

Examiners' Report January 2009

GCE

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

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6938/01: Human Growth and Development

Question 1

There are six parts related to growth and development in younger life stages. 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 growth and development, importance of play, and how language / cognitive skills increase.

Candidates were required to identify and describe one primitive reflex in the newborn in (a). Many candidates were able to name and describe the rooting, walking and grasp reflexes while others incorrectly wrote about crying, leg-kicking and even crawling. Letters were requested to be placed in a series representing milestones of infancy. Many thought that infants could sit without support before using a rattle or walk before crawling. Definitions of growth and development were investigated in (c)(i) and (c)(ii). A definition should not include the word being defined but explain the term with clarity. Thus "growth of the body" is not acceptable. The majority of candidates were able to gain marks here as this has been examined often. Candidates were to examine the development of cognitive and language skills in chosen life stages in (d). Language development is relatively simple but few could describe it and cognitive development seems beyond most learners. Most distorted the response to fit "the importance of cognitive and language development" that resulted in an unstructured, rambling answer gaining no credit. Candidates were asked to discuss the importance of play on growth and development. Examiners differed in their opinions of responses to this question - some referred to structured answers covering PIES, gaining Level 3 marks while others said it was not so well done. This seems to indicate that the ability to use initiative in the analysis is centre-specific. Some centres spend time on examination technique while others do not. It is important to realise that examiners are looking for an explanation or example of a point raised. This would gain two marks, with more possible if links are made to other points. A simple example might be "being able to build a tower of blocks gives an infant satisfaction and pride, his/her self-esteem increases helping to build a positive self-concept". Most candidates do not explain their answers further and lose valuable marks.

Question 2

The focus was chiefly on promoting health and well-being allowing the candidate to choose which promotions they wished to discuss.

It was requested in (a) that learners recall the three general aims of health promotion. Many learners gave three types of approach or variations of a healthy lifestyle. The medical approach was the centre of (b)(i) and (ii) as learners were asked to explain it and then describe an example. This straightforward question demonstrated that few candidates had knowledge and understanding of health promotion as many received zero on both parts. Those who did know often gained the full six marks, although some just wrote about immunisation in a vague way. Candidates were required to identify and explain a health promotion using the societal model and to state how the example benefited society. Predictably, the ban on smoking in enclosed public places was widely known but few could explain the law succinctly and most omitted "the enclosed" part, which is quite significant.

Benefits to society were mainly given as benefits to individuals and only a few were able to earn marks here. An opportunity arose in (c)(iii) for learners to display their knowledge and understanding of a health promotion campaign that benefited individuals. This might have rung alarm bells causing learners return to (c)(ii), but it did not seem to do so. Candidates generally scored 2 - 4 marks here. Candidates were asked in (d) to discuss how any named campaign they knew about met the three general aims of health promotion. For some unknown reason, many learners wrote about the three approaches here - leaflets and posters, informed decisions etc. Very few entrants actually identified a health promotion and analysed it in relation to meeting the aims.

Question 3

This question focussed on the menopause, stress and water quality in a vocational context through a scenario.

Candidates were asked to name the life stages of two women in (a)(i). It is frustrating that candidates still give old age, elderly, late adulthood, etc. instead of "later adulthood". A description of three physical features of the menopause was required in (a)(ii) for 6 marks. Teachers would be shocked at the number of candidates who did not include periods stopping in their responses. To get two marks for each feature, extra information or reason was needed. Largely, what the examiners reported on were emotional features or features characteristic of later adulthood. Candidates were requested to explain the importance of reduced water quality to development in (b). Some learners were prepared for this question and produced many points and links gaining full marks while others, ill-prepared, floundered with one or two vague points about needing water for the body. Learners were asked to explain the causes of stress in (c)(i) and this part was answered well. A few failed to give one or more "qualifying" points referred to in Question 1(e) and gained two or three marks. An explanation of the effects of stress on physical and emotional development were asked for in (c)(ii). While there were some poor answers, others were good; although there was a great deal of repetition of the causes and how she could overcome the stress.

In **conclusion**, responses were often weak and shallow, although some knowledge and understanding was demonstrated. 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. The number of candidates who gave a totally different response than that required seemed to have increased and examination practice may overcome this. While knowledge and understanding about promoting health and well-being remains weak, candidates are also unable to answer more searching development questions. Fluent, concise responses are rare and the same comments are repeated over and over again. Poor handwriting and grammar / spelling errors continue to increase. Specialist vocabulary is not used in formulating responses and analytical and evaluative skills remain weak. A better understanding of the verb hierarchy and overall synthesis is developing but candidates need to pay more attention to key words in the question stem and using knowledge to answer the questions.

6939/01: Communication and Values

General comments

Nearly all learners had conducted more than one interaction and had included both a one-to-one and a group interaction. 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. Some centres had used two work placements.

There were numerous issues with the construction of the report. A substantial number of centres presented the coursework in an essay style - with no sub-headings - as opposed to a report, which proved difficult to assess. Coverage of all assessment objectives was seen in the majority of 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. An area of concern is the inclusion in the body of the report of the transcripts of the interactions that took place: these should be located in the appendices.

Learner performance was deemed to be overall weaker when compared with previous years. Fewer portfolios were seen in the 'A' grade boundary and a number of weaker learners fell off the bottom of the 'E' grade boundary.

Assessment Objective 1

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 the direct comparisons needed to access mark band 3.

In AO1 the main areas of weakness were found to be where the learners were required to show their knowledge and understanding of communication and the transmission of values and how this was applied to interactions with clients. This was not helped by the fact that many interactions seen were extremely short, such as handing out a cup of tea (the care value base was giving a choice of tea or coffee!), listening to a child read etc. By slips of language, one can see that sometimes two (or more) learners interact with one older person saying that this is one-to-one. The learners discussed their communication skills but very few discussed their application of the transmission of values. Many tutors annotated the learner's work indicating these and the care values because the learners had not. Where learners were taken out of mark band 3 it tended to be because there was very limited application of theory to practice.

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.

Assessment Objective 2

The learners need to demonstrate their ability to apply 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.

In this assessment objective, the area of weakness for the learners was in explaining how communication and the transmission of values are related to a particular work-related context and, for those awarded marks in band 3, how these can be applied in a number of similar contexts. The learners tended either to discuss this implicitly or leave it out completely. Those learners that had included the work-related context in their work covered it to a high standard.

Assessment Objective 3

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 who 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 who commented on the actual skills demonstrated by the learners.

The area of concern in AO3 is, again, related to the work-related context, in that the learner is required to relate problems to them; this had been either not attempted at all or done really well.

Assessment Objective 4

This proved to be the most difficult assessment objective for which to provide relevant evidence. 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 mark bands 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. The weaknesses seen in AO4 have been no different this series to previous series and it is encouraging to see that centre assessors are aware of this and awarded marks accordingly.

Assessment objectives 1 and 2 need to be considerably strengthened in future submissions.

6940/01: Positive Care Environments

General comments

On the whole, administration was good this series although there remains a small but significant number of instances where centres showed incorrect addition of marks and incorrect completion of OPTEMs.

It was pleasing to see that some form of Internal Moderation had been undertaken by several centres.

Assessment Objective 1

Learners are required 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, as in previous series, there was a lack of evidence showing how those rights could be supported by the Care Value Base. There remains a tendency for learners to discuss legislation in detail under this assessment objective. Centres should note that this is not required for AO1. Whilst this work may be credited for AO4, learners should be encouraged to focus on rights and how the Care Value Base supports those rights.

Assessment Objective 2

Learners need 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. It was pleasing to see that this had been assessed more accurately this series and learners were able to describe in more detail the possible effects of the barriers on service users. However, there is still a tendency to discuss barriers which are not relevant to the service user, for example, when considering organisational barriers, far too many learners focussed on flexible working arrangements and the glass ceiling effect for female staff. Given that the task asks for barriers which may prevent service users accessing the services, these are not appropriate in this context. There was limited reference to the effect on the creation of a positive care environment seen

Assessment Objective 3

This assessment objective requires the learners to demonstrate research and analytical skills evidenced through discussion of how the development and implementation of policies and practice within care settings can help promote a positive care environment. As in previous series, marks were lost mainly in the learners' ability to analyse how service providers implement and develop those policies, with development of policies not being addressed at all. There was very little evidence seen on how the policies help to create a positive care environment. As in previous series, sources of information used tended to be limited, referencing was poor and few learners included comprehensive bibliographies demonstrating weak research skills.

Assessment Objective 4

Learners need to demonstrate evaluative skills by considering how well current legislation safeguards and promotes the rights of service users. Demonstration of evaluation skills continues to present problems for learners with a large percentage only listing the key elements of the legislation under discussion and providing no evaluation. Learners should be encouraged to consider the strengths and weaknesses of the legislation under discussion in terms of how it supports and promotes the rights of the service user and then draw valid conclusions. Few learners were able to describe the responsibilities the service provider has under the legislation. A small but significant number of learners discussed legislation that was not relevant to the care environment under discussion. Redress was covered well by some learners but there remains a significant number who discussed methods of redress which are not relevant to this task, such as Industrial Tribunals and the role of Trades Unions. Learners must focus on methods of redress available to service users, not employees.

A04 continues to present problems for learners and needs to be considerably strengthened in future submissions.

6941/01: Social Aspects and Lifestyle Choices

General comments

The format and style of the paper was similar to that in the previous series. There were three full questions in total, each marked out of 30, giving an overall total for the paper of 90 marks. The scenarios enabled candidates to demonstrate their knowledge 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. They noted that, when marking candidates' responses, there was a small number of 'blank' pages (where the candidate did not attempt to answer the question at all). The examiners saw a marked increase in the crossing out of words, phrases and sentences with a great deal of repetition in longer answers. There were occasions when candidates did not read the information provided or did not answer the actual question they were asked, even though there was a noticeable increase in the number of candidates underlining key words in the questions. Evaluations within answers were usually poor or non-existent.

Centres should note the the use of bullet points in discussion questions limits the marks a candidate is able to achieve.

Question 1

This question was based around the subject of pregnancy, in particular teenage pregnancy and included data which the candidates had to analyse.

Parts (a)(i) and (ii) were relatively straightforward questions with the majority of candidates correctly identifying the age group of the women. The majority of candidates were able to score marks in Level 1 in (b) as they were able to identify a reason but not able to give an explanation. A large number got into the 3 or 4 mark range in (c). Candidates found (d) difficult to understand and, although they were able to discuss the effects of the vouchers on Halima's health and well-being in a basic way, they were only able to show a limited understanding of the link between diet and pregnancy. 'A' grade learners were able to discuss the impact, although this was rarely seen. As with the previous question part, few candidates managed to achieve the higher level of marks in (e) because they failed to answer the question asked. They tended to repeat themselves constantly; and many candidates still seem unable to deliver a structured answer: they are more concerned with filling the page. Some described in detail the effects of maternal deprivation on Jevon but that was not what was being asked of them. They provided very little evidence to show that they had understood the question; but it may be that they just had not read it properly. They seemed to fix onto the word 'deprivation' and off they went - it did not seem to matter whether it was relevant or not. This was a more common practice with weaker candidates. However, more able candidates were able to discuss the effects of deprivation on low-income families and made reference to studies that have been done on the subject like the Black and Acheson report.

Question 2

Parts a(i) and (ii) were answered well with the majority of candidates gaining full marks for correctly identifying stereotyping and the Care Value Base. The whole concept of empowerment in (b) seemed to prove very problematic for many candidates as they did not appear to understand what it entails. The majority of candidates were able to identify ways in which service users could be empowered, giving relevant examples in (c), but descriptions were lacking. The majority of responses seen in (d) showed a basic level of knowledge of self-esteem but candidates were unable to relate their answer to empowerment because their perception of what it means was totally wrong. Those candidates who understood the question were able to provide a developed and balanced answer to this question and made good links to confidence and raising self-esteem, and how these could be developed to build relationships and aid decision making. Candidates were able to discuss the benefits of the service user-centred approach but their answers for (e) lacked detail and there were limited links to the different areas of development. 'A' grade learners were able to limit their answers to benefits (as required by the question stem): their answers were detailed with well explained links to more than one area of development.

Question 3

Parts (a), (b)(i), (b)(ii) and (c)(i) were answered well by the candidates. For the most part, answers for (c)(ii) were vague and lacked substance. Many candidates talked about only one social class with little reference to the link with health status. The more able candidates were able to refer to the Black and Acheson report in (c)(iii), linking their findings to social class; although very few answers were seen in Level 3. The candidates were able to identify problems with the lifestyle in (d) but were unable to explain why the lifestyle choices would have damaged the heart and led to heart attacks. Candidates did not read (e) carefully enough and therefore failed to assess the effects; instead they provided a range of unpredictable events with very little detail of the effects these would have on a person. The more able candidates identified a range of events, discussing at least two unpredictable events, linking their answer to PIES and adding an evaluation.

In **conclusion**, the overall performance of candidates on this paper was slightly lower compared to previous papers. Questions requiring commonplace knowledge and understanding were answered across the range of levels as expected. Questions requiring higher order thinking skills such as comparisons, analyses or evaluations proved to be beyond the capability of most candidates. Tasks emanating from a broad base produced weak, vague responses with much repetition and many reverses. The focus from one question was frequently carried forward to the next without any justification. The use of physical, intellectual, emotional and social aspects were often applied to each and every possible question without any regard for suitability, and candidates frequently wrote about PIES as if this was a factor in itself.

It is apparent that many candidates need to acquire skills to respond to questions needing extended answers. Extended answers are expected to include some degree of evaluation to obtain full marks.

6942/01: Activities for Health and Well-being

General comments

The assessment evidence for this unit consists of a report on an activity carried out by the candidate. Learners had chosen a variety of activities, and a range of settings and user groups. The candidature was very small this January. Some reports directly addressed the assessment objectives of the unit and learners showed clear understanding of what was required. These learners had devised, carried out and evaluated interesting and beneficial activities. A small number of learners had carried out more than one activity, though this seemed less frequent than in previous series. Centres should remind learners that it is only necessary to carry out **one** activity to fulfil the assessment requirements on the unit.

Assessment Objective 1

Learners need to consider different activities and to choose one activity to carry out with their chosen client group, explaining reasons for their choice. Generally learners choose a suitable activity but many stated, rather than explained, the reasons for their choice. 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.

Assessment Objective 2

Learners need to explain the benefits of their chosen activity. Some learners had listed benefits without sufficient explanation or depth. There is a tendency for some centres to reward work a little too generously in AO2. Learners should be encouraged to look in depth at the benefits of their activity and apply their knowledge and understanding to meet the requirements of this assessment objective.

Assessment Objective 3

This assessment objective requires reporting on the planning of the activity, and the implementation and analysis. 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. In most reports the emphasis was on the planning and implementation of the activity, with little analysis present. Learners should be encouraged to provide an analysis of their activity and to build evidence collection opportunities into their plan to help them with their evaluation.

Assessment Objective 4

Learners are required to evaluate the activity, including benefits to the service users. This was the weakest part of most reports. Some reports included evidence to support the evaluation. In some reports, evidence from several sources was collected and incorporated into a balanced and considered evaluation. However, many reports used a very limited range of evidence and sources of information. Some learners seemed 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 that they can incorporate in their analysis and evaluation, and remember to focus on the benefits to the client in planning and evaluating the activity.

6943/01: Public Health

General comments

There was only a small entry this series, however some issues arose. More centres are presenting work on relevant issues and are taking note of previous reports. Some centres are using the Ask the Expert facility and this is to be commended.

Some learners included large amounts of information taken directly from the internet which, although referenced, tended to take the place of the learner's own input. The overuse of sources is something that learners should be discouraged from, this especially detracts from the learners analysis and evaluations in AO3 and AO4.

Assessment Objective 1

The successful learners had chosen relevant issues and linked them to the public health consequences without overlong descriptions of the effects on public health. There were fewer instances of learners including long descriptions on individual's health

Assessment Objective 2

The successful candidates had chosen relevant issues and linked them to a specified group of the population and then identified the relevant social, environmental and lifestyle issues that were relevant to that section of the population. This section leads directly into the analysis in AO3.

Assessment Objective 3

Some learners showed good skills in obtaining information from literature searches but need to be encouraged to be more selective about the information they use in their final report. They should take care to reference all the work that they quote. It is good practice to ensure that learners include bibliographies in reports. At mark bands 2 and 3, candidates are required to analyse environmental and lifestyle problems in relation to the public health issue. Although the descriptions were seen in AO2, there are still few attempts at realistic analysis seen; what attempts were seen tended to be overmarked.

Assessment Objective 4

This is an assessment objective that learners still find difficult. They are generally being better directed by centres towards appropriate issues and strategies but even the better students tend to submit descriptions and information from websites rather than evaluations of strategies, making it harder for them to access the higher marks in mark band 3. Where evaluation was seen this also tended to be overmarked and centres need to be aware of the need for realistic evaluation in this section.

6944/01: Meeting Individual Needs

General comments

This January's paper consisted of 3 questions and was marked out of 90. Each set of questions was designed to cover the specification. The format and layout of the paper has not changed. Each set of questions was tiered with initial questions being viewed as straightforward knowledge and application questions and later questions assessing critical thinking, analysis and evaluation skills.

It is important that centres remember that this is a synoptic unit and therefore transference of knowledge from other units is required.

From the reports produced by examiners it was felt that the performance of candidates on this paper was no different than in previous series and that the paper had discriminated well amongst candidates. It was also felt that any issues regarding performance were centre specific. The mark scheme was designed to be accessible to all calibres of candidate and therefore the paper was open to all candidates irrespective of their ability or level of preparation for the paper.

The following critique is a summary of the conclusions drawn by the examiners on the performance of candidates on each individual question.

Question 1

This question focused on a case study of a palliative care nurse and her role in looking after patients / clients with terminal illness. Part (a) was disappointingly answered with many candidates only achieving 2 marks. The main weakness was that candidates confused the term 'monitoring' with 'reviewing'. Responses should have focused on the organisation and its responsibility as a care manager. Candidates were able to explain the importance of the relationship between the patient and care manager in promoting good care in (b). Candidates were penalised for using the risk in their answer for (c), which focused on risk assessment. What examiners were looking for was that risk assessment is introduced to assess the level of harm or danger and that there was an understanding that a risk assessment is a legal requirement. The understanding of resource shortage on patient care was assessed in (d). Whilst the majority of candidates did identify two factors, their explanations were often poor and weak, which meant they lost marks. They could outline the consequences but could not highlight the impact and outcome of that factor on patient care. Finally, (e) was also poorly answered. The majority of candidates wrote about normalisation in a generic sense relating it to disability, which was not relevant. Very few could apply it in terms of its advantages and disadvantages and the implications for embedment in a care organisation. Very often, weaker students threw everything they knew about the topic onto paper without applying it accurately.

Question 2

This question focused on the importance of multidisciplinary working and how it can impact both positively and negatively on the organisation and patient care. Part (a) was generally well answered with the majority of candidates have a clear understanding of the term 'multidisciplinary'. The focus in (b) was on team work and its importance in providing effective care. Although well answered, many candidates made the mistake of focusing on communication rather than on its importance on patient care. The majority of responses to (c) focused on skill building, raising awareness and being an effective practitioner.

Part (d) was poorly answered with many examiners seeing blank areas on scripts. Those that did answer the question focused on the role of the Nursing and Midwifery Council as a watchdog, rather than on the importance of the guidance they provide in setting and raising standards, promoting quality services or promoting public interest. Most candidates did not achieve any more than 4 marks on this question. The majority of candidates, irrespective of ability, answered (e) poorly. The question did not ask for an explanation of the care values either stated or not stated, but how they can contribute to a positive care environment. Only a few candidates approached it in this manner and were able to give accurate answers. This was a synoptic question and candidates should have demonstrated transference of knowledge from Unit 3.

Question 3

The final question was a more contemporary policy question and was accurate to the unit specification in terms of what it was assessing. Part (a) was well answered with many candidates achieving a full 2 marks. Candidates knew what each term in (b) meant - governance and accountability - but were weak in their application of the term to practice. Candidates were required to identify two ways in which quality could be monitored in (c). It was disappointing to see such a straightforward question being answered so poorly, with some candidates referring to the Care Value Base. Part (d) was also poorly answered. The majority of responses were too general in content, lacking any form of in-depth explanation and with no analysis present. Some candidates related the term positive organisational culture to ethnic and gender groups in (e). Once again the majority of candidates presented weak, basic descriptions which lacked knowledge and understanding.

Conclusion

Whilst there has been no significant change to the paper structure and the paper is now well-established, it was disappointing to see that many candidates did not have underpinning knowledge to complete the paper to a satisfactory standard, nor could they transfer knowledge from other units to this paper. In addition, many candidates misinterpreted the question stem and had a misguided understanding of what the question was asking. On longer questions their ability to structure a balanced answer was poor which is why many did not progress higher than Level 2 in their responses. On the plus side it was reassuring that vocational terms were used appropriately and accurately and that their knowledge of basic terms was accurate.

6945/01: Promoting Health & Well-Being

General comments

The number of portfolios submitted this series was small in comparison to previous series. Assessment of this unit was lenient despite the fact that most centres had undertaken some form of internal moderation. As in previous series, Assessment Objectives 3 and 4 need to be considerably strengthened for future submissions.

The choice of topic and target groups for the Health Promotion was generally appropriate with some interesting promotions being undertaken.

Assessment Objective 1

This Assessment Objective 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. Most learners had chosen suitable topics to consider for their Health Promotion and had undertaken some extensive background research into their chosen area. In too many cases, however, this background research appeared to be undertaken as a result of identifying the target group rather than to inform the choice of target group. There is still a tendency to focus on the illness rather than the health promotion, for example, obesity rather than healthy eating. Most target groups were appropriate. Background research was not well referenced and although many learners had included bibliographies, as in previous series, learners continue to use the internet as the main, and often only, source for their background research.

Assessment Objective 2

This Assessment Objective 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 still remains a degree of confusion around what constitutes an aim and what constitutes an objective. The majority of learners quote methods rather than objectives. Centres should note that objectives should be SMART. A significant number of learners are still stating their objectives as being 'to produce a leaflet or a PowerPoint presentation' for example. Centres should note that this is not an objective but a method to achieve the aim. An example of an objective would be 'the target audience will be able to give five examples of smoking-induced illnesses by the end of my promotion'. This is Specific, Measurable, Achievable, Realistic and Time-limited. The majority of learners were able to discuss the various models of Health Promotion but there was a small, but again significant, number who appeared merely to have copied the information and showed no real understanding of the actual models. A good portfolio should discuss all methods and then provide a rationale for the one or two chosen. Plans were included, but these were very brief in a large number of cases and most focussed on the presentation of the promotion only. Where promotions had been undertaken as a group, it was often difficult to identify exactly what work the individual learner had undertaken. Good portfolios provided an action plan with detailed timings and responsibilities where the promotion was carried out as a group. Discussion of evaluation methods remains very weak with a large proportion of 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.

As in previous series, a significant number of learners appeared confused between evaluation methods to measure success and evaluation of the campaign as is required in Assessment Objective 4. There appeared to have been little improvement in the work presented or the accuracy of assessment of this Assessment Objective from previous series.

Assessment Objective 3

This Assessment Objective requires the learner to provide evidence of implementation of their health promotion, produce appropriate media and materials and provide an analysis of the results. Once again, a significant number of learners provided no evidence whatsoever of having actually implemented their campaign. Witness statements were included but did not, in general, contain much relevant information and were 'dumped' in the appendix without any comment. Generally, the materials and media used were of a reasonably high standard, particularly where learners had used IT for their production. Analytical skills remain poor and there remains a significant number of students who presented their information in the form of graphs and drew no conclusions.

Assessment Objective 4

This Assessment Objective requires the learner to evaluate the health promotion campaign with reference to their initial aims and objectives. This aspect remains very weak with the majority of learners producing merely a summary of their own performance, rather than considering the whole promotion. All aspects of the campaign should be considered. The background research should be evaluated for aspects such as reliability, validity and currency; the aims and objectives should be evaluated in terms of whether they were SMART and whether they were met; the Health Promotion model used could be evaluated in terms of whether it was the correct choice and how successful it was; presentation methods could be evaluated in terms of how successful they were; the method of evaluation of success should be evaluated and finally, the actual presentation itself. Far too often, the only evaluation seen centred on phrases such as 'if I were to do this again I would/would not change how I presented it'. At this level, this is too simplistic and needs to be considerably strengthened for future submissions.

6946/01: Investigating Disease

General comments

Most centres submitted their samples for moderation before the deadline with administrative details fully completed. It is pleasing to note that many assessors had annotated the evidence with the Assessment Objective, although the recommended practice of adding the mark band obtained is still not widespread. It is hoped that all centre assessors will adopt this. A few centres had placed a large number of unnecessary ticks on the work.

The majority of centres had guided their learners to choose appropriate communicable and non-communicable diseases. Regular formative feedback prevents learners from deviating from the assessment criteria.

A few centres produced excellent reports covering every section of the assessment criteria but others had markedly over-assessed and significant parts were lacking. Learners should not be in mark band 3 unless there is evidence which clearly matches all the criteria.

Overall, reports were assessed too generously, particularly AO3 and AO4, where learners had often omitted some requirements in the mark band criteria. Tutors are reminded that all parts of the objective in the mark band must be present, though not necessarily in the same detail and depth.

Assessment Objective 1

Generally, learners researched the biological basis of disease and the signs and symptoms very well although it was often suspected that the information was not in the learners' own words and how it was produced and displayed was often missing. Centres are reminded that reports should be written by the learner from the research conducted. The body's response to the disease was often less detailed and not explained resulting in the separation of learners between the mark bands. Very few learners were able to explain how a chosen disease could be differentiated from other diseases having similar signs and symptoms. Information on diagnostic methods was given but only the most able learners thought to link this back to the changes resulting from the disease.

Assessment Objective 2

Factors affecting the causes and distribution of the chosen diseases were often well described although a few reports were limited to stating the incidences in the population. It is advisable to use statistics relevant to the UK, where possible, and sources should be both referenced and acknowledged. A comparison of these factors is required for mark band 2 and this was often omitted limiting the work to mark band 1. In mark band 3, a comparison of the two diseases is required and this was essential to achieving the higher marks. Specialist vocabulary was used to good effect by nearly all candidates.

Assessment Objective 3

This is the most demanding of objectives in relation to the volume of work required for mark band 3. Learners are unlikely to find specific material for comparisons or justifications in their sources of information. Consequently, this objective separates those learners capable of original thought and independence from those who are only capable of redesigning published material. The latter group commonly omit those parts of the evidence-gathering causing problems, or provide only a basic outline. A comparison of locally and nationally available treatments is required with good reason for any differences in provision. Treatments were described, but rarely differentiated or provision justified. Factors affecting treatment were offered but, again, not usually linked to outcomes. Lengthy descriptions of sources of support for non-communicable diseases were provided but only rarely did learners include family members and GPs for communicable diseases, thus missing the opportunities for comparison and indeed, to include work-related issues such as time off work/school, difficulties in managing family activities etc. Only a very few learners included a comparison with the support for other similar diseases; only one of each is required, thus support for measles might be compared with influenza, and arthritis with osteoporosis. Work-related issues were ignored by the majority of learners although easy to incorporate. The issues can be relevant to the service-user, health professionals, sources of support or the care setting and can cover a broad range of topics. Omitting work-related issues for this objective usually means that their impact on prevention, support and treatment for AO4 is also missing, resulting in the report being moderated at a lower level. Mark band 3 learners were required to draw information from several types of resources such as websites, textbooks, media articles or programmes, leaflets and people. Too many learners still do not include a comprehensive list of resources used or draw valid conclusions from the evidence presented.

Assessment Objective 4

Learners described strategies for prevention but, once again, failed to evaluate them. Most learners are too tied to their research to have the confidence to develop their own evaluative skills and provide a reasoned discussion covering the strengths and weaknesses of the strategies enabling them to draw conclusions regarding effectiveness. Mark band 3 offers credit for high levels of independent thinking and use of initiative and this could have been demonstrated in discussion surrounding why preventative strategies might not work as well as they could. The impact of work-related issues was largely ignored.

In conclusion, the standard of learners' reports was good for this January series but moderators are looking for stronger comparative and evaluative skills. The choice of diseases can be crucial to achievement at higher mark bands. Each report should reflect a learner's independent thinking and initiative by robustly addressing the assessment objectives in their own words, after completing research from several different types of information. Comparative and evaluative skills must be present to achieve the higher mark bands. Learners describing their chosen diseases as two separate accounts may not progress out of mark band 1.

It is hoped that this report which highlights the common omissions and problems will assist centres in progressing learners to even greater achievement.

6947/01: Using and Understanding Research

General comments

The assessment evidence for this unit consists of a report on a research project carried out by the learner. Most learners had chosen appropriate health and social care related topics, and had attempted to address all the assessment requirements of the unit. There was only a small candidature for Unit 10 this January.

Assessment Objective 1

In AO1 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. In some reports, there was insufficient evidence of consideration of different research methods and the methods chosen were stated without explanation or justification. Overall, a range of research methods was used by learners including questionnaires, interviews, observations and experiments. 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. Also, a formal Literature Review is not a requirement of the Unit assessment.

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 the methods they employed. Learners should have made individual choices about the methods that will suit the considerations of their research question, research population and the available resources.

Assessment Objective 2

In AO2, most learners had created useful research tools. Learners generally had put effort into this aspect of their work. A number of learners had piloted their research tools and made adjustments in the light of their findings. This helped learners to satisfy the requirements of mark band 3 in AO2.

Assessment Objective 3

In AO3, some reports included only superficial analysis or simply stated results with little or no analysis. A few reports showed excellent analysis of results with clear, well-labelled graphs, tables and charts, that were well explained. Learners are advised to plan their data analysis when they make decisions about the data they intend to collect and the methods to be used, so that the data they collect can be dealt with logically and systematically in the final report.

Assessment Objective 4

In AO4, learners need to present an evaluation of their work. A few learners had good understanding of the research process and were able to evaluate their work in a balanced way, recognising both strengths and limitations. However, in most reports, this part was the least well done with little evidence of the ability to evaluate. Learners should be encouraged to consider both the limitations and the strengths of their research to help them develop a balanced evaluation.

6948/01: Social Issues and Welfare Needs

General comments

A small number of reports were seen this time but the following issues were identified. For many learners the choice of area of study caused problems as they were not able to access the higher mark bands because the appropriate information to cover all the Assessment Objectives were difficult to identify for that topic. This unit is about social issues and welfare needs and, as such, health issues are not appropriate: these fall under the remit of Unit 6 and centres should be careful to avoid them when directing learners.

Assessment Objective 1

Learners generally used a wide range of different sources. There was less of a tendency to include irrelevant historical information than in previous series, and this is to be applauded.

Assessment Objective 2

When deciding which issue to do, learners should consider whether there are enough appropriate demographic factors associated with it to enable them to access mark band 3 before embarking on their coursework. Very few learners considered population movement as a demographic factor, even when it was appropriate to the issue they were describing: this is something that centres may wish to emphasise more. Many learners concentrated on birth and death rates to the exclusion of any other factors.

Assessment Objective 3

Good knowledge of the contemporary nature of the issue was shown by many learners. Little analysis of work-related issues was shown. The work-related issues can be considered from any relevant viewpoint: this may be the effect on employers (e.g. the army when considering suicide in young men), the affected group themselves or workers within that group (e.g. counsellors working with young men, issues for primary teachers when considering childhood poverty).

Assessment Objective 4

Description of government strategies was seen in nearly all cases but the attempts at evaluating the strategies was generally very poor. Where learners had attempted to evaluate the strategies, centres had tended to overmark and, as such, centres need to be careful to mark to the descriptors for this assessment objective.

6949/01: Understanding Human Behaviour

General comments

As in previous series, 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. It was felt that candidates performed better in this paper compared with the previous series. Centres are to be congratulated in preparing many candidates well for this paper. They seem to be using past papers to help prepare candidates. However, a significant number of candidates are still giving too much description and not enough explanation or evaluation in the longer questions.

Question 1

This question was based on the problems of drinking alcohol. It tested the ability of the candidates to handle data and their knowledge and understanding of the features of a humanistic (person-centred) approach.

Most candidates gained both marks in (a) for the analysis of data. Some lost a mark because they did not relate their answer specifically to either gender or age, as asked. Most candidates could identify factors in (b) relating to why teenagers may drink too much. Some lost marks because they failed to explain fully the factors they had outlined. Many candidates provided relevant answers for (c), but a significant number of candidates did not relate their answers to just intellectual development, thus losing marks. There was a good discrimination in (d)(i). The weaker candidates did not relate their answers well to the hierarchy of needs, or they just talked about the hierarchy of needs without referring to the case study or alcoholism. The better candidates were able to score highly, linking the hierarchy of needs well to alcoholism. Part (d)(ii) was not answered particularly well. Many candidates showed a poor understanding of the humanistic theory, often confusing it with the cognitive approach. A significant number of candidates, despite giving good advantages, only scored within mark band 1 as they did not give any disadvantages of the theory.

Question 2

This question focused on the nature/nurture debate. It also tested the candidates' knowledge and understanding of the cognitive (behavioural) therapy. It was very topical, relating to performance at GCSE.

Few candidates gained full marks in (a) for identifying two characteristics that could only be determined by genes. The majority gained one mark, with eye colour being the characteristic most usually given. Many candidates were able to discuss environmental factors in (b), but a significant number just used the environment in the narrow sense, instead of anything other than genetic, thus limiting their choice of answers. Most candidates scored 2 or 3 marks here, showing an understanding of why homework is important. Only the better candidates linked this to having an effect on changing dysfunctional thinking. Candidates either knew what internal locus of control was in (c) or they had no idea: the answers were therefore quite polarised. Some lost marks as they did not give an example or relate their answer to the case study. Credit was given if candidates made reference to external locus of control. Most candidates showed a good understanding of dysfunctional beliefs in (d)(i). However, some only made reference to the case study and did not give a clear definition.

It is clear from the answers given in (d)(i) that the basic principles of a cognitive (behavioural) approach are not known well. Some candidates confused with the behavioural approach. Part (d)(iii) was probably the most poorly answered of the 10 mark questions available. Not many candidates showed a clear understanding of the advantages and disadvantages of the cognitive (behavioural) approach and many did not link it to someone with depressions. Some did, however, show a good understanding of the approach itself. A few better candidates did score in mark band 3 and did give some sort of evaluation, sometimes with a conclusion.

Question 3

The case study for this question centres on a young family and it tested the candidates' knowledge of behavioural and family therapy.

Candidates scored well in (a) and most were able to describe why Meena started to behave badly. Most used the information given in the case study well. Disappointingly, (b)(i) was not answered particularly well, despite features of a behavioural approach having been asked in the past. Despite being asked several time in the past, many candidates could not write about the importance of an initial assessment in (b)(ii). They do not appear to read the question and just describe an assessment instead. Candidates should be encouraged to read the questions carefully. Most candidates answered (b)(iii) well, showing a good knowledge of a behaviour modification programme. Those who lost marks tended to forget about the higher level of explanation of how the behaviour would change. The best answered of the three longer questions proved to be (c). Most candidates showed a very good understanding of family therapy and had clearly used past papers well to prepare for this type of question. Many candidates scored within mark band 2, by giving advantages and disadvantages of the therapy. Some candidates only described the advantages and, even although they did this well, could only score within mark band 1. Some candidates did not relate their answer to dealing with a behavioural problem or did not refer to the case study properly in their answer. The better candidates scored within mark band 3 and some finished off their evaluation with a good conclusion.

Grade Boundaries

Externally assessed units

6938: Human Growth and Development

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	55	48	41	34	27
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	62	56	50	44	39
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	48	42	36	30	25
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	59	53	47	41	35
Uniform boundary mark	100	80	70	60	50	40

Internally assessed units

6939: Communication and Values

6940: Positive Care Environments

6942: Activities for Health and Well-being

6943: Public Health

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	50	45	40	35	30
Uniform boundary mark	100	80	70	60	50	40

Notes

Raw Boundary Mark: the number of marks gained by the candidate according to the mark scheme.

Uniform Boundary Mark: the UMS equivalent of the raw boundary mark.

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