9.6%</p> <p>Student work must show evidence of:</p> <ul style="list-style-type: none"> <li>• the range of care needs of major service user groups</li> <li>• the types of services which exist to meet service user needs</li> <li>• how services have developed and how they are organised</li> <li>• the ways in which people can obtain care services and the barriers which prevent service users gaining access to these services</li> <li>• the main roles and skills of people providing health, social care and early years services</li> <li>• the principles of care and values which underpin all care work with service users.</li> </ul>
Unit 3 description	Knowledge and skills
<p>Students will plan and carry out investigations, based on the pre-release material, and produce a health plan for an individual or group of individuals. See the controlled assessment on page 20 for more information.</p>	<p>The Assessment Objectives covered in this assessment are: AO1: 6.0%, AO2: 14.4%, AO3: 9.6%</p> <p>Student work will show evidence of:</p> <ul style="list-style-type: none"> <li>• definitions of health and wellbeing</li> <li>• factors which affect health and wellbeing</li> <li>• how these factors affect health and wellbeing</li> <li>• methods used to measure individual physical health</li> <li>• ways of promoting and supporting health improvement.</li> </ul>
Unit 4 description	Knowledge and skills
<p>The examination paper consists of three compulsory questions based on case studies and short scenarios. Each question is split into several parts and becomes increasingly demanding. Short answers are needed to begin with and then longer answers involving extended writing. Questions may be about any aspect of the unit content. The paper covers the full range of grades available for this qualification.</p>	<p>The Assessment Objectives covered in this assessment are: AO1: 6.5%, AO2: 8.9%, AO3: 4.6%</p> <p>Student work will show evidence of:</p> <ul style="list-style-type: none"> <li>• the stages and patterns of, and the different factors affecting, human growth and development</li> <li>• the development of self-concept and personal relationships and the role of relationships in personal development</li> <li>• major life changes and how people manage their effects.</li> </ul>

# Examination questions

This examination question guide contains some questions, with answers and examiner comments, to help you familiarise yourself with the exam requirements quickly and easily, and to ensure your students know what to expect.

The questions are organised by paper and cover question types that are new to the qualification and those that show how the command words are used.

### Unit 1: Multiple-choice questions

This style of question is new to the Edexcel GCSE in Health and Social Care.

Which of these is an economic factor affecting human growth and development?

- A religion
- B occupation
- C gender
- D culture

**(1 mark)**

#### Answer

*B is the correct answer.*

#### Examiner comments

“ In multiple-choice questions students pick the correct answer from the options available. No writing is involved as a simple ‘tick box’ is used to record the student’s answer. ”

### Unit 1: Scenario-based questions

These longer questions are split into several parts and are based on short scenarios or case studies.

#### Scenario

Samira is 15 years old and has recently joined in with a new group of friends. Most of the group are smokers and Samira has started to try smoking cigarettes herself.

(a) Identify Samira’s current life stage.

**(1 mark)**

#### Answer

*Samira is in the adolescent life stage.*

#### Examiner comments

“ The student has correctly identified the life stage and gets the mark available. 1/1 ”

(b) Using the information in the scenario, explain how growth and development can be influenced by social relationships.

**(4 marks)**

## Answer

*People are influenced by their friends because they want to fit in. Your friends are your peer group and Samira will want to be like they are. This means that if they smoke she is likely to smoke as well. This is called socialisation and is where you learn what is the normal way to behave. In the end it could influence her self-concept. She may think of herself as a smoker and find it harder to give up. If Samira got in with a group who liked sport she would be influenced to give up smoking and be more active.*

## Examiner comments

“ The student has used information from the scenario and their own knowledge in their explanation. Specialist terms have been used appropriately and with understanding. Longer-term consequences on health and wellbeing are also mentioned. The final sentence shows understanding that social relationships can also have positive effects on health and wellbeing. 4/4

”

## Unit 4: Scenario-based questions

Longer questions are split into several parts and are based on short scenarios or case studies.

### Scenario

Joe is a 78-year-old widower. He lives alone in a small pensioner's flat in a quiet part of town. A year ago Joe suffered a stroke and now needs help to dress, wash and make meals. He also needs help with cleaning, laundry and shopping. Joe has regular daily visits from care professionals to meet these needs.

Joe has no family nearby and has lost touch with his old friends. He can no longer go out and about like he used to, and spends most of his time watching TV. Joe says that the visits from his carers keep him in touch with the outside world.

(a) Describe what is meant by an unexpected life event.

**(2 marks)**

## Answer

*An unexpected life event is when something happens to you that you did not know was going to happen. If you are in a car accident or are suddenly sacked from work without warning it is an unexpected life event.*

## Examiner comments

“ The first part of the answer is a correct definition of an unexpected life event. The examples given are correct and appropriate. 2/2

”

## Section B: Assessment guide

(b) Discuss the importance of care practitioners promoting care values when working with service users like Joe.

**(6 marks)**

### Answer

*Care values are important because they help prevent discrimination and empower the service users. Joe has a right to dignity and independence so when they work with him his carers should treat him with respect and make sure he is happy with what is happening. They should give him as much choice as possible to empower him and improve his self-esteem. They need to keep confidentiality and communicate effectively so that Joe trusts them and has a good relationship with them. If Joe felt he couldn't trust his carers and they didn't respect him he would feel bad about himself and upset that he is dependent on them. If the care practitioners don't promote care values in their work service users could feel disempowered and have lower self-worth which could affect their self-concept.*

### Examiner comments



The answer shows knowledge and understanding of care values, and of their importance when applied to a care situation. Specialist terminology is used appropriately and different care values are dealt with. There is discussion of the consequences of failure to promote care values. 6/6



(c) All service users have a range of basic needs. Assess how well Joe's basic needs are being met.

**(8 marks)**

### Answer

*There are different types of need and they can be physical, intellectual, emotional and social. Joe has a lot of physical needs and the help he gets with dressing, cooking and housework means he gets what he needs in these areas. Intellectually Joe may be lacking in stimulation. He is not getting out and about and meeting people to keep his brain active and watching TV means he isn't really practising intellectual skills. If he read a book it might do him more good. Emotionally Joe might be lonely and isolated since he doesn't see friends and family. He could get depressed not meeting many people. Joe probably sees more of his carers than other people so they will be important to him socially. But this will not meet all his social needs and he says that they are keeping him in touch which makes him sound socially isolated. Overall some of Joe's basic needs are being met better than others.*

### Examiner comments



Different types of need are looked at and each is applied to the scenario. There is some appropriate use of specialist terminology. The answer shows knowledge and understanding of basic needs, and there is some evidence of a balanced assessment. However, the conclusion lacks depth. 6/8



# Controlled assessment

### About the controlled assessment

Controlled assessment involves students researching and then carrying out a task. It is similar to coursework except that controls have been added to ensure the work is all the student's own.

There are three stages in the controlled assessment process: task setting, task taking and task marking. The level of control for each stage is specified by Ofqual. This section explains the level of control required for each stage, and what it means for you and your students.

#### Task setting – high level of control

Tasks will be set by Edexcel and students will be able to choose from a list of scenarios. The tasks will be reviewed every year, in accordance with Ofqual regulations. Any students wanting to retake the controlled assessment unit will need to use the one available for the session in which they are retaking, regardless of what task they did originally.

#### Task taking – medium level of control

The controls for taking the task have been designed to ensure that the task is carried out by the student and is all their own work. This means that students cannot carry out work at home and bring it to the classroom.

Research work can be completed under limited supervision. Students are allowed to access information and resources determined by the centre.

Students' final reports must be produced individually under medium supervision. All written work, calculations and graphs must be carried out in a lesson, supervised by a teacher. The write up will take place over several lessons, so student materials must be collected in at the end of the lesson and handed back at the beginning of the next lesson. Students can bring primary and secondary data into lessons to use in completing the tasks.

#### Task marking – medium level of control

This is very similar to the current arrangements.

You will mark the tasks using the assessment criteria. Edexcel will ask for a sample of the work, including student work with high and low scores. Edexcel will moderate this work and you will receive a summary of the findings on results day.

# Controlled assessment exemplars

This section contains examples of controlled assessment tasks for Unit 2 and Unit 3. For each unit there are examples of work at A grade and at C grade. There are moderator comments explaining why the student achieved the grade awarded.

## Unit 2 exemplars

Students produce a report based on an investigation into the needs of a service user and how these needs are met by service providers and care practitioners.

In the examples below students are responding to a section of the controlled assessment task where they have been asked to look at the barriers to access that may exist in relation to the service provision they are investigating. Both students have investigated the ABC Health Centre, which is in their local area.

### Student exemplar 1

*I investigated barriers to access at ABC Health Centre by visiting the centre and interviewing the receptionist and the deputy centre manager. I also talked to M and P who are both service users.*

#### **Physical barriers**

*The health centre has adaptations to minimise physical barriers to access. These include a wheelchair ramp and a button at low height to open the main door. They have also provided disabled toilet facilities on the ground floor. There is a lift to the first floor, where many of the clinics take place. However the reception desk is quite high and the receptionist said that she doesn't like having to lean over it to talk 'down' to people in wheelchairs. This could be a physical issue that becomes a psychological barrier for wheelchair users.*

#### **Psychological barriers**

*The health centre tries to minimise psychological barriers by providing a welcoming and supportive environment. The deputy manager told me that they have a training programme for all front line staff so that they know how to make service users feel welcome. The service user M who I interviewed did feel that there were psychological barriers for her at the health centre. She did not like the large, open plan reception area and the fact that the reception desk was at the far end of it. As a wheelchair user she said it made her feel 'on show' having to pass all the other patients. She also said she didn't like the receptionist having to lean over the desk to talk to her. P has been attending the GUM clinic at the centre and said that she found it embarrassing and wished they had a private waiting area.*

#### **Financial barriers**

*Most of the services provided by the health centre are free, though there is the cost of prescriptions for service users who need to pay for them themselves. P said that this was a real issue for her as she is on a low income. She also said that she needed to pay for childcare when she attended the centre which was a financial barrier for her.*

## Geographical barriers

*The health centre is in a fairly sparsely populated part of town and most service users need to travel to get there. There is a main bus route running nearby but the nearest stop is several hundred yards from the centre. This location does present a geographical barrier. The deputy manager acknowledged that it was a problem, and P said that she needed to catch two buses to get there.*

## Cultural/language barriers

*The deputy manager said that they have tried to provide multi-lingual information to prevent language barriers and that their posters and leaflets used different languages. I don't think this is enough though because the receptionist told me that she sometimes has trouble explaining things to people who do not speak English well.*

## Resource barriers

*The deputy manager feels that the centre needs more funding. She said they would be able to offer more services if funds were available. M told me that the chiropody clinic she attends has recently reduced the hours it is available so she finds it harder to keep appointments. She was told that it cost too much to keep the clinic open as often as they used to.*

*From my research I think the ABC Health Centre has some barriers to access, but it has tried to minimise the effects of these barriers. In some areas, such as with geographical barriers, there may be nothing the centre can do, but there may be ways that they could help with other barriers. For example they could alter the reception area so that it seemed more welcoming, and provide more private waiting areas for sensitive clinics like the GUM clinic. I also think they could make more effort to overcome language barriers, perhaps with training for the reception staff.*

## Moderator comment



This is a well-structured approach to the task. There is evidence of excellent skills in planning and carrying out investigations. Good use has been made of research with the service provider and service users. The writing is clear and fluent, and there are well-considered conclusions with realistic suggestions for improvement.

This student is probably working towards a grade A.



## Student exemplar 2

*The barriers at ABC Health Centre to access by service users could be physical like no wheelchair ramp and no lift. There is a ramp there and a lift there so physical barriers are no problem. The front door has a big button to open it at wheelchair height which is also good.*

*There should be no psychological barriers because it is very welcoming place and the receptionists are friendly. Some people might be put off though if they have an embarrassing illness. And when I spoke to J who is a service user she said that she hated sitting in the waiting area and felt uncomfortable there.*

*The services at the health centre are free so there should be no financial barriers. Though J did say she found prescriptions were expensive.*

*From my research I think there may be a geographic barrier because ABC Health Centre is in an out of the way place that is hard to get to by bus. Also it is quite far from the bus stop if you don't walk well.*

## Section B: Assessment guide

*There are lots of posters and notices up in different languages to prevent cultural or language barriers. The receptionist told me she gets lots of different people with different backgrounds and tries to deal with everyone politely and fairly.*

*There are resource barriers because sometimes there are long waits to see a doctor when they are really busy.*

*I think the ABC Health Centre has some barriers like it is hard to get to and some people might think its unfriendly. The centre is trying by having ramps and lifts but they could do other things like change the waiting area so it isn't such a big open space, maybe by having screens so it seems more private.*

### Moderator comment

“ This is a reasonable attempt to deal with the task showing some knowledge and understanding. There is some evidence of planning and investigation though better use could have been made of sources of information. There are descriptive conclusions and appropriate suggestions for improvement.

This student is probably working towards a grade C.

”

### Unit 3 exemplars

Students produce a report, based on pre-release material, about an individual or group of individuals. The pre-release material includes information about the health and wellbeing of the individual/s, and about factors currently affecting their health and wellbeing. Data on their present health status is also included.

The examples below are parts of student responses to a section of the controlled assessment task where they have been asked to assess an individual's present health status and create a plan to improve their health and wellbeing. Here they are explaining one of the targets of the health improvement plan they have developed.

#### Student exemplar 1

*One of the targets I have set for Aisha is to give up smoking cigarettes. She currently smokes around 10 per day. There are a number of well-established, serious health risks associated with cigarette smoking, for example cancers of the lung, mouth and throat, heart disease, and emphysema. There are also short-term effects on health and fitness that may be measurable. My investigations of Aisha's current health status show that smoking may be negatively affecting her health. Her resting pulse rate is slightly higher than average at 83bpm, and her recovery pulse rate from exercise indicated a low level of fitness. Smoking could reduce the efficiency of her cardiovascular system and affect her resting and recovery pulse rates. Also Aisha's peak flow readings are slightly lower than average which could indicate that her lung capacity has been affected by smoking.*

*Because cigarettes contain an addictive substance, nicotine, it is important to set achievable targets to help the smoker give up. Also it is important to suggest support that may be available to help her meet the targets. In my health improvement plan for Aisha I have set the long-term target of cutting out cigarettes and nicotine completely. I have also set interim targets to reduce her daily cigarette use gradually and to help her to break the habit.*

*Aisha's smoking 'diary' shows that she tends to smoke at particular times, such as after meals and during breaks at work. The interim targets in my plan are designed to help her break the habit by cutting out these 'regular' cigarettes gradually.*

*There is support available to help people to give up smoking. Aisha's local GP surgery or medical centre may offer advice and support. There are also groups like Action on Smoking and Health (ASH) which is a charity that campaigns to eliminate tobacco use and offers advice and support to people intending to quit. Nicotine replacement therapy can help to reduce the cravings for nicotine as Aisha tries to cut down her smoking. This can be in the form of patches, gum or nasal spray. Patches are convenient and popular but as nicotine is released continually into the bloodstream there is no way to control levels during the day. Gum can be used whenever you need it so could help with the habitual cigarettes, such as those after a meal. However the gum doesn't taste very pleasant and it may aggravate her oesophageal reflux causing her heartburn and discomfort. The nasal spray could work well, though it is intended for people with a high nicotine dependence.*

*There is information and advice available to help people give up smoking and I have included several leaflets that offer information, support and advice.*

*There are several strategies that Aisha could use to help her give up cigarettes. She should avoid situations where people around her are smoking. The smoking ban helps here but she needs to make sure she doesn't follow her friends if they go outside to smoke. Another strategy is to have 'distraction' activities that she can do when she gets a craving for a cigarette. One good activity is to go for a brisk walk, or do some other form of lightly strenuous exercise. This will help take her mind off the craving and help to reverse the negative effects of smoking on her cardiovascular system.*

*There are several possible difficulties that Aisha may experience as she tries to give up cigarettes. Firstly many of her friends smoke and she may find it difficult to resist the peer pressure to carry on smoking with them. One way to overcome this is to avoid situations where smoking is permitted. Another thing she could do is to tell her friends that she wants to give up and ask for their support. For example they could try not to smoke around her so that she is not tempted. Another difficulty could be that Aisha is worried about putting on weight if she stops smoking, because she knows she tends to snack more when she can't smoke. To overcome this Aisha needs to be reassured that she can doesn't have to snack when not smoking. She can use NRT or light exercise to distract her from the cravings. Also the dietary improvements I have suggested in my health improvement plan for Aisha include suggestions for healthy snack foods that she could eat while maintaining a balanced diet.*

### Moderator comment

“ This answer shows very good application of knowledge and understanding and communication is thorough and well developed. There is detailed evidence of research, and investigations of health measures have been applied. There is an analysis of the problems that might arise for the individual carrying out the plan.

This student is probably working towards a grade A. ”

# Section B: Assessment guide

## Student exemplar 2

*I have set Aisha to give up smoking as one of her targets. She needs to stop because it could cause cancer or a heart attack. Also she takes a long time recovering her pulse rate to normal after exercise so smoking is doing her no good. Aisha is addicted to cigarettes because of the nicotine in them so she will find it hard to give up. I have set her a short-term target to cut down and the long-term target of stopping.*

*To help her I have found leaflets about stopping smoking and about nicotine patches and gum. She can use the patches or the gum to help her get over the craving for a cigarette when she is desperate.*

*Aisha likes to smoke with her meals so she will find this difficult to stop. She could try gum or patches to help. She says that her friends smoke mostly so she will find it hard when she is out with them. She could try keeping away from them when they are smoking or use the gum to give her nicotine. Aisha should also be following the other parts of my plan and that will help her give up smoking because she will be exercising and eating healthily. This means she won't put on weight when she gives up which she is worried about.*

## Marking comment



The answer shows application of knowledge, and communication is good. There is evidence of research and some application of health measures. Problems that might arise when implementing the plan have been explained.



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