

GCE

Edexcel GCE

Health and Social Care
(Advanced Subsidiary)

(8741/8742)

January 2006

advancing learning, changing lives

Examiners' Report

Edexcel GCE
Health and Social Care
(Advanced Subsidiary)
(8741/8742)

Edexcel is one of the leading examining and awarding bodies in the UK and throughout the world. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers.

Through a network of UK and overseas offices, Edexcel's centres receive the support they need to help them deliver their education and training programmes to learners.

For further information please call our Customer Services on 0870 240 9800, or visit our website at www.edexcel.org.uk.

January 2006

Publications Code UA017402

All the material in this publication is copyright

© Edexcel Ltd 2006

Contents

1.	Chief Examiners' Report	1
2.	Unit 1: Human Growth and Development	3
3.	Unit 2: Communication and Values	7
4.	Unit 4: Social Aspects and Lifestyle Choices	9
5.	Unit 3: Positive Care Environments	11
6.	Unit 5: Activities for Health and Well-Being	13
7.	Unit 6: Public Health	15
8.	Statistics	17

Chief Examiner's Report

This was the first time that candidates were able to be assessed on the GCE Applied Health and Social Care.

The externally assessed examination papers consisted of three questions. Each question had a total of 30 marks available. Each paper totalled to 90 marks. Candidates were given an hour and half to complete the paper.

Each question was broken down into sub-parts and levelled to ensure that candidates of varying ability were able to access some of the marks available.

Both papers covered the entire specification. Each set of questions was built around stimulus response material which was designed to act as a prompt and focus candidate knowledge and understanding of the unit specification.

With regard to the internally assessed units centres are reminded that candidates' reports must be accompanied by a Candidate Mark Recorded Sheet, it is crucial that the sheet is signed by both the candidate and the teacher.

The following report summarises the main issues identified by Principal Examiners and Principal Moderators and is designed to be both informative and helpful in guiding centres develop the qualification and improve future candidate performance.

6938: Human Growth and Development

The paper covered the unit specification, which includes:

- Life Stages and Aspects of Human Growth and Development
- Factors Affecting Human Growth and Development
- Promoting Health and Well Being.

Q1 consisted of five parts which were related to the stimulus material presented. This question required candidates to recall terms and concepts, apply knowledge through explanation and demonstrate understanding through their ability to discuss or examine specific topic such as social development or lifestyle factors.

Q1(a) was generally well answered by the majority of candidates. Overall there was evidence of good interpretation of the stimulus material and many candidates were able to apply their knowledge accurately.

Q1(b) required candidates to apply their knowledge of the term 'self-concept', this was generally done very accurately. Many candidates stated that it was a combination of both self-image and self-esteem which was sufficient to gain the 2 marks available.

Q1(c), which required candidates to apply self-concept to Hayley's overall development, proved more difficult. Although many candidates gained between 2-3 marks they failed to achieve full marks by not applying it to her future development.

Q1(d) was poorly answered by the majority of candidates. In general responses demonstrated a lack of understanding as to what social development is and means with some candidates only being able to link social development to the individual's ability to socialise. Although some candidates did attempt to link it to other aspects of development i.e. physical, emotional and intellectual development this only gave them between 4 - 5 marks. For the few candidates who were able to achieve higher marks their work demonstrated understanding, balanced argument, good structure and overall synthesis.

Q1(e) proved easier for the majority of candidates. Candidates accurately identified lifestyle factors such as diet, exercise, going to the gym etc but this also had the effect of limiting what they could then write. Other candidates were able to bring in other factors such as occupation, where you live, levels of pollution etc and were able to explain the impact these would have on growth and development. The majority of candidates achieved between 4 - 6 marks with many once again relating them to the PIES. Those candidates achieving higher marks were able to give reasoned and balanced answers which not only demonstrated knowledge and understanding but over all synthesis of the unit specification.

Q2 focused primarily around section 2.1. of the specification (Factors Affecting Human Growth and Development) and used the Acheson Report as a prompt, linking poor health and health inequalities to life style choices and factors.

Q2(a) asked candidates to provide a definition of social class. Responses were disappointing with many candidates only gaining 1 mark for stating that it was a ranking system.

Part (b) asked candidates to identify the 2 frequently used classification, once again many candidates only gained 1 mark with many responses stating that researchers could identify a person social class by where that person lived.

Q2(c) asked candidates to explain the negative effects of poor health on a person self esteem. Responses to this question were good with many candidates demonstrating good insight and being able to give in-depth explanations.

Q2(d) focused on the link between the health gap and social class. This part of the question did not require candidates to have a knowledge of the Acheson Report but rather have a knowledge and understanding of how social class and other life style factors has led to inequalities in health, premature death for some individuals in society and increasing health gap. Responses in general were poor with many candidates giving vague answers. Whilst many could identify factors their level of explanation was disappointing and weak, reflecting a lack of in-depth knowledge of the unit specification.

Q2(e) consisted of 3 related questions on nature/nurture. Parts (i) and (ii) were generally well answered and part (iii) was also well answered. However, in the latter question candidates failed to achieve full marks because they did not demonstrate a knowledge and understanding of how both terms differentiated from each other. Many candidates gave two definitions and left it at that without illustrating how both terms differed.

Part (f) used a graph on mortality rates for certain illness as the focus for candidates. Weaker answers focused solely on the graph and thus were only able to describe what the graph illustrated and gained a maximum of 3 marks. For candidates who went beyond this candidates were able to explain the factors which have led to either an increase or decrease in mortality rates. Few candidates were able to achieve 6 marks or above simply because they lacked a breadth of knowledge and an ability to link factors from the unit specification or other units within the qualification which they are studying.

Q3 focused on promoting health and well-being and was poorly answered overall. The main issue identified by all examiners was the lack of knowledge which candidates displayed in their responses.

In part (a) candidates were asked to provide two commonly used definitions of health. Many candidates achieved 1 mark for stating absence of illness or that it referred to physical, social, emotional and intellectual well-being. However, many candidates provided inappropriate answers based on guess work.

For Q3(b) candidates were asked to explain what was meant by the educational and behavioural models used in health promotion. Once again marks were achieved through giving general answers not answers which illustrated a good level of knowledge and an ability to accurately recall.

Q3(c) examined the aims of health promotion was also generally answered. Most candidates achieved a maximum of 4 marks.

Q3(d) focused on the benefits of health promotion campaigns. The majority of candidates were unable to discuss the benefits of health promotion campaigns because of a lack of in-depth knowledge of the subject area. The majority of candidates achieved between 4 - 6 marks on this question. At this level responses reflected more explanation than discussion.

Part (e) used the smoking ban as the focus of the question and many candidates related their answers to this rather than taking a more generic approach and examining the impact of societal bans. Nevertheless some candidates did demonstrate a good level of understanding and were able to explain how it would affect both smokers and non-smokers. Those candidates who achieved more than 7 marks were also able to discuss how some smokers may ignore the ban and also how it could promote better health for future generations.

In conclusion although the majority of candidates did demonstrate some knowledge and understanding of the unit specification in the main responses were weak and limiting. The overall breadth of knowledge shown by candidates was limited and their ability to apply their knowledge was in general poor. Many candidates were also unable to interpret the question stem accurately. On the longer answers many candidates were unable to structure a fluent, concise and balanced answer and content of many of the responses on these questions reflected a lack of understanding of the verb hierarchy and overall synthesis.

6939: Communication and Values

Very few centres submitted portfolios for moderation for this unit in this window. In all portfolios seen candidates carried out at least one interaction with service-users relevant to health, social care and early years in order to produce evidence for the assessment objectives. Generally coverage of all assessment objectives was attempted. Candidates demonstrated their research skills with varying degrees of success. All candidates attempted to relate their evidence to either one or a range of work related settings.

In all portfolios seen candidates demonstrated knowledge of communication skills and transmission of values and how these were applied to interactions with service users.

Candidates seemed to find it difficult to present comparisons of their interactions for mark band three. Several portfolios contained evidence that compared the actual settings where the interactions had taken place instead of comparing the communication skills and transmission of values that the candidate demonstrated in the various interactions.

All candidates attempted to apply their knowledge and understanding of the skills to a work-related context. Candidates had difficulty in relating their knowledge of their communication skills and transmission of values to a range of work related contexts for mark band three.

Some candidates presented detailed analysis of work-related problems and demonstrated excellent skills in researching both primary and secondary information sources. Some candidates seemed to have difficulty in analysing work related issues such as barriers to communication in sufficient detail. The degree and type of evidence submitted to support information seeking was variable.

The strongest portfolios contained wide-ranging bibliographies and further supported the evidence with witness statements or observation sheets. All candidates attempted some degree of evaluation and most candidates drew valid conclusions. Some candidates demonstrated difficulty in providing excellent evaluative skills to access mark band three. Conclusions drawn were often related to the actual setting or behaviour of the clients rather than to the actual skills demonstrated by the candidates.

6940: Positive Care Environments

There were no entries made for this unit in January 2006, as a result we are unable to give feedback to centres.

However, please refer to the Specification and the Teacher's Guide, both are available on the Edexcel website and through Edexcel Publication.

There is also Getting the Standards Right training events where the focus is on all of the internally assessed units, when attending these events you are encouraged to take samples of your candidates coursework for discussion.

In addition to this, further guidance is going to be posted on the website during March 2006.

6941: Social Aspects of Health and Social Care

It was felt that the paper discriminated well between candidates of varying levels. The scenarios enabled the candidates to demonstrate their knowledge across the subject content in the specification.

In response to Q1(a) many candidates were able to identify two predictable life events. Most candidates were able to list emotions, but some could not then link those emotions to a close relationship well. For Q1(b) most candidates were able to identify two unpredictable life events and linked Tony's recovery to the information given in the case study. In response to Q1(c) the majority of candidates could identify risk factors for heart disease, but not many could explain their effects. Most candidates extracted the physical exercise and diet information from the case study in response to Q1(d) and the more able candidates also explained well how lifestyle could affect emotional, social and intellectual development.

In Q2(a)(ii) most candidates were able to explain the difference between primary and secondary socialisation, but only a significant minority were able to obtain the 4th mark. In response to Q2(b)(iii) most candidates identified the factors from the case study relating to relative poverty and the majority gained at least 3 out of 6 marks when explaining the difference between relative poverty and absolute poverty.

Q2(c) required candidates to use the data presented and most candidates were able to gain full marks. A full range of marks was seen in (iii) when discussing the factors that might lead to affect whether someone visited their GP or not. Some candidates talked in general terms, but the majority also gave information relating to the case study as well as making reference to the data.

In response Q3(a)(i) the majority of candidates were able to define low self-esteem, however some candidates did not include the factor of it being low and therefore were unable to obtain all of the marks available. For Q3(a)(ii) many candidates did not relate their answer to the case study and ignored the fact that the young people were terminally ill and therefore the marks that the candidates were able to achieve were limited. Many responses to part (b) were vague, only giving general consequences of stereotyping. Only the more able candidates gave specific examples of stereotyping.

Many candidates were able to apply their knowledge of the care value base in part (c) and many could give examples linked to explanations, however only a minority of candidates were able to obtain all of the marks available. The majority of candidates knew about empowerment, could give examples and many could link these to consequences. A full range of marks was seen in (d), with the majority of candidates obtaining 4 marks. If candidates did not score well, it was mainly because they did not relate their answers to the manager and talked about care practitioners in general.

6942: Activities for Health and Well-Being

This first report for this unit is based on a small selection of scripts received for moderation this examination series.

For Assessment Objective 1 candidates were able to give at least one example of a type of activity that was suitable for each of the different client groups. They were then able to select a suitable activity for their chosen client group and put forward for consideration their reasons for choice.

However, candidate responses that fell into the lower mark band were not always accurate and the candidate was unable to explain their work in sufficient detail.

In Assessment Objective 2 the benefits to the service-user of the activity were described well. Candidates in the higher mark band were able to meet the assessment criteria by describing at least four benefits. The report of the benefits of the activities to the service user group is generally well written but the candidates found it difficult to explain their work in enough detail.

Candidates successfully planned, implemented and analysed their chosen activity with varying degrees of analysis when covering the assessment criteria in Assessment Objective 3. Sources of information that were used tended to be limited and therefore the response was placed in the lower mark band. The weakest area in this assessment objective is the lack of detail in the analysis of the planning and implementation of the activity.

In the higher mark band of Assessment Objective 4 the evaluation of the activity and the benefits of them were discussed with well-reasoned conclusions given. The depth of conclusions varied depending on the mark band. For mark band one this section tended to be summaries, for mark band three they were well-reasoned and detailed.

A candidate report that in the main met the assessment criteria at mark band 3 presented a high level of knowledge and understanding of four activities, with a well-explained reason for their choice. The report used specialist vocabulary and is accurate with a detailed explanation. Appropriate application of knowledge was applied clearly explaining four of the benefits for their chosen service-user. Specialist vocabulary was used correctly. Excellent skills in obtaining information from more than four different types of sources through their own methods were demonstrated. Good skills in planning, implementing and analysing their chosen activity. Analysis is detailed and covers some of the work related issues and problems. Good evaluation of the four benefits for the client of the activity. Conclusions are well-reasoned and detailed.

However, a candidate report that in the main met the lower mark band assessment criteria demonstrated a basic knowledge and understanding of a limited range of activities with an indication of the needs of different groups of people who would undertake these activities. Weaker candidates gave only two examples of suitable activities with very brief reasons for choice. One or two benefits for the service users were identified and a description given rather than an explanation. Limited use of specialist vocabulary. Few skills were shown in obtaining information from their limited range of sources. Basic skills demonstrated in planning, implementing and analysing the activity. Analysis is limited in regard to the issues and problems experienced during the activity.

It was disappointing to see that of the candidate responses seen in January series, evaluation skills were seldom apparent as being fully developed and it is clear that candidates need support and practice in developing this skill. Candidates responses that fell into the lower mark bands offered only simplistic statements usually centred around the enjoyment factor.

6943: Public Health

This first report for Unit 6943 Public health is based on a small selection of scripts received for moderation this examination series.

It was pleasing to note that candidates had followed the recommended guidelines regarding the volume of work to be submitted; it is no longer necessary however, to include copies of printed information providing that reference material is appropriately sourced.

Centres submitting scripts for moderation this session are to be congratulated on the way they have encouraged learners to access a wide variety of resource material and might be further encouraged to involve relevant public speakers to interact with their candidates at a local level.

Learner's reports demonstrated their acquisition of knowledge and understanding of public health issues related to specific-user groups and their ability to apply this knowledge in a public health context. Reports showed ability to select, extract and interpret information from a wide variety of sources and use technical vocabulary as necessary. Referenced quotes were abundant and it would be beneficial for candidates to use these more sparingly and provide more independent explanatory work.

Many candidates provided full, perceptive accounts of the links between their chosen subject and the actual or potential impact on public health. There were some misinterpretations of factors influencing the chosen issue, in particular confusing environmental factors for lifestyle factors.

Candidates generally had an excellent awareness and understanding of background literature on their chosen subject displaying active interest in their work. Analytical skills tended to be shown by using relevant material from literature although some candidates had carried out small-scale original research. Regrettably, most did not fully explain the aims of the research or draw meaningful conclusions from their findings. Guidance from tutors or public speakers in this aspect would assist learners and enhance credits.

Strategies to minimise the impact of the chosen subject on public health were well described, but most came from published material and there were no suggestions arising from independent thinking.

Many candidates were unable to distinguish accurately between social, environmental and lifestyle factors resulting in a 'catch-all' unstructured account, which was often repetitive.

Of the candidate responses submitted there was little evidence of independent thinking or analysis of issues for public health problems. When present, analyses invariably were extracted from sources of information. Many candidates concluded their reports with extracts that did not have a conclusion, clear or otherwise.

Evaluation skills were seldom demonstrated and very few candidates offered conclusions, clear or otherwise. This assessment objective needs to be considerably strengthened.

Statistics

Mark Ranges and Award of Grades

Unit 1

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	59	52	45	39	33
Uniform boundary mark	100	80	70	60	50	40

Unit 2

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	60	47	41	35	29	24
Uniform boundary mark	100	80	70	60	50	40

Unit 4

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	68	61	54	47	40
Uniform boundary mark	100	80	70	60	50	40

Unit 5

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	60	48	42	36	30	24
Uniform boundary mark	100	80	70	60	50	40

Unit 6

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	60	48	42	36	30	24
Uniform boundary mark	100	80	70	60	50	40

Notes

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.

Further copies of this publication are available from
Edexcel Publications, Adamsway, Mansfield, Notts, NG18 4FN

Telephone 01623 467467
Fax 01623 450481

Email publications@linneydirect.com

Order Code UA017402 January 2006

For more information on Edexcel qualifications, please visit www.edexcel.org.uk/qualifications
Alternatively, you can contact Customer Services at www.edexcel.org.uk/ask or on 0870 240 9800

Edexcel Limited. Registered in England and Wales no.4496750
Registered Office: One90 High Holborn, London, WC1V 7BH