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Principal Examiner Feedback

Summer 2016

Pearson Edexcel GCSE in Health and Social Care (6944/01)

Unit 7: Meeting Individual Needs

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Report for Publication Unit 7 (6944/01) Meeting Individual Needs. June 2016

INTRODUCTION

The GCE Health and Social Care Unit 7 Meeting Individual Needs is a highly established paper which is particularly relevant to candidates who wish to pursue a practical career in care on progress onto Higher Education.

This paper is also the synoptic paper for the GCE qualification. The paper consists of 3 questions, each of which is worth 30 marks. Each question has been tiered with longer, cognitively higher questions at the end of each section. The paper totals to 90 marks and candidates were given one and half hours to complete the paper.

All three questions were based around stimulus response material, in particular 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.

OVERALL IMPRESSION

The overall impression given by examiners was that the paper has discriminated well between candidates and has proved accessible. However, Examiners did identify some issues in candidate performance which centres should be mindful in future preparation of candidates for this exam. This 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 is still disappointing particularly regarding key theoretical concepts, quality assurance and the role of government/voluntary/independent sector in providing care services.

•   Although stimulus response material was provided many candidates are still not applying their knowledge accurately or relevantly. Many candidates still have problems in interpreting the question stems accurately and consequently, many candidates either give very generic responses or write all they know, particularly in question E of each section.

•   Candidates had a poor knowledge and understanding of the verb hierarchy and in the longer 8 or 10 mark questions failed to get into the 3 mark band as their ability to analysis and evaluate remains 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.

•   Finally many Examiners have raised the issue of candidates using key concepts and terms such as empowerment or anti-discriminatory practice in nearly every response whether it was applicable or not.

QUESTION BY QUESTION FEEDBACK

Question 1 was based around an elderly gentlemen who had Parkinson's Disease and Diabetes. It should be stressed at this point that candidate knowledge of either condition was NOT required as the questions focused on care planning and his rights to services. 1A was well answered and focused on two key stages of the care plan cycle. Similarly 1B was also well answered which asked candidates to identify two areas of need. Once again 1C was also well answered whereby candidates were asked to explain two rights the service user would expect to receive. 1D and 1E were less well answered. ID asked candidates to discuss the importance of service user empowerment and 1E asked candidates to assess the burden of caring for someone. The main issue was the lack of structured discussion/assessment of more importantly critique of both issues and also the lack of balance in their argument.

Question 2 focused on the a care home and policy and practice which would influence care practice in the care home. 2A provide difficult for candidates in explaining what a code of practice. The main issue was lack of clarity around what a code of practice was. Although 2B was well answered by the majority of candidates, a minority of candidates still assume that empowerment is a care value rather than the outcomes of promoting care values. 2C was well answered with most candidates being able to explain the benefits of encouraging residents to take active interest in their care. Once again 2D and 2E proved problematic. 2D, although candidates could identify relevant examples of monitoring their ability to discuss was poor overall particularly on how it could monitor the quality of provision. 2E, candidates were asked to evaluate the role of national agencies in promoting good care practice. Once again candidates found difficulty in structuring a coherent and critical response with many responses limited in content, relevance and with little evaluation present.

Question 3 focused on the theoretical aspect of the specification. In 3A most candidates could identify that the mixed economy of care consisted of voluntary, private and statutory bodies but few could differentiate between them. 3B was poorly answered. Very few achieved 4 marks and could not identify or explain two of the original objectives of the NHS. In Question 3C most candidates misinterpreted the question and could not explain any advantages of promoting greater independence for GP's with many responses focusing on self confidence/self esteem whereas the question focused on how it would allow them to plan their services more effectively and tailor services to population needs. 3D was a well answered question. In question 3E the responses were variable. Many candidates went too far back in time and in many instances the legislation they cited was incorrectly worded! Candidates could have referred to much more recent legislation and focused on that. Consequently, many lost marks for not being able to provide a good evaluation as many of the responses were summaries rather than evaluations.

Grade Boundaries

Grade boundaries for this, and all other papers, can be found on the website on this link:
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