

Examiners' Report June 2007

GCE

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

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CHIEF EXAMINER'S REPORT - JUNE 2007

This report provides a brief overview of candidate performance over the 12 units of the GCE Health and Social Care qualification.

In general the performance of candidates has been good. To try to even out performance across units, centres and centre assessors are advised to read carefully the feedback provided by Principal Examiners and Moderators when addressing how to improve or enhance candidate performance.

In terms of the strength of the work presented my conclusions are as follows:

- Centres have a clear understanding of the unit content, assessment criteria and marking criteria particularly at AS level.
- Knowledge and understanding was clearly evident in the majority of work marked or moderated.
- There was accurate and relevant application of knowledge and of sources of information to the assessment criteria.
- In general, centres had prepared their candidates well for examined units although weaknesses do still appear which shall be addressed further down.
- In the majority of portfolio work moderated, moderators were pleased with the standard of work produced by candidates; this reflects of the fact that centres are mostly interpreting assessment criteria accurately.
- It was pleasing to note that where candidates were progressing from AS to A2 they were able to transfer knowledge accurately but generically.
- At A2 level it was also pleasing to see that centres had developed a satisfactory grasp of what was required from the assessment criteria; centres should, however, read the Principal Examiners and Moderators reports to improve future candidate performance.

Despite these positive statements, Principal Examiners and Moderators have expressed concern in the following areas:

- At AS level there is still some concern over the knowledge and understanding demonstrated by candidates in unit 6938 particularly with certain elements of the unit specification e.g. health promotion.
- Transfer of knowledge from one unit to another is also weak. Candidates should be taught the qualification holistically rather than as separate units.
- One area of concern for moderators has been the over use of internet sources some of which were inappropriate and irrelevant. In addition there also appeared to be considerable cutting and pasting of material without accurate referencing. Although not part of the grading criteria, moderators were unhappy with the overall lack of referencing and bibliographies which were included. This reflects good academic training for candidates and good practice by centres.
- One other area of concern was the lack of primary research undertaken for units such as 6943, 6946, 6947 and 6948. Once again centres are advised to look at this particular issue as it forms part of assessment objective 3.
- Moderators were also concerned by the poor work produced in units 6947 and 6948 where, in a minority of cases, the unit specification had been misinterpreted by assessors and consequently candidates were disadvantaged unnecessarily. This was often through choosing inappropriate topics and consequently being unable to meet the assessment criteria accurately.
- Evaluations tend to be poorly undertaken in both portfolio and examined units. Where examined units are concerned many candidates did not progress further than mark band 2 because they could not give a structured, coherent, balanced argument.

6938: Human Growth and Development

General Comments

The externally assessed paper for this unit covered the three sub-sections of the specification, namely:

- Life stages and aspects of human growth and development
- Factors affecting human growth and development
- Promoting health and well-being.

Overall, the response to the paper was disappointing: candidates were not able to construct coherent answers to questions particularly those requiring extended responses; and frequently misinterpreted questions showing only superficial knowledge. Knowledge and understanding of the promotion of health and well-being remains extremely weak.

A more detailed analysis of responses to questions is provided below.

Question 1

Most candidates obtained two marks in (a), although some did not register that only physical features were required and weak learners offered puberty as a response. In (b), definitions of self-concept were common but not mark-yielding and most responses involved some aspect of changes in appearance although many were not linked back to changes in self-concept. Most candidates were able to earn three or four marks in (c) by describing the importance of fitting in and being accepted. Negative aspects of peer pressure were the most common, with reference to activities involving alcohol, drugs and smoking. In (d), candidates often confused lifestyle factors with life events such as marriage, children and jobs. Others concentrated on smoking, diet, drugs and alcohol consumption and produced vague rambling responses and outcomes more often relevant to middle and later adulthood. Points made were repeated in several different ways and then reversed such as 'junk food can lead to obesity' and later, 'obesity causing heart attacks occurs from eating too much junk food'. There was a significant improvement in the quality of the answers in (e). Most candidates felt on familiar ground as similar questions had appeared in earlier papers.

Question 2

In (a), most learners gained at least one mark for a change of attitude or behaviour. A lack of interest in the campaign was the usual response to (b). Most answers to (c) featured improvement in health and possible continued interest in aspects of healthy living while stronger candidates discussed improvements in concentration and behaviour. This question was answered well. Some learners tried to apply PIES to this question and found themselves in some difficulties. While candidates were able to demonstrate some knowledge of the educational model in (d), only a much smaller number could describe the medical model accurately. There seems to be an obsession with describing leaflets, posters etc whenever the educational model is mentioned. Very few candidates could attempt any comparison: most ignored this part of the question. A significant number of candidates attempted to relate this question to the Fresh Fruit in Schools Campaign and found it impossible. Overall, this was a very poorly answered question. In (e), candidates did not seem to be aware of a personal or individual view of health, so this caused problems. Discussions ranged from how individuals were brought up, the norms in families, Acheson report, the social background of health, availability of health care, whether you had been taught the definition of health and the influences of others. The few marks gained by individuals largely came from mentioning different cultures and values. Achievement was low on this question.

Question 3

Two marks were achieved by most candidates in (a). In (b), candidates generally did not have the vocabulary or language skills to answer this question well, even if they understood the question. Part (c) was designed to be a straightforward question which should have been an opportunity for candidates to excel but the majority confused socialisation with socialising and social skills. This featured in the January examination and was reported on at that time. Sadly, the responses have not improved. A decline in the quality of responses also occurred in (d), with large numbers of candidates confusing nature and nurture. Those with the correct definitions could only mention genetic and environment in brief terms and could not expand to address how they would impact positively on health and well-being. Achievement was low on this question. Part (e) was neither popular nor well understood. Responses considered child abuse, divorce, peer pressure and insecurity, nightmares, and social withdrawal rather than the influence of emotional factors. Weak learners left this question blank or talked about being sad or happy!

In conclusion, the overall performance of candidates on this paper was slightly reduced compared to previous papers. Questions requiring commonplace knowledge and understanding were answered across the range of levels as expected. Questions requiring high order skills such as comparisons, analyses or evaluations were, however, 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. Many responses were difficult to read and understand owing to poor language skills including spelling and grammar. Candidates were often so careless with words that the meaning was totally reversed and inaccurate. Physical, intellectual, emotional and social aspects were often applied to each and every possible question without any regard for suitability and learners wrote about PIES as if this was a factor in itself.

It is clear 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.

Some candidates insist on using bullet points in discussion questions and limit the marks to be achieved. Bullet points have no place in responses for this paper.

6939: Communication and Values

General comments

In general, centres appear to have a clearer idea of the requirements for the unit specification than they did in previous series. The majority of centres were found to be in tolerance, their assessment judgements being sound. A number erred on the generous side but within the tolerance margin and a very small number of centres marked harshly.

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: this proved difficult to moderate.**

The majority of learners had conducted more than one interaction and had included both a one to one and a group interaction. It was pleasing to see that, overall, centres had a good understanding of the unit content and the assessment objectives. However, there were still examples of watching videos, work shadowing and role-plays as opposed to learners conducting their own interactions within a work place setting. **This was due to the fact that a few centres had misinterpreted the assessment objectives, whereby they thought it appropriate to observe an interaction as opposed to participating in one as clearly stated in the unit specifications.**

It was pleasing to see that the majority of learners had access to suitable care environments on which to base their work. The 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 proceeded to carry out their interactions in these settings with relevant client groups. Coverage of all assessment objectives was seen in the majority of portfolios.

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 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. Learners were able to provide plenty of examples to illustrate the use of communication and transmission of values but these were often very simplistic. 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. A small number of learners provided high levels of knowledge and understanding of the theory underpinning communication and/or transmission of values.

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

This section was poor with transmission of values, more often than not, being merely stated as opposed to discussed. Work tended to remain implicit and hidden within transcripts. The majority of learners did not tackle comprehension with a range of other work related contexts.

The learners need to demonstrate their ability to apply their knowledge and understanding to a work related context. In mark band one, they need to describe this; whereas in mark band two 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.**

Assessment Objective 3

Evidence for this assessment objective requires the learners to demonstrate their skills in obtaining information and some analysis of work related issues. Most learners analysed barriers to communication skills and transmission of values as their work related issue. Learners gathered both primary and secondary information, albeit quantitative and qualitative methodology still remains outside the scope of the coursework. Learners correctly referenced secondary sources of information throughout their report and then provided an extensive bibliography. 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.

Assessment Objective 4

AO 4 is still proving to be the most difficult to provide relevant evidence for. There is still confusion as to the requirements of this section, with learners evaluating their reports rather than their own communication skills. The learners are required to demonstrate varying degrees of evaluative skills and draw reasoned conclusions based on evidence from their interactions. Little evaluation was seen on the transmission of values. The section was on the whole weak, with lack of well reasoned and detailed conclusions being drawn.

6940: Positive Care Environments

General comments

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.

As in previous submissions, Assessment Objectives 3 and 4 need to be considerably strengthened.

Assessment Objective 1

AO1 requires 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 remains a lack of evidence showing how those rights could be supported by the Care Value Base. There remains a significant number of learners who described in some detail the Human Rights Act without relating it to the service provision under discussion. A prime example would be the right to Prohibition of Slavery and Torture when discussing Early Years provision. This demonstrates a lack of understanding which needs to be addressed for future submissions. Centres should also be aware that the Human Rights Act only applies to organisations that are within the Public Sector and it is, therefore, not relevant to use this as an example when the learner is basing their report on a private day nursery or private care home for example.

Assessment Objective 2

AO2 requires learners 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. Several centres seemed to confuse Unit 2 and 3 here and focussed on barriers to communication rather than barriers to access. There remains 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.

Assessment Objective 3

AO3 requires the learners to 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 was a significant number of centres who misinterpreted this assessment objective and focussed on care values rather than policies and procedures and also a significant number of learners who included copies of policies and procedures but provided no analysis of the contents.

Assessment Objective 4

AO4 requires the learners to demonstrate evaluative skills by considering how well current legislation safeguards and promotes the rights of service users. Evaluation skills remain very weak with a large percentage of learners 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. 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. A significant number of learners discussed Industrial Tribunals and the role of Trade Unions without realising that the assessment objective focuses in on methods of redress available to service users, not employees.

6941: Social Aspects and Lifestyle Choices

General comments

This is the fourth time this paper has been sat. The style of the paper was similar to that in the previous three series, except there were more short answer questions worth 2 marks.

It appears that the paper discriminated generously between learners of varying levels. The scenarios enabled the learners to demonstrate their knowledge across the subject content in the specification. The paper was very mark yielding compared to previous series and thus the performance of the learners was much improved. This was due to the larger number of short answer questions in this paper compared to previous series. Differentiation was seen on the questions that required the learners to utilise their higher order thinking skills as they appeared to have a good understanding of the unit specification but were not skilled in providing explanations, discussions or examinations of any depth.

The examiners noted, that when marking the learners' responses, there were a few examples of 'blank' pages (where the learner did not attempt to answer the question at all). This suggests that the questions generally were fair, easy to understand and provoked responses from learners. There were occasions when learners did not read the information provided carefully and hence, did not answer the actual question they were asked. Evaluations within answers were usually poor or non-existent.

Question 1

The scenario was based on a lone male parent recently separated from his partner, with a teenage son who had been excluded from school. The learners were given the opportunity to demonstrate their knowledge of predictable and unpredictable events and how these may affect a person's emotional development. As a result of the effects of an unpredictable event on the son, James, the learners were asked how support services could help to change his lifestyle. As a follow up, they were then asked to demonstrate their knowledge of the link between the effects of excessive alcohol consumption on a person's health and well-being.

In (a)(i), the majority of learners were able to take their answers from the "information given", having read the case study carefully. In (a)(ii), some candidates seemed to want to put everything into this answer rather than explaining how separation from his partner may affect Jack's emotional development. They also tended to focus on issues other than 'emotional'. A small number of candidates used appropriate specialist language in their answers.

Part (b)(i) was answered well by learners, they were able to gain some marks from their definition of peer pressure. Full marks were regularly seen in (b)(ii), as the learners were taking "information from the case study" and then explaining it. The scenario was one that they were familiar with and were aware of its consequences. Part (b)(iii) on 'support services' was generally well answered with learners suggesting a wide range of professionals that could help.

There were many detailed answers about the physical effects of excessive alcohol consumption on a person's health and well-being in (c). Some learners considered social problems such as accidents resulting from drinking and driving rather than on the individual's health and well-being. Very often within an answer there was the repetition of information.

Question 2

This question was based on the link between lifestyle choices, life expectancy and social class. The topics covered in this question are fundamental to a number of units covered in the Health and Social Care course and therefore as could be expected were answered fairly well.

Data response questions in (a)(i) and (a)(ii) were answered well. Many learners focused on exercise and smoking in (a)(iii) rather than explaining how diet may effect life expectancy. Reference was frequently made to the term 'junk food' without any explanation of what it may be and there was also a tendency to talk about class i.e. 'the rich have better food'. There was a 'scattergun' effect in many answers to (a)(iv). Learners wrote about as many lifestyle factors as could be put in. There were many cases of learners repeating the issues. Better answers were well structured and dealt with detail. Very few learners linked their answers to social class.

Parts (b)(i) and (ii) were again data response questions which were answered well. In (b)(iii), some effects of an active lifestyle on health and well-being were given but these tended to be vague and limited evidence of discussion was seen. Some learners were able to "discuss" but need practice in providing in depth answers to enable them to achieve the higher mark bands.

Question 3

This question focused on children with special educational needs and their care. The learners were given the opportunity to show their knowledge of the care value base and the importance of self esteem. They were also expected to show they understood primary socialisation and the effects of stereotyping on an individual's development. Many of the answers seen were very generic.

In (a)(i), many learners explained what the care value base was (i.e. a code of practice) and what it was for rather than describing two of its principles. Learners demonstrated their knowledge of the care value base in (a)(ii) and indicated how it can be used to improve the care provided. The majority gave advice as to what the care assistant could do to improve her practice rather than explaining the effects her practice may have on Christopher's self-esteem and therefore were only awarded marks in band 1. In (a)(iii), learners demonstrated their knowledge of the care value base and indicated how it can be used to improve the care provided, but very few linked it to the case study.

A large number of learners struggled with defining primary socialisation in (b)(i); many referring to family only and not socialisation as well. Part (b)(ii) was straightforward as it involved information being taken directly from the case study.

The definition in (c)(i) had been seen on previous papers, in particular January 2007. Some learners linked stereotyping to the Forestgate facility in (c)(ii), rather than more generally, and this limited the scope for their answer. There were many examples where stereotyping was described rather than the effects it can have on an individual's development. Some chose to use examples in their answer to highlight what they meant eg a child and an older person but repeated the same characteristics for each e.g. 'feeling worthless' or 'lower self-esteem'.

6942: 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. In the work moderated, learners had chosen a variety of activities, and a range of settings and user groups.

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

Centres should remind learners that it is only necessary to carry out **one** activity to fulfil the assessment requirements on the unit. A number of learners had carried out more than one activity; in some cases five or more had been carried out. In most cases this was to the detriment of the learner since they had spread their effort too thinly to provide evidence of the depth required to reach higher mark bands in each Assessment Objective (AO).

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.**

Assessment Objective 1

AO1 requires learners to consider different activities and to choose one activity to carry out with their chosen client group, explaining reasons for their choice. Most learners choose a suitable activity, and were able to explain reasons for their choice. Learners who were in a position to make genuine considered choices about their activity were generally more likely to show knowledge and understanding, and were better able to explain reasons for their choice. In some other reports the choice of activity was not well explained. 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

In AO2, learners looked at the benefits of their activity. Often this was structured in terms of 'PIES' headings. A number of learners had looked rather superficially at the benefits of their activity, and had listed some without sufficient explanation or depth. 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

AO3 requires reporting on the planning of the activity, 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. Often, though, the emphasis was on the planning and implementation of the activity, with little analysis present.

Assessment Objective 4

This requires an evaluation of the activity, including benefits to the service users. This was the weakest part of most reports. 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 many reports used a very limited range of evidence and sources of information. Also learners had sometimes 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. Few learners managed to provide the depth of evaluation necessary to reach the top mark band. Learners should remember to plan evidence collection methods so that they can incorporate this 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

The biggest issue seen in this series was that centres need to ensure that the choice of topic undertaken by learners allow them to achieve all the mark bands. If an inappropriate topic is chosen, then it is difficult for the learners to cover all of the assessment objectives. Some learners did understand the requirements of the unit and the work produced was interesting and informative. However, others provided very weak evidence that fulfilled few of the criteria in sufficient depth for this level of work.

Assessment Objective 1

Some centres seem to have missed the requirements to discuss how factors may actually or potentially affect public health and/or safety. There was a lot of information seen on the effect on an individual's health but this was not linked to the effect on public health.

Assessment Objective 2

Learners need to be encouraged to make links between social, economic and lifestyle factors and the specific public health issue that they are studying. Some learners tended to include a lot of generic information about the factors without making the links to the specified group. Some learners are still including a lot of copy and pasted material that does not relate to the UK at all.

Assessment Objective 3

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 and they should take care to reference all the work they quote. Some learners included large amounts of cut and pasted information of varying degrees without referencing it, making it difficult for them to demonstrate the independent thinking they needed for mark band three.

Assessment Objective 4

This was the section that was most poorly done. Some learners struggled because they had chosen inappropriate factors that had few easily accessible strategies associated with them. **It would be good practice for centres to build up a selection of issues that they know work for learners and allow them to access the higher mark bands.** Those learners who had identified strategies tended to do it in a descriptive way and there was little evidence that learners had attempted to evaluate strategies allowing them to access mark band three.

Overall, best performance in this unit depends on the learners choosing an appropriate issue to study to allow them access the assessment objectives successfully. The following is a list of some issues that learners have found to be more successful. The list is not exhaustive hence, centres should encourage learners to study other issues if they have appropriate strategies associated with them.

- Increase in obesity
- Lung cancer
- Colonic cancer
- Breast cancer
- Cervical cancer
- Alcohol abuse
- Individual sexually transmitted diseases (eg Chlamydia); but not STDs as a single issue.
- Type 2 diabetes

Learners should link the issue they are studying to a specific identified group or section of the UK population.

6944: Meeting Individual Needs

General comments

This is the second time this paper has been taken by candidates. Each question covered an aspect or aspects of the unit specification. The paper was tiered and, as such, discriminated well between candidates. A range of questions has been used to discriminate between candidates, from the simplest which requires either recognition or recall to those which require identification and explanation or discussion.

Question 1

This question was based around a case study of Mrs Wilkins who had complex health needs and her daughter who acted as an informal carer.

Part (a) was generally well answered, candidates had an accurate understanding of the term care plan.

Part (b) was also well answered - candidates could accurately identify the main areas of the assessment process.

Part (c) was also well attempted in that many candidates could identify choice, confidentiality, empowerment as the basic rights clients are entitled to. Some candidates did identify specific legislation but didn't identify the rights within the legislation.

Parts (d) and (e) proved more difficult in that candidates had to discuss or assess concepts such as empowerment or issues such as informal carers. The main weakness is not in candidate knowledge and understanding but their ability to apply them to the question stem and also to provide a balanced argument which is not descriptive in content. Consequently the bulk of marks lay in mark band 2 with few getting into mark band 3.

Question 2

This question focused on a Hayfield Nursing Home and focused on quality assurance issues. Candidates demonstrated a good understanding of what a code of practice was. Candidate knowledge of social care values was also good, although many repeated the rights/values identified in 1(c). Candidate ability to explain how user involvement might benefit them was also good and many candidates used good vocational terminology which was pleasing.

Once again parts (d) and (e) proved more difficult in that candidates had to discuss or assess issues such as monitoring quality assurance or the role of agencies in promoting good care practice. The main weakness is not in candidate knowledge, although a few had difficulty with the word 'governance', but their ability to apply them to the question stem and also to provide a balanced argument which is not descriptive in content. Consequently the bulk of marks lay in mark band 2 with few getting into mark band 3.

Question 3

Whilst questions 1 and 2 focused on candidates being able to apply knowledge to simulated case studies, part (c) was theoretical in design and focused on candidates applying theory.

Part (b) was well answered which asked for a definition of the mixed economy of care. Many candidates had difficulty in understanding the advantages of developing partnership working.

Part (c) was poorly answered. Few could correctly identify the key aims/objectives of the NHS and Community Care Act.

Parts (d) and (e) proved more difficult. The main weakness is that candidates did not have sufficient knowledge and understanding and could not then apply their knowledge to the question stem and also to provide a balanced argument which is not descriptive in content. Consequently the bulk of marks lay in mark band 2 with few getting into mark band 3.

6945: Promoting Health & Well-Being

General comments

This is the second report for Unit 6945 - Promoting Health & Well-Being - and is based on an extensive number 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. Assessment objectives 3 and 4 need to be strengthened in future submissions.

Assessment Objective 1

AO1 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 the majority of learners had chosen appropriate topics on which to base their health promotion and had also chosen an appropriate target group. However, there was a tendency to focus on the illness rather than the health promotion, for example, obesity rather than healthy eating. Learners aiming their health promotion at the Early Years sector generally identified the target group as the children whereas, in the majority of cases seen, the realistic target group should have been the parents / carers. In the main, background research was well referenced and it was pleasing to see the use of comprehensive bibliographies in a large number of portfolios. However, some centres appeared to have misunderstood what was required here with learners describing how they had undertaken the research rather than providing a précis of what was contained therein. A limited number of learners had given as a reason for their choice of target group 'easy access'. This is to be discouraged wherever possible. Centres should note that to access mark band three, learners must provide evidence of comprehensive research using a range of different types of resources. In some portfolios there was too much reliance on the Internet.

Assessment Objective 2

AO2 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 remains a degree of confusion around what constitutes an aim and what constitutes an objective. Models of health promotion were discussed 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. 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. 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.

Assessment Objective 3

AO3 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. However, there was a significant number of portfolios where no evidence of implementation had been provided, with learners expecting assessors / moderators to assume that if a campaign had been planned, it must have been implemented. Generally, the materials and media used were of a reasonably high standard, particularly where learners had used IT for their production. However, there was limited evidence seen of learners linking their materials back to the Health Promotion model being described in AO2. Analysis of the results tended to be weak with learners stating the results without drawing any relevant conclusions. This was due in part to the fact that many learners had not really provided any way of evaluating the success of their campaign and therefore had few, if any, results to analyse. Where conclusions had been drawn, these were somewhat unrealistic in some cases.

Assessment Objective 4

AO4 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 general, the evaluation techniques demonstrated were 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.

6946: Investigating Disease

General Comments

Most centres submitted their samples for moderation before the deadline with administrative details fully completed. Some centres in collaboration with other centres had not informed Edexcel and considerable time and effort was wasted while moderators investigated the missing work. **Centres should note that annual notification of collaborating centres is required.**

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 not so widespread. It is hoped that all centre assessors will adopt this practice by the next series.

The majority of centres had guided their learners to choose appropriate communicable and non-communicable diseases although some had offered two communicable or non-communicable diseases. Centres should note that every effort is made to moderate these reports so that learners are not severely disadvantaged but, inevitably, marks are lost when comparisons are requested and learners cannot meet the demands of the top mark bands. Many tutors will have limited experience of diseases and are advised to offer a well-known, narrow selection to learners rather than allow free choice. Inevitably, errors such as those described above arise from choosing little known diseases. It is also difficult for an assessor (or moderator) to judge the accuracy and entirety of a report involving a rare condition or indeed to advise on the likelihood of achieving mark band 3 for some objectives. It was also clear that summative assessment was the norm for many centres and formative feedback would have prevented learners from deviating from the assessment criteria.

Learners having personal involvement with family members, relatives or friends with non-communicable diseases can be powerfully motivated to choose these conditions without regard for the assessment criteria and tutors can find it difficult to refuse. This is particularly true for genetic diseases and mental health conditions. Tutors are advised to request that learners provide a plan to demonstrate how they will meet the assessment criteria before agreeing the choice.

Best practice would be to choose diseases from the categories listed in the specification such as viral, bacterial, fungal, protozoan, degenerative, inherited, deficiency and those associated with lifestyle or environment. In the latter categories, there should be a named disease to study such as cirrhosis of the liver, not alcoholism; and lung cancer, not smoking. Conditions accepted in this series **only** as they are **NOT** diseases include lice or similar infestations, dyslexia and similar conditions, epilepsy, anaphylaxis and hypertension. Down's syndrome also proved controversial as it is not inherited strictly speaking although there may be a familial pattern of high risk. This was accepted as a non-communicable disease but caused difficulties with some assessment criteria. Some learners chose diseases not indigenous to the United Kingdom such as malaria and avian influenza; the specification does not specifically focus on this country, but it might be advisable in terms of assessment and moderation to consider this carefully.

A large number of learners made life extremely difficult for themselves by choosing a disease title which incorporates several sub-divisions and tutors are advised to limit such activities, for example, studying only one named type of diabetes, sexually transmitted infection or meningitis will suffice.

Most candidates were trying to meet the criteria for Mark Band 3. Reports tended to be quite extensive and learners did not appear to be trying to write concise accounts. Many reports included pages and pages of local addresses of GP surgeries, clinics, branches of organisations etc. Such profligacy is neither necessary nor required.

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 / 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. 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 populations. It is advisable to use statistics relevant to the United Kingdom 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 quite 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 the impact of them on prevention, support and treatment for AO4 is also omitted 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, where they could find them 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.

Concluding remarks

In conclusion, the standard of learners' reports for this unit was good for this first series but moderators will be looking for stronger comparative and evaluative skills in succeeding series. 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: 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. In most of the work moderated, 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.

Assessment Objective 1

There was sometimes insufficient evidence of consideration of different research methods, and the methods chosen were sometimes stated without explanation or justification. Also some learners had used several different research methods but failed to bring the results together coherently. Overall 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. 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.

Assessment Objective 2

Most learners had created useful research tools, and some were very well considered. Learners generally had put considerable 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

Analysis of results was sometimes excellent with clear, well-labelled graphs, tables and charts accompanied by lucid explanation. Many learners though had provided only superficial analysis, or had merely stated some of their results with little or no analysis offered. 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

The evaluation required for AO4 was generally the weakest part of most reports. 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. Some learners had included generic, theoretical statements about the role of research in health and social care that were not linked to the rest of their research report. Learners understanding of the role of research would be best demonstrated by setting their own research in the context of the broader world of research through recognition of its constraints and limitations.

6948: Social Issues and Welfare Needs

General comments

This was the second opportunity candidates had to submit work for this unit. Overall there has been a small candidature entered for this unit which makes it difficult to precisely see the issues which centres face when delivering this unit. In general the work presented was disappointing in terms of the level of research, application of research and analysis undertaken. The majority of portfolios were descriptive and at best summaries of contemporary social issues.

Assessment Objective 1

Requires candidates to identify a relevant social issue. Although many candidates were directed accurately to relevant social issues, a minority were not and either chose inappropriate issues, health issues or in a few cases chose obscure issues which made it difficult for candidates to then identify relevant sources of information. For mark band 2, centres should remember that candidates must clearly identify at least 3 sources and for mark band 3 they must use a wide range of sources.

Centres are advised that although this can be wide ranging some of the sources were taken from the internet and were not relevant and only a few portfolios used primary sources which A2 candidates should be encouraged to use. In tracing the development of the social issues almost all portfolios gave a very descriptive account rather than summarising the development and critically applying issues of industrialisation, secularisation, urbanization to the chosen issue. This was disappointing as it was perhaps the easiest part of the specification to identify and apply sources of information.

Assessment Objective 2

Centres must remember that mark band 2 requires 2 demographic factors and for mark band 3 candidates must identify 3 demographic issues. If candidates have chosen an obscure social issue or inappropriate social issue this is where identifying relevant demographic factors will prove equally difficult. Centres are advised that when directing candidates initially they should bear in mind the importance of demographic factors as it could result in candidates being restricted in the marks they can achieve, consequently, many portfolios focused on birth and death rates and immigration patterns which in some cases were hard to relate to the issues chosen or justify the marks awarded.

Assessment Objective 3

Although many candidates had little difficulty in identifying the contemporary nature of the social issues once again it was the presentation and content of this work which was disappointing. Many portfolios consisted of descriptive or narrative accounts which did not critically examine the issue. At A2, candidates should be encouraged to critique sources of information, content of reports and government policy as opposed to presenting a summarised account which would then preclude them from mark and 2 and 3.

Assessment Objective 4

This assessment objective is closely related to AO3 and although relevant policy or legislation was alluded to no critique was provided. In addition some candidates provided a description of the political history of the United Kingdom which was not required. Few candidates provided any comparison with the EU or identify the impact of influences such as the mass media, the economy, demographic, social and cultural changes on the social issue chosen.

6949: Understanding Human Behaviour

General comments

This is the second 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 paper.

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 slightly better in this paper compared with the one set in January 2007.

Question 1

Most candidates gained at least two marks in (a), but only the more able elaborated their answers. The most common was comfort eating due to various types of stress related factors. Some candidates just listed factors or their effects, whereas a smaller majority explained these more fully.

Part (b)(i) was answered well by almost all candidates. "Positive reinforcement" was generally well defined; the most commonly missed points included the idea that behaviour is repeated or clearly differentiated ideas of rewards and examples of these. In (b)(ii), the term "negative reinforcement" was widely misunderstood by many candidates. Many wrongly thought that negative reinforcement was punishment of some sort. Those that defined the term correctly often gave incorrect examples and very few candidates achieved full marks by defining and describing an appropriate example or relating their answer to the case study.

Part (c) discriminated well. Poorer candidates just described token economies (in some cases incorrectly) whilst more gave elaborated answers and used examples from the case study. Very few benefits of the actual system were highlighted, instead answers included comments upon the benefits that the people in the case study could gain if it worked. However, they did not always comment upon how and why behaviour was changed, limiting marks awarded.

Most candidates only gave partial answers to (d). However it would be fair to say that this was the best answered 10 mark question on the paper. Most candidates clearly understood Freud's theory (but often spelt his name wrongly) and most made an attempt to link it to the case study. Some gave strengths and weaknesses of the approach, whereas others only described the theory but did not link it to the case study. However advantages and disadvantages were again linked better to the case study itself rather than also to the approach in general and as such they did not show an implicit understanding of the approach. Those at the higher end suggested more suitable approaches for the client in the case study as an alternative.

Question 2

Part (a) was answered very well.

Answers to (b) were split into two types- those who just talked about all disorders and gave appropriate statistics and answers that gained full marks by talking about more than one type of disorder and backed this up with data from the table. Generally candidates scored between 2 and 4 marks.

Most candidates scored at the lower end of the mark band 2 in (c)(i) where they listed factors (usually single parent families and homes where neither parent works as stated in the case study) and explained why they would lead to emotional disorders.

Higher ability candidates used the table (as asked) to comment upon age and gender, a few of these using data to back up answers. However very few scored beyond 6 marks as the candidates failed to see past the complexities of the data and translate this into the answer that was required. In (c)(ii), candidates were again split in terms of answering style: some just gave standard weaknesses not linked to children explicitly, whereas others explained the complexities of this approach with children and its relative weaknesses. Most candidates gained 2 marks out of 4 as they were lead by the 1, 2 bulleting that made them more likely to list two and explain them, not always allowing for the expansion required to gain full marks.

Part (d) was the most poorly answered of the 10 mark questions on the paper. Very few 'discussed' in terms of strengths and weaknesses explicitly and in the main candidates just described the effects of labelling and diagnosis. Some showed an understanding of autism, but others clearly used prior generalisations to create a basis of this understanding. Very few linked to the table and even fewer picked out the link between age and diagnosis that it suggested. Here again candidates were weak when it came to analysis of the 'effects of diagnosing and labelling' particularly in terms of the relative strengths that it could bear.

Question 3

Candidates had a variety of answers to (a)i) that covered the full range marks available. Most swayed towards linking to the case study and why it was important. Some were a little vague; others clearly managed to show an understanding of the importance of effective communication. Better candidates clearly separated the answer in a logical way to include a definition and examples. Part (a)(ii) was mostly answered well. Confidentiality was a popular choice. Some candidates only described the principle and those that scored 3 marks rather than 4 marks, generally did so due to a lack of links to the case study. This question was also one that was more commonly left blank or candidates ramble if they did not know the answer.

In (b)(i), candidates related well to the case study giving examples of Rashida's low self esteem. A minority defined self esteem for full marks, although most were able to demonstrate an understanding through their descriptions e.g. "Rashida may feel worthless and low as she does not leave her house due to fear of Hilary". Part (b) (ii) was answered to a reasonable standard but again breadth of answers was limited by the numbered bullets that lead to lists (hence scores of 2) rather than elaborated ideas, leading good candidates to score only 3 instead of the full 4 available. In addition it should be noted that weak candidates just rephrased the question in an attempt to explain person centred counselling e.g. "it is based on one person".

Part (c) was answered well. Almost all candidates well linked their answers to the case study clearly, gaining 2 marks. Some candidates, in addition, commented on lack of evidence or distorted thinking for 3. Those most able would include clear ideas of dysfunctional beliefs (often at the end of the answer rather than at the beginning) and link to Hilary clearly.

In (d), repetition from 3b(ii) was clear. Some candidates just re-described the counselling style, others concentrated on either strengths or weaknesses (something expected in the lower mark bands), whereas the better candidates linked to the case study and did all of the previous. Very few reached the upper mark band as they failed to separate Hilary and Rashida's needs and talked about one or both of them more generally. Some did separate them but only gave limited weaknesses that were generalised rather than personalised to the case study.

Grade Boundaries

Externally assessed units

6938: Human Growth and Development

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	57	50	43	36	30
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	76	70	64	58	52
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	58	51	45	39	33
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	58	51	45	39	33
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

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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