

Examiners' Report January 2007

GCE

GCE Health and Social Care
(8741/8742 & 9741/9742)

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6938: Human Growth and Development

General comments

The external assessment 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.

Question 1

This consisted of five parts which were mainly 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 specific topics such as socialisation and factors affecting emotional development.

Part (a) simply required candidates to identify the life stage of a three-year-old boy. Although the majority of candidates provided accurate responses, there are still too many learners who are not familiar with the correct names of the life stages and age ranges involved for these relatively easy marks.

Part (b) asked candidates to:

(i) identify two gross motor skills acquired in early childhood by the age of three years. Many candidates did not read the question accurately and provided incorrect answers of walking and crawling acquired in infancy.

(ii) explain the term "fine motor skills". This was answered, well with candidates generally gaining 2 - 4 marks. A considerable number of candidates lost marks by substituting small movements for small muscles. Examples of fine motor skills were well known.

Part (c) investigated language development.

(i) required candidates to identify three factors affecting language development. Many candidates gave inadequate information with one word responses such as environment, culture, education etc. More able candidates were able to state interaction with parents, availability of educational material etc.

(ii) asked candidates to explain how a nursery could promote a child's language development. Most were able to gain marks by referring to interaction with other children and the use of educational materials which were often described at length. Some learners mentioned extra assistance but most linked this with translation of a different language.

Part (d) required candidates to discuss the importance of socialisation in early childhood. Candidates who understood this sociological term scored between 5 - 8 marks, but too many confused the term with socialising and social skills and referred only to the importance of making friends at this life stage scoring a maximum of 3 marks.

Part (e) asked candidates to discuss the effect of moving to England on the emotional development of a young Trinidadian child. Candidates generally wrote at least half a page on leaving his extended family and nursery behind and learning another language before mentioning any effect on emotional development. A few candidates thought Trinidad was in Africa and one wrote a whole page about the AIDS "epidemic"! Eventually most candidates were able to examine both positive and negative effects of the move on his emotional development and gain some marks.

Question 2

This focused chiefly on stimulus material, stress, menopause and self-concept with the final part asking about the importance of diet and exercise to a healthy lifestyle.

Parts (a) and (b) were concerned with identifying life stages and the comments made on Q1(a) applied here too.

In part (c), candidates needed to use the stimulus material in order to identify possible causes of stress. This was answered well, with many candidates gaining 4 - 8 marks. Some candidates provided responses but did not link them to stress. Many were able to apply their knowledge of the menopause to the question.

Part (d)(i) required candidates to define self-concept. This was quite well done but too many candidates offered incorrect definitions of self-esteem and self-image.

Part (d)(ii) referred back to the scenario, asking for links to changing self-concept. This was less well done than 2(c) as candidates frequently repeated many of the "stressful" effects but then failed to mention self-concept, self-esteem or self-image. A considerable number of candidates still insist on linking self-image only to physical appearance.

Part (e) asked candidates to discuss the sources of support to help cope with the situation from the scenario. Candidates were quite adept at listing the sources but could not discuss ways to assist with coping. Marks were generally in the 3 - 5 range with few achieving full marks.

Part (f) required candidates to discuss why diet and exercise are important to a healthy lifestyle. This was poorly done with excessive repetition and the use of non-specialist language. Candidates described the components of a balanced diet in detail and how much exercise individuals should take. A few candidates were able to achieve 6 - 8 marks but the majority were in the 3 -5 mark range.

Question 3

This question focused on health and health promotion and overall many candidates gained marks in single figures for this part of the specification.

Part (a) asked for one physical, social and emotional consequence of childhood obesity. Candidates tended to think in the very short term; many gave "too breathless to run around" rather than diabetes, heart disease etc. Social and emotional consequences were answered better although, it is clear weaker candidates are still not sure of the difference.

Part (b) required the candidates to explain the biomedical approach to defining health. Very few candidates gained any marks for this question although the definition is clear in the specification. Nearly all confused the health definition with the medical approach to health promotion and described immunisation, screening etc.

In part (c), candidates were asked to discuss the value of the educational approach to health promotion campaigns. This was a generic question with an example of a health promotion campaign in the question stem. Weaker candidates wrote only about food e.g. five-a-day campaign and Jamie Oliver and school dinners without mentioning the educational approach at all. Most candidates, responding to the word "education" appear to think that this approach is only used in schools and only stronger candidates were able to gain some credit for a simple description of the approach. Candidates still lack in-depth knowledge of health promotion.

Part (d) was misinterpreted by most candidates who read only “successful health promotion campaign” and proceeded to discuss venues, aims and objectives etc. Learners did not seem to understand the term “barriers” and those who did mention them proceeded to write about other issues. Even the stronger candidates answered the question from the view of the participant such as difficulty with transport, rather than the health promotion campaigner and mark allocation was very sparse.

In conclusion, the main responses were once again weak and lacking in detail, although some knowledge and understanding was demonstrated. The ability to apply knowledge to scenarios was poor and candidates still have difficulty in recognising when a question is generic. Many candidates do not spend enough time reflecting on the demands of the question and too many misinterpret and/or repeat the stem of the question gaining zero marks.

Candidates use terms like “upset” and “emotional” without being able to define exactly what they mean. They also state “affects self concept or emotional development” for example, without saying how. Knowledge and understanding about promoting health and well-being remains the weakest section.

Candidates are unable to structure a fluent, concise response and repeat the same comments over and over again. Specialist vocabulary is not used in formulating responses and both analytical and evaluative skills are not demonstrated very well in this paper.

There remains a poor understanding of the verb hierarchy and overall synthesis.

6939: Communication and Values

General comments

A large number of the portfolios seen were re-submissions. This was particularly evident in some centres where they had deliberately highlighted the additional work completed by the student.

The most popular care settings were:

- Nursery schools
- Primary schools
- Special Needs schools/units within schools
- Residential care home
- Day care centres for older people
- Day care centres for adults with special needs

The majority of centres saw their learners carry out at least one interaction with service users relevant to health, social and early years in order to provide evidence for the assessment objectives. All work sampled for moderation demonstrated that learners had attempted to show knowledge of both communication skills and transmission of values relevant to health, social care and early years settings. It was very pleasing to see learners had undertaken either a visit to one or more relevant settings or participated in a work experience placement in relevant settings and had then gone on to carry out their interactions in these settings with the relevant client groups. Learners attempted to relate their evidence to either one or a range of work related settings. Coverage of all assessment objectives was seen in the portfolios.

It was pleasing to see that overall, centres had a good understanding of the unit content and the assessment; only a few centres had misinterpreted the assessment objectives and thought it appropriate to observe an interaction as opposed to participating in one, as clearly stated in the unit specifications. It was noted that a small number of centres had included copies of their assignment briefs which met the assessment objectives. The standard was comparable to the summer series in 2006.

AO1

The majority of centres had guided their learners into carrying out at least one interaction with a relevant service user group through which they were then able to demonstrate their knowledge and understanding of both communication skills and the transmission of values in health, social care and early years' settings. Where only one interaction was carried out the learners were not able to access mark band 3, as this requires the learner to carry out a comparison with respect to the use of communication and transmission of values. The best work was seen from learners who had undertaken a number of interactions with two different client groups such as early years and older people as this allowed direct comparisons needed to access mark band 3.

The majority of centres awarded marks in the appropriate band for AO1. Some centres awarded marks too generously. This was usually because the learners discussed at some length the actual activity as opposed to the communication and transmission of value skills that they used during the interaction with the client.

Specialist language was apparent in many reports demonstrating a good level of knowledge and understanding of both communication skills and transmission of values as applied to a number of interactions.

AO2

The evidence for this assessment objective proved difficult for some centres to understand as to what actually was required. The learners need to demonstrate their ability to apply their knowledge and understanding to a work-related context. In mark band 1, they need to describe this whereas in mark band 2 they are asked to explain how the communication and transmission of values used were related to the particular work related context. Learners need to provide explicit evidence to show their understanding of this assessment objective as opposed to relying on implicit evidence from AO1.

AO3

Evidence for this assessment objective requires the learners to demonstrate their skills in obtaining information and some analysis of work related uses. Most learners analysed barriers to communication skills and transmission of values as their work related issue. Learners gathered both primary and secondary information. Learners that correctly referenced secondary sources of information throughout their report and then provided an extensive bibliography showed best practice. Several centres provided witness statements as evidence that learners had demonstrated knowledge of communication skills and transmission of values in their interactions; the most successful being those that commented on the actual skills demonstrated by the learners.

AO4

This proved to be the most difficult to provide relevant evidence for. Learners are required to demonstrate varying degrees of evaluative skills and draw reasoned conclusions based on evidence from their interactions. Several centres awarded marks in band 2 and 3 even though the learners had evaluated the actual activity that was carried out rather than their communication skills or transmission of values. Most learners drew valid conclusions; however a small number discussed a range of issues connected to their settings.

A learner awarded Grade A will have carried out more than one interaction and a comparison between the interactions will have been made. A clear, detailed and in-depth report of more than one interaction, undertaken in a chosen work-related context will be provided, which should be with either people who are ill, older people, individuals with specific needs or young children. The interactions should be with individuals and/or a group, and should take place in different situations in the work-related context. The learner will demonstrate in the report an in-depth knowledge and understanding of the nature of effective communication and the types and range of skills involved in communicating in the care sector. Evidence should include not only effective communication skills but also the transmission of values, which should be referred to explicitly by the learner. The learner will demonstrate excellent skills in obtaining information and devise and plan their own methods to obtain information and evidence using appropriate techniques and a wide range of information sources. The learners will be able to analyse and evaluate evidence, drawing valid conclusions and making well-reasoned judgements from the evidence presented.

A learner awarded Grade E will produce a report of an interaction in a chosen work-related context, which should be either people who are ill, older people, individuals with specific needs or young children. The interaction may be with either an individual or with a group. The learners will demonstrate a basic knowledge and understanding of the nature of effective communication and the types and range of skills involved in communicating in the care sector. They should also demonstrate knowledge and understanding of the care value base and the transmission of values through communication. They will use a limited range of information sources when undertaking their research and demonstration of skills using given techniques. There will be little analysis of work-related issues and barriers to communication. Their evaluation will consist of the listing of good and bad points of their interaction with summaries as opposed to conclusions.

6940: Positive Care Environments

General comments

This is the second report for this unit, Positive Care Environments, and is based on a limited selection of scripts submitted for this examination series.

Centres are to be congratulated on encouraging learners to base their reports on placements undertaken within a wide variety of appropriate care settings allowing learners access to both primary and secondary sources of information. Coverage of all assessment objectives was attempted.

AO1

This required learners to consider the rights of the individual when accessing care and how the Care Value Base could support those rights. Learners were able to focus more clearly on the rights of the individual but there was a lack of evidence showing how those rights could be supported by the Care Value Base.

AO2

Here, learners are required to identify, explain and discuss a range of barriers to accessing care services and the possible effects those barriers may have on the creation of a positive care environment. Most learners were able to identify a range of barriers but few were then able to go on and discuss the effects those barriers may have. There remain a significant number of learners who focus on how service providers can eliminate barriers. This is not required for this assessment objective. However, learners do need to address how the barriers they have identified may affect the creation of a positive care environment.

AO3

Here, learners should demonstrate research and analysis skills evidenced through discussion of how the development and implementation of policies and practice within care settings can help promote a positive care environment. Those learners who had based their report on a specific setting were generally able to meet some aspects of this criterion reasonably well. However, sources of information used tended to be limited and there was a lack of detail shown in the analysis of how successful policies and procedures may be in creating a positive care environment. There were several centres who misinterpreted this assessment objective and focussed on care values rather than policies and procedures.

AO4

This requires the learners to demonstrate evaluative skills by considering how well current legislation safeguards and promotes the rights of service users. Evaluation skills were again weak with a large percentage of learners demonstrating discussion skills rather than evaluation skills. Few learners were able to describe the responsibilities the service provider has under the legislation. Redress was covered well by some learners but there remains a significant number who did not consider a range of methods of redress, concentrating only on the setting's Complaints Procedure. Where learners had considered external methods, such as those provided by Professional Regulatory bodies, the various commissions and the courts, there was little evidence of ability to link these to the work placement.

Assessment Objectives 3 and 4 need to be considerably strengthened.

6941: Social Aspects and Lifestyle Choices

General comments

This is the third time that this paper has been assessed. It was similar in style to that of the previous two papers. The stimulus material and scenarios enabled the candidates to demonstrate their knowledge across the full breadth of the specification. The paper was felt to be a little more demanding than the previous two papers and therefore the performance of the candidates not quite as good. The candidates appear to have a good understanding of the material in the specification, but lack the skills of explanation or discussion.

Question 1

The scenario was based on a lone male parent, with an older son who had been involved in a road traffic accident. The candidates were given the opportunity to demonstrate their knowledge of predictable and unpredictable events and how these may affect a person's social development. As a result of the effects of an unpredictable event on the son, Paul, the candidates were asked about formal methods of support. From there they were then asked to demonstrate their knowledge of the link between unpredictable events and lifestyle choices for Paul's father.

In parts a(i) and (ii), the majority of candidates were able to take their answers "from the information given", having read the case study carefully. Some candidates seemed to want to put everything into the answer to a(iii), rather than explaining one way that divorce may affect somebody's social development. They also tended to focus on issues other than 'social'. A small number of candidates used appropriate specialist language in their answers such as; isolation, stress etc.

Most of the candidates gained half marks in (b)(i) as their responses included phrases along the lines of 'how the person feels about themselves', which is not self-esteem. Part b(ii) was answered well by candidates. They were able to apply the understanding of the term to answer this part of the question even if they were unable to define the term. Some candidates answered (b)(iii) very well, but there were a small number who were unclear about formal and informal support. A small number of candidates showed little understanding of what professionals did.

Full marks were regularly seen in (c)(i); the candidates were again taking "information from the case study". Many candidates misread or misinterpreted the information in the scenario in (c)(ii), which resulted in confusion in some answers as to who had the accident and who would like to train as a counsellor. It was an answer where everything was thrown in with little attempt at structure and evaluation. Too many candidates are still only providing answers in point form not the detailed answer that you would expect from this level candidate. Most could describe the effects of the lifestyle choices however their answers were not in enough detail to allow them to access mark band 3.

Question 2

This question centred around social class through the lives of two males, their families, their lifestyles and their jobs.

The responses to (a)(i) were disappointing. Candidates do not seem to have understood what was required of them. Few students were unable to describe fully three factors that are used to determine a person's social class. Few candidates referred to education but concentrated on wealth and employment, which was a bit simplistic. Some answers were very muddled and repeated.

There were two extremes to the answers seen to (a)(ii). Candidates either answered this very well and were basing their answer on the Black report and/or Acheson, or not well at all. Those candidates who did not answer the question well seemed confused and repeated themselves.

The majority of candidates gained at least 3 out of the 6 marks for (b)(i), as they were able to explain the difference between relative poverty and absolute poverty. For a 10 mark question in (b)(ii), candidates had to be clear what relative poverty was or they would have difficulty answering it. Most were either level 1 or low level 2 responses as they did not include enough explanation of identified circumstances. The answers were generally taken from the details provided in the case study meaning that it was difficult to get into the higher mark band. Some answers also tended to lump everything together e.g. cannot buy 'good' food - they buy 'junk' food and run the risk of illness and heart disease.

Question 3

This question focused on an older person and their care. The candidates were given the opportunity to show their knowledge of the care value base and the importance of raising self esteem. They were also expected to show they understood empowerment and its importance. Many of the answers were very generic and did not relate to the case study.

In parts (a)(i) and (ii), a large number of candidates struggled with defining empowerment but were able to apply it to the case study in the stem of the question for the second part. There were a wide range of answers to (a)(iii), with most candidates scoring level 2, gaining three or four marks. Poorer answers tended to repeat the basic information from the case study or simply give a list of experiences only. Good answers were able to link Grace's experiences with the affects they may have had on her.

Candidates were able to give examples of the Care Vale Base after defining it in (b)(i). Not many said it was a set of principles but almost everyone knew what they were. Part (b)(ii) was answered very well by the majority of candidates with many of them being awarded full marks.

The responses to (c)(i) were varied; some found it easier to explain the term than others. In part (c)(ii), the issues relating to mark band 3 again apply. The candidates do not read the question carefully enough and consequently do not provide enough accurate information, therefore the answers for the most part lack depth and quality. Many of the answers seemed to be getting into level 2 mark band. These focused on stereotyping without applying this to the health and well-being of service users (no causal effects). A number of candidates, rather than discussing the effects of stereotyping, wrote in detail about what should be done about it and linked this to the Care Value Base.

6942 - Activities for Health and Well-being

The assessment evidence for this unit consists of a report on an activity carried out by the candidate. In the work moderated learners had chosen a variety of activities, and a range of settings and user groups, though craft activities with early years groups seems regularly popular.

Some reports were excellent, addressing the assessment objectives of the unit directly and displaying clear understanding of what was required. Learners had put much effort and skill into devising, carrying out and evaluating interesting and beneficial activities for their chosen user group.

Most learners choose a suitable activity, and were able to explain why. Learners who were in a position to make genuine considered choices about their activity were generally more likely to show knowledge and understanding, and better able to explain reasons for their choice. In some other reports the choice of activity was stated rather than explained. Sometimes alternative activities were listed or described, but little understanding of their benefits and drawbacks was shown. Learners should be encouraged to consider a range of activities in the light of learning they have gained in other parts of their studies; for instance, their knowledge of needs and of human growth and development. Theory from these areas can help inform their choices and substantiate their decisions.

Some learners had made good links to theory in their planning and analysis, and had used research into the curriculum or programme followed by their chosen user group to support their choices, planning and evaluation.

Learners working in groups sometimes had difficulty showing their individual role in the work. Some reports referred to 'we' throughout, making it hard to assess the individual learner's contribution. Learners working in groups need to make sure that they have evidence for their individual contribution, and that their report is about their own work.

Generally, learners had collected some evidence to support their evaluation. In some reports evidence from several sources was collected and incorporated into a balanced and considered evaluation. However some other reports used a very limited range of evidence and sources of information. Also, sometimes learners had collected primary evidence that was not referred to in their report, and seemed to be unsure how to go about evaluating their activity. Often only a few points, generally good ones, were described or stated.

Learners should remember to plan evidence collection methods so that they to incorporate in their analysis and evaluation, and remember to focus on the benefits to the client in planning and evaluating the activity.

6943: Public Health

General comments

This is the third report for this unit, and it is pleasing to see that many centres have taken note of advice given in previous reports.

Learners in general were referencing work well, and usually not including a lot of printed support material. The majority of centres were guiding learners to appropriate issues that would allow them to access the higher mark bands, however there was little evidence of learners considering local strategies. Centres could consider developing links with local health promotion professionals to help learners access this information. This would back up the wide range of national strategies that centres had encouraged their learners to consider.

Learners are still submitting work with copious referenced quotes and could be encouraged to include more independent explanation and analysis. Strategies to reduce the effect of influencing factors are described well and in some detail by many students but there is rarely any attempt to evaluate these strategies or draw conclusions from what has been learnt.

Some candidates are still being prevented from accessing the higher band by poor choice of issue and perhaps guidance by centres towards topics that do have strategies would reduce the problems these learners have.

Some centres are still not using the front covers that are available on the website and thus omitting to authenticate the work.

AO1

Again the main problem seen here was the failure of learners to link the issue they are dealing with to the actual or possible public health consequences. Many portfolios contained a lot of information about the condition or issue and its effect on individuals but did not then continue on to link to public health. A lot of the information seen was quoted directly from websites, and centres need to reinforce with learners that work needs to be largely in their own words with quotes to explain particular points. This was very obvious when moderating as the same information was repeated over many candidates' work. Stronger candidates tended to include large amounts of this information, which detracted from the quality of their own work. Some of the work seen would have benefited from being more concise.

AO2

The problems caused by poor choice of topic were very obvious here where some candidates had chosen topics that had limited social, lifestyle and environmental factors to discuss. Some learners also struggled to relate their work to a specified group or section of the UK population, either quoting international information or omitting this altogether. The better learners identified the specific group they were going to consider in the preamble to their work and this allowed them to keep the work much more focused. These learners produced interesting and informative reports that were straightforward to assess and moderate.

AO3

Research was often extensive but some learners were not good at sifting out the information relevant to their subject and included everything they had found regardless of how relevant it was. The quality of referencing was very centre specific and it would be useful if all centres gave their students some input on referencing their work, especially where they are quoting figures, charts etc. Again there was not much evidence of learners analysing the factors in relation to their public health effects, they tended to quote statistical analysis that they had found elsewhere.

AO4

This was the section that the learners struggled with most. Many learners described several strategies that were linked to their public health issue but the majority of the marks are for the evaluation of those strategies. Some discussion of the merits and flaws of the strategies would have improved many reports considerably. Some learners are still confusing measures taken to improve an individual's health with public health measures and discussing treatments for conditions rather than the preventative strategies used to reduce the effect on the public; again this problem was made worse by some of the issues that learners had chosen to consider.

6944: Meeting Individual Needs

General comments

Meeting Individual Needs is a contemporary paper which is particularly relevant to candidates who wish to pursue a practical career in care.

This is first time this paper has been taken by candidates and is also the synoptic paper. Each of the three questions has been tiered with longer, cognitively higher questions at the end of each section. The 3 questions were based around stimulus response material: case studies which had been specifically designed to illicit knowledge or to allow candidates to apply their knowledge and understanding. Question stems were designed to allow candidates to recall, define, describe, explain, discuss and examine aspects of the unit specification, terms and concepts.

The overall impression gained by examiners was that the paper was adequately tackled by candidates. The main issues identified included:

- Breadth and depth of knowledge and understanding of the unit specification varied considerably. Some centres had prepared candidates well but in many cases the level of knowledge and understanding was poor, particularly of the contribution of the private sector and informal carers; or how organisations' policy, practice and structures could affect access to the organisation and its services.
- Although stimulus response material was provided many candidates could not apply their knowledge accurately or relevantly. Many candidates had problems in interpreting the question stems accurately. Consequently, many candidates gave generic responses and did not get above mark band 1 - 2.
- Candidates had a poor knowledge and understanding of the verb hierarchy and in the longer 8 or 10 mark questions failed to get into mark band 3 as their ability to analysis and evaluate was weak.
- In addition there was a lack of fluency and structure in their longer answers, many candidates describing and explaining and being repetitive in their answer.

Question 1

This employed a case study approach which provided candidates with the opportunity to apply their knowledge and understanding to a realistic situation. The question focused on care planning, benefits of care planning and the use of different agencies in the provision of services to vulnerable individuals.

Part (a) was generally well answered with the majority of candidates achieving two marks. However, some candidates gave misleading and confusing responses.

Candidates generally achieved 2 out of the 4 marks in (b). However, overall knowledge and understanding of why care planning was introduced i.e. to tailor care specifically to a client's needs and in doing so promote holistic well being, was poor. A minority of candidates also gave negative answers and were consequently penalised.

The response presented in (c) was good in terms of knowledge and understanding. Key terms and concepts associated with care planning were used accurately and relevantly. In addition, responses indicated that candidates were aware of how services work together to benefit the client and the need for changes in the plan.

Candidate performance in (d) was poor. Many candidates demonstrated a very weak and generic understanding of why the private sector had become involved in welfare provision and did not get above mark band 1.

There was a mixed response to (e). Answers should be balanced and could have included the positive effects where the client is located in their home, have a trusted person to care for them, independence is being maintained. Negative effects would have included carers are a cheap pool of labour, physically demanding, socially isolating and emotionally draining.

Question 2

This focused on a case study of a disabled person and a day centre and the facilities available. Questions centred on knowledge of legislation, advocacy, key worker role and multi-disciplinary work.

Part (a) asked candidates to identify key legislation to protect and safeguard the rights of disabled people. The correct response was the Disability Discrimination Act 1995. Many candidates scored at least 1 mark by giving the name of the act, two marks would have been awarded if the correct date had been given. However, some candidates did not know the name of the legislation and gave answers such as Human Rights, Disability Act or Equal Opportunities Act!

Candidates presented good explanations of the role of a key worker in (b). They correctly identified that their role is to work closely with the service user and then went on to explain the benefits to the service user e.g. to promote independence.

Once again the candidates gave good explanations of the term in (c). Accurate definitions of the term included people who could act as an advocate and how they could help.

Responses to (d) tended to vary considerably. Knowledge and understanding of multi-disciplinary working was generic. Many candidates could identify that it involved different professionals working together but could not discuss the benefits of this for clients.

Many candidates found (e) an easier question in which to gain good marks. The candidates accurately identified key points such as raising self responsibility, empowering the client and promoting self-esteem.

Question 3

This question focused on a nursery and the policies and practices employed by the organisation to promote good care practice.

Candidates on average achieved one mark in (a). Many candidates struggled here and only achieved one mark. General answers tended to include a questionnaire for suggestion boxes, complaints procedures, charters etc.

Candidates performed quite well in (b), highlighting the importance of having the correct qualifications and skills or ethnic mix and how that could affect their care. A minority of candidates struggled with this questions. Answers tended to be superficial and it was perceived by examiners as an area which caused difficulty for candidates and centres generally.

There was a poor overall response from candidates to (c). They demonstrated a poor knowledge of what types of activities would be valid. Some stated relevant activities but then lost marks on their explanation. It is important that learners can, when stating factors (or, in this case, activities), clearly explain the impact or importance it will have.

Part (d) also produced some poor responses from candidates. This question was misinterpreted by many candidates who mistakenly focused on the word barrier and then gave a number of different barriers. Although examiners tried to be generous here the main issue was that the barrier may have been relevant but if the candidate did not relate it to organisational structure and practices it was irrelevant to the question posed.

There was a mixed response to (e). Many candidates could give an accurate definition of what quality assurance meant but could not go on and discuss the advantages and disadvantages of it. Many candidates alluded to specific agencies who are responsible for promoting quality assurance. However, if candidates do not have a comprehensive knowledge of how they promote quality assurance and why it is used by these organisations within their answer, it becomes meaningless.

6945: Promoting Health & Well-Being

General comments

This is the first report for this Unit 6945, and is based on a limited selection of scripts submitted for this examination series.

Centres are to be congratulated on the accurate assessment of this unit. Some interesting and very well presented work was seen on a range of appropriate topics. Coverage of all assessment objectives was attempted.

AO1

This requires the learner to undertake comprehensive background research into a chosen health topic on which they will base a small-scale health promotion activity. The background research should help to provide a rationale for the chosen target group. It was pleasing to see that all learners had chosen appropriate topics on which to base their health promotion and had also chosen an appropriate target group. In the majority of cases, background research was well referenced and it was pleasing to see the use of comprehensive bibliographies in a large number of portfolios.

AO2

This requires the learner to identify the aims and objectives of their health promotion, to identify the model of health promotion they will use, to produce a plan of action and to discuss how they will evaluate the success of their health promotion. There was some confusion seen in some portfolios around what constitutes an aim and what constitutes an objective but all learners had identified at least three. Models of health promotion were discussed in all portfolios but to varying degrees. There was some evidence of misunderstanding of the different models. Good portfolios discussed all methods and then provided a rationale for the one or two they had chosen to use. Planning tended to be implicit in some portfolios seen. Again, good portfolios provided an action plan with timing and responsibilities detailed, where the promotion was carried out as a group. Discussion of evaluation methods tended to be weak in many portfolios with learners merely stating that they would use a before and after questionnaire. Ideally, a discussion of the different methods of evaluation, process, impact and outcome would be seen here with the learner then identifying which they will use and why.

AO3

This requires the learner to provide evidence of implementation of their health promotion, produce appropriate media and materials and provide an analysis of the results. It was pleasing to see that several centres provided detailed and comprehensive witness testimonies for their learners which provided excellent evidence of implementation. Generally, the materials and media used were of a very high standard, particularly where learners had used IT to produce it. Analysis of the results tended to be weak in several portfolios with learners stating the results without drawing any relevant conclusions. Where conclusions had been drawn, these were somewhat unrealistic in some cases.

AO4

This requires the learner to evaluate the health promotion campaign with reference to their initial aims and objectives. Some learners had provided a detailed evaluation, considering all aspects of their campaign from initial planning, through implementation to the evaluation techniques themselves. However, in a large number of portfolios, evaluation techniques tended to be weak with learners merely discussing what they had done. It is also important for them to demonstrate an understanding of the difference between qualitative and quantitative data and the need for reliable and valid data.

A good portfolio would evaluate the whole campaign, including the evaluation techniques themselves, critically analysing what has been done at all stages and making suggestions for improvement if it were to be repeated. It could also include self evaluation and/or group evaluation (if they undertake the campaign as a group.)

To evaluate fully, learners need to consider the strengths and weaknesses of all aspects of the campaign and then draw reasoned conclusions.

Assessment objectives 3 and 4 need to be strengthened in future submissions.

6946: Investigating Diseases

General comments

All centres submitted their samples on time and in accordance with the administrative requirements. Centres had a good understanding of this A2 unit although one or two omissions were common in the mark band 3 samples.

It was pleasing to see that most centres had guided their candidates to choose appropriate communicable and non-communicable diseases. Appropriate choices allowed candidates to access the higher mark bands. One candidate offered two communicable diseases and several investigating genetic and particularly mental health conditions had difficulties in meeting assessment objectives AO3 and AO4.

It is clear that many candidates having personal involvement with non-communicable diseases through family members, relatives or friends have powerful motivation to choose these conditions without due regard to meeting the assessment criteria. Tutors are advised to ask these learners to produce a brief action plan indicating how they will meet the assessment objectives before advisory discussions.

Best practice is to choose a non-communicable disease from the categories in the specification i.e. degenerative, deficiency, inherited and those associated with lifestyle or the environment. For the latter category, there should be a named disease to study and not a lifestyle or environmental factor, for example lung cancer and not smoking, tuberculosis and not sleeping rough.

Service user groups should be named in accordance with the requirements of the qualification. Several centres using customised front sheets regularly omit naming the service user group. The most common groups identified in the samples submitted were early years and health.

Most candidates were attempting to progress to mark band 3.

AO1

Generally candidates had researched the biological basis of disease and the signs and symptoms extremely well. The body's response to the disease (such as raised plasma glucose, dehydration, or signs of the immune response) was often less detailed and only a few candidates included any differentiation from diseases having similar signs and symptoms (mark band 3). Candidates included information on diagnostic methods but some failed to link these to the changes resulting from the disease.

AO2

Reports identified factors affecting the cause and distribution of the chosen diseases although a few were limited to stating the incidence of the disease in the population. In mark band 2 a comparison of these factors for both diseases is required. This was often omitted. For mark band 3, the two diseases must be compared and many candidates offered this in the form of a chart or table. Candidates omitting a comparison failed to achieve mark band 3. Specialist vocabulary was used to good effect by nearly all candidates.

AO3

This assessment objective contains several parts and is quite demanding. Some areas were either omitted or very brief. Mark band 3 candidates had to **compare** treatments available locally and nationally justifying any difference in provision. Most candidates described separate treatments and only a few were able to make a comparison and justify differences in provision. Factors affecting the treatment were often discussed but largely were not linked to outcomes. Sources of support were frequently discussed at length for non-communicable diseases but most candidates did not think to include family members and GPs as sources for communicable diseases such as influenza, mumps and measles so missing the opportunities for comparison. Only one or two learners then compared the support with other similar communicable and non-communicable diseases. For example, support for influenza could be compared with that for measles or bronchitis and support for iron-deficiency anaemia with scurvy. Such comparisons would lead on to work-related issues such as family members taking time off work to care for a child with measles or difficulties in taking time off work for appointments etc. Work-related issues were often not mentioned at all and while moderators were prepared to accept very broad views on this, there was very little on offer. Work-related issues could refer to the individual, sources of support, care professionals or care settings. Mark band 3 candidates were required to draw information from sources of different types such as websites, reference books, media and primary sources and draw valid conclusions from the evidence presented.

AO4

Many candidates attempted to provide strategies for prevention of both diseases, but few actually evaluated the strategies. Many learners did not consider prevention broadly enough; for example, only one or two reports considered genetic counselling for parents who already had one affected child, most simply said that there was no strategy for prevention for inherited conditions. It would seem that many learners are tied to their sources of information too rigidly and if they cannot find relevant material their evaluative skills are not demonstrated. Mark band 3 credits a high level of independent thinking and initiative; learners should be encouraged to use these skills to consider why the strategies for prevention might not work as well as they might. Finally, candidates are asked to consider the impact of work-related issues on the prevention, support and treatment of both diseases. As most candidates had not addressed work-related issues in AO3, this was chiefly ignored.

The standard of reports for this first moderation was good and assessments were generally in tolerance, but rather generous for AO3 and AO4. It is hoped that this report which particularly highlights the common omissions will result in an even higher standard of reports for this unit from future candidates.

6947 - Using and Understanding Research

This was the first assessment opportunity for unit 10 and there were a low number of entries, as may be expected. In most of the centres that did submit work, learners had chosen appropriate Health and Social Care related topics, and had attempted to address all the assessment requirements of the unit.

A range of topics had been chosen that covered all four user-groups/settings. Lifestyle issues that influence the health and well-being of young people were popular, such as smoking, binge drinking, and STDs.

There were some poor topic choices made. Some were too broad or general to be focused on successfully, such as 'poverty' or 'care for older people'. Others were barely '...relevant to the health and social care field' as it is put in the assessment evidence requirement for the unit; such as 'effects of violence in the media'. Learners should be encouraged to choose a topic that has clear direct relevance to the field of health and social care. Their learning in 10.1 'The aims and use of research in health and social care' should introduce them to the sort of topics and approaches that may appropriately be called health and social care research.

A range of research methods was used by learners. Though most opted for some form of questionnaire there was also use of interviews, observations, experiments, and other methods. Some learners had put an overemphasis on secondary research, at the expense of their own primary research which is a main focus of the unit.

There was sometimes insufficient evidence of consideration of different research methods, and the methods chosen were stated without explanation or justification. Also some learners had used several different research methods but failed to bring the results together coherently. Learners who had apparently been directed to use a particular set of methods often showed limited understanding of the advantages, disadvantages and overall rationale of each method they employed.

Learners should look into a range of research methods and explain how their choice of methods makes sense in relation to characteristics of their research project. This allows them to show knowledge and understanding in their research planning.

Most learners had created useful research tools, and some were very well considered. Learners generally had put considerable effort into this aspect of the work. Presentation of results was sometimes excellent with clear, well labelled, graphs, tables and charts accompanied by lucid explanation. Also there were some examples of excellent analysis and evaluation.

Learners who had good understanding were able to evaluate their work in a balanced way, recognising both strengths and limitations. Some evaluations were about aspects of the topic itself; they need to be about the research learners have carried out, not its subject. Learners should be encouraged to consider the limitations as well as the strengths of their research to help them develop an evaluation.

6948: Social Issues and Welfare Needs

General comments

This was the first time this unit has been moderated. A very small number of learners were entered for this unit and consequently this report will focus on issues which centres should take into account when preparing portfolios for future moderation.

Key Issues

- Evidence for this unit should be clearly linked to one of the following client groups:
 - People who are ill
 - Young children
 - Older people
 - People with specific needs.

- Choice of topic is crucial in being able to meet the assessment requirements and also the mark band requirements of the unit. Centres should therefore plan and consider topics carefully.

- When tracing the origins of the social issue, learners should avoid giving a descriptive narrative but should try to be critical or analytical in their work linking in cultural, social, industrial and political factors in where relevant. Other factors such as secularisation and mass media as stated in the unit specification should be applied relevantly and appropriately. Finally, learners' work should also demonstrate critically how their particular client group has been affected by these changes over time.

- When investigating demographic factors it is important that learners research widely and use a range of demographic factors accurately and relevantly such as age, gender, disability, ethnicity, social class etc. Ideally, these would be supported through the use of research and statistics.

- The contemporary nature of the social issue should be researched using both secondary sources which are current and relevant and primary research with either a client experiencing the social issue or an agency involved in providing front line services or care. In doing so the work becomes contemporary in nature.

- Finally, when researching the government's response learners should avoid citing legislation but should apply the legislation to the social issue in terms of its value and whether the introduction of such measures is benefiting client groups and its possible future impact based on research. Other literature would include pressure group research, white papers and European Union directives and regulations of legislation.

6949: Understanding Human Behaviour

General comments

This is the first time this paper has been sat. The requirements of this A2 paper were felt to be suitably more demanding than an AS paper, but compared well with other A2 papers.

The scenarios enabled the candidates to demonstrate their knowledge well across the full breadth of the specification. The examiners felt that the paper discriminated well, with a wide range of marks being seen in each question. It was pleasing to see so many good answers, considering some of the subject material had not been tested in previous specifications.

Question 1

In part (a), most could define self-esteem and give an example from the text, but others did not make the definition clear.

In part (b), most could give two principles of a behavioural approach, but some did not appear to understand the question.

In part (c)(i), many gave specific descriptive detail, instead of explain the purpose of an assessment. Many candidates did not talk about the 'initial' assessment as asked in (ii), although there were many good answers.

Many just focused on rewards in (d), or repeated their answer to the previous questions - therefore could not achieve higher than mark band 1.

Most demonstrated an understanding of family therapy and some gave advantages or disadvantages to achieve level 3 in (e). Very few managed to link these to the case study.

Question 2

Most candidates scored full marks here in (a).

Most related well to (b), showing a good understanding of role models and copying in (i). However, in (ii), some did not relate their answer to addicted, despite that being in bold.

Most identified the approach in (c) and gave good detailed answers of the positive consequences of reducing alcohol intake.

In part (d)(i), the majority defined dysfunctional beliefs and some gave an example. However, many just referred to negative thinking, instead of to distorted thinking. In part (ii), candidates generally covered the principles of cognitive therapy well. However, many failed to give advantages and disadvantages or were confused in their response.

Question 3

Many gave a definition of stress and examples in (a), but did not make it clear what could not be coped with.

There were some very good and imaginative answers to (b) which were well-explained.

In part (c)(i), most students gained at least two marks or more, but there was some repetition. In part (ii), most students linked this to the case study and showed they understood locus of control well. However, there were some centres who had appeared not to have taught this.

The majority scored at least two marks in (d)(i), showing some good understanding of 'unconscious mind'. Part (ii) enabled the more able to demonstrate their knowledge about the psychodynamic approach well. Many were able to give good explanations and relate their answer to Freud and some reached mark band 3. However, there were some repetitive, confused answers.

Strengths and weaknesses

Strengths

- Material from the specification, teachers' guide and textbooks had been learned well.
- Many could apply the terms in the specification to the case studies given.
- Students are answering explain questions better, giving good examples in most cases.
- Behavioural and psychodynamic approaches are well known and can be applied.

Weaknesses

- Some students are not reading questions carefully enough e.g. describe the 'initial' assessment, or explain why a person may become 'addicted' to alcohol.
- There is a tendency to have a 'write all you know about ...' approach.
- Cognitive approach is not so well known.
- Students must consider advantages and disadvantages to access the higher mark bands.
- Some students are mixing up the advantages and disadvantages of each approach.

Grade Boundaries

6938: Human Growth and Development

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	60	53	46	39	33
Uniform boundary mark	100	80	70	60	50	40

6941: Social Aspects and Lifestyle Choices

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	65	58	51	44	37
Uniform boundary mark	100	80	70	60	50	40

6939: Communication and Values

6940: Positive Care Environments

6942: Activities for Health and Well-being

6943: Public Health

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	60	50	44	39	34	29
Uniform boundary mark	100	80	70	60	50	40

6944: Meeting Individual Needs

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	50	44	38	32	26
Uniform boundary mark	100	80	70	60	50	40

6949: Understanding Human Behaviour

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	57	50	43	37	31
Uniform boundary mark	100	80	70	60	50	40

6945: Promoting Health and Well-being

6946: Investigating Disease

6947: Using and Understanding Research

6948: Social Issues and Welfare Needs

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	60	48	43	38	33	28
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.

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