

# Examiners' Report January 2008

GCE

GCE Health & Social Care (8741/742 & 9741/9742)

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## Unit 6938: Human Growth and Development

### General Comments

The external assessment paper covered the unit specification, which includes:

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

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

While knowledge and understanding about promoting health and well-being remains weak, candidates seem unable to answer more searching development questions. Fluent, concise responses are rare and the same comments are repeated over and over again. 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 beginning to develop.

### Question 1

This consisted of six parts which were mainly related to the stimulus material presented. It 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, health promotion approaches and factors affecting intellectual development. Part (a) required candidates to describe how a genetic disorder such as Down's syndrome could arise. Only a small minority had any idea of the true nature of this condition. A larger number gained some credit for referring to maternal age but the majority of candidates could offer nothing more than "through the genes". This did not achieve any marks. Part (b)(i) asked candidates to differentiate between growth and development with extra credit for examples. It was disappointing to note that many candidates failed to score significantly on this commonly-asked question and gave separate responses with no differentiating words. Part (b)(ii) investigated patterns of development. Candidates needed to identify and describe one pattern of development. It was disappointing to see that this was unknown to most candidates. Some credit was given for defining a pattern such as sit, crawl, run; or gross motor skills before fine motor skills although these were not the premier desired responses. Part (b)(iii) asked candidates to identify differential rates of growth from a graph. It was possible to analyse the graph from knowledge and understanding. The majority of candidates were able to select the correct responses and weaker learners managed one mark. Part (d) required candidates to discuss the importance of intellectual development during teenage years. Most candidates were able to link this to passing school examinations to enable progress in the future into further or higher education or employment. A few mentioned abstract thinking but, sadly, further links seemed beyond most learners. Given that emotional, social or intellectual development is usually asked for, candidates appeared to have not prepared well for this question. Part (e) asked candidates to discuss the different approaches used in health promotion campaigns and relate these to campaigns for healthy eating. Some well-prepared candidates were able to gain 5-6 marks because they described three or four different approaches, but they could not adapt these to a food context. Health promotion approaches did not have significance to many learners who rambled their way through Jamie Oliver, school dinners and avoiding "fast food" resulting in 1-3 marks.

### **Question 2**

This question focussed chiefly on stimulus material, tobacco-related disease, nature and nurture, with the final part asking about the effects of environmental factors on emotional and social development. Candidates generally scored 12 - 25 marks on this question. Parts (a)(i) and (ii) were concerned with identifying factors influencing heart disease in order to lead candidates into the following nature/nurture extended question: many candidates scored full marks. In (b), many learners confused nature and nurture yet again or scored only 3-4 marks by repeating their responses from the previous two questions in addition to correct definitions of nature and nurture. Many learners got carried away into the realms of fantasy with characters in a scenario, such that Sarah was divorced, living in the deprived area, a victim of crime etc. Some deviated into discussing her child with Down's syndrome and did not answer the question at all. Part (c) required candidates to describe two long-term effects of smoking. Stained fingernails and other cosmetic effects were not credit-worthy. Most responses offered a form of cancer, but could not give a sensible simple description such as uncontrolled cell multiplication. It was shocking to see the lack of knowledge and understanding about smoking-related diseases given the current high profile. Part (d) was an opportunity for learners to display their knowledge and understanding of a health promotion campaign linked to smoking. Candidates generally scored 2-4 marks here. Part (e) asked candidates to discuss the social and emotional effects of living in a deprived area on a man in later adulthood. The responses to this were good with 5-6 marks frequently achieved.

### **Question 3**

This question focussed on adolescence, secondary socialisation, self-concept and an active lifestyle. Overall many candidates gained well over half marks for this part of the specification. Parts (a) (i), (ii) and (iii) asked candidates to name the life stage of adolescence, as well as one emotional and two physical features characteristic of this stage. It was disheartening to see so many incorrect responses to the characteristic features as these were basic questions. Puberty was often offered as a response to an emotional or physical feature. In (b)(i), Candidates were asked to explain the effects of secondary socialisation on social development. Few candidates were able to define secondary socialisation fully and most referred to the importance of friends in adolescence and were not able to develop further links. Part (b)(ii) asked candidates to explain the importance of an active lifestyle to health and well-being. Some learners had fully prepared for this question and produced many points and links gaining full marks while others, ill-prepared, floundered with one or two points about fitness and weight reduction. In (c), the question sought the emotional effects of the birth of a younger sibling with Down's syndrome on an adolescent and, generally, candidates performed well, gaining 4 - 6 marks. Preferred effects were positively bonding and negatively, jealousy at losing parental attention. Part (d) asked candidates to explain the benefits of a positive self-concept in early adulthood and, while there were some poor answers, others were very good and self-concept is widely appreciated.

## **Unit 6939: Communication and Values**

In general, centres appear to have a clearer idea of the requirements for this unit than they did last year. Nearly all learners had conducted more than one interaction and had included both a one to one and a group interaction. However, there were still odd examples of watching videos, work shadowing and role-plays as opposed to learners conducting their own interactions within a work place setting. Some centres had used more than one work placement.

There are still a number of issues with the construction of the report. A large proportion of the centres sampled presented the coursework in an essay style, with no sub-headings as opposed to a report: this proved difficult to moderate.

It was pleasing to see that, of the portfolios moderated, the learners had access to suitable care settings on which to base their work. They had either undertaken a visit to one or more relevant care settings or participated in a work experience placement in a relevant setting where they were able to carry out their interaction(s) with relevant service users. Coverage of all assessment objectives was seen in the portfolios. The majority of learners had access to suitable care environments on which to base their work from which they were able to generate the evidence for their portfolio.

### **Assessment Objective 1**

In nearly all of the portfolios seen there was evidence that learners had undertaken at least one interaction and in some cases two or three. Heavy emphasis was placed on theoretical aspects of communication by the learners which, in the majority seen, were then applied to their own communication skills. Learners were able to provide plenty of examples to illustrate the use of communication and transmission of values but these were often very simplistic. Specialist language was apparent in many reports.

### **Assessment Objective 2**

Coverage by the learner of the transmission of values has improved; more often they are discussing in their reports how these aid the communication process. An increasing number of learners are including their transcripts as part of the main body of their report which is unnecessary. The majority of learners were able to make reference to work-related issues in the environment within which they were working but there was limited evidence of a consideration of other contexts.

### **Assessment Objective 3**

Not all portfolios submitted included witness statements in support of interactions. Those centres that did include witness statements too often commented on the activity the learner participated in and not the communication skills they used. Consideration of barriers by the learners has improved and we are seeing less of the "there weren't any barriers" comment. Theoretical links within the body of the learners' work is regularly seen but too many are unable to reference them correctly. The strongest portfolios contained wide-ranging bibliographies and further supported the evidence with witness statements and/or observation sheets.

#### **Assessment Objective 4**

This assessment objective 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.

## **Unit 6940: Positive Care Environments**

### **General Comments**

The entry for Unit 6940, Positive Care Environments, was considerably smaller than June 2007 and consequently this report is based on a limited selection of scripts seen.

Once again, 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.

All centres submitted the correct sample and work was received by moderators by the deadline. A small, but significant number of centres is still failing to ensure that candidates sign the Authentication Sheets.

Assessment Objectives 3 and 4 are still weaker than other sections and need to be considerably strengthened.

### **Assessment Objective 1**

AO1 required learners to consider the rights of the individual when accessing care and how the Care Value Base could support those rights. Learners were able to focus more clearly on the rights of the individual and it was pleasing to see that, in many cases, learners are now making the link between the rights of the individual and how the Care Value Base helps service providers to support those rights. It was also pleasing to see that learners focussed more on rights that were applicable to the service users under discussion.

### **Assessment Objective 2**

AO2 required 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. As in previous examination series, learners were able to identify a range of appropriate barriers to access but few were then able to go on and discuss the effects those barriers may have. There remain a significant number of learners who focus on how service providers can eliminate barriers: this is not required for this assessment objective. However, learners needed to address how the barriers they have identified may affect the creation of a positive care environment.

### **Assessment Objective 3**

AO3 required 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. There was very little evidence seen of learners considering implementation and development of policies and procedures and analysis of how successful these policies and procedures may be in creating a positive care environment. For learners to be achieving marks in mark band three, these aspects should be addressed. As in previous examination series, sources of information used tended to be limited.



#### **Assessment Objective 4**

AO4 required the learners to demonstrate evaluative skills by considering how well current legislation safeguards and promotes the rights of service users. Evaluation skills remain weak with a large percentage of learners merely giving a brief description of pieces of legislation which may or may not be applicable to the service users under discussion. Centres should note that evaluation requires the learners to consider the strengths and weaknesses of the legislation in supporting the rights of the individual and then to draw reasoned conclusions from their discussion. 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 small but significant number of learners focussed on methods of redress introduced to protect the members of staff; for example, employment tribunals and Trade Union services. The criterion clearly requires the learner to consider methods of redress open to the service user and, therefore, where learners have described these methods they cannot achieve marks in mark band three.

## Unit 6941: Social Aspects and Lifestyle Choices

### General Comments

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

- Lifestyle choices and life course events
- Social factors affecting health and well-being
- Care professional/service user relationships

The style of the paper was similar to that in the previous series, except there were four extended writing questions of 10 marks whereas on previous papers there had been only three. However, there was an increase in the number of 4-mark questions than in previous series and no 8-mark question. There were three full questions in total, each marked out of 30, giving an overall total for the paper of 90 marks.

The examiners commented that, when marking the candidates' responses, there were only a small number of 'blank' pages (where the candidate did not attempt to answer the question at all). This suggests that the questions generally were fair and accessible to the candidates. There were occasions when candidates did not read the information provided or did not answer the actual question they were asked.

Too many candidates are still only providing answers in point form not the detailed answer that you would expect from candidates at this level. Most could describe the effects, however their answers were not in enough detail to allow them to access mark level 3. Some answers were very muddled and repeated.

### Question 1

This question was not based on a scenario but was a series of questions related to predictable and unpredictable life course events and the effects these may have on a person's development.

In (a), the majority of learners were able to take their answers "from the information given", having read the case study carefully. Part (b) was marked out of two, which seemed to have slipped the notice of a number of candidates as they were answering it as if it were a 4-mark question, thus gaining full marks. Again, when they came to (c), about having financial difficulties and how these might affect a person's physical development, the candidates seemed to want to put everything into their response rather than explaining the affects on physical development. Part (d) was answered well in that the candidates were able not only to identify features of a close relationship but also to explain how they could affect an individual's emotional development. Part (e)(i) should have been a straightforward response to the data given. However, many candidates were unable to explain the trend in the unemployment rate between 2004 and 2006 fully: that it went down in the first year and then rose again in the second year. Candidates fared much better on (e)(ii) at the lower end of the allocated marks, as they were able to give relevant examples of how unemployment might affect a person's self-esteem; however, they were unable to discuss the affect upon them. Part (e)(iii), a 10-mark question proved more challenging for most of the candidates. They were able to gain marks in level 2 with some application of knowledge and a basic evaluation, however, only a small number of candidates achieved marks in level 3.

## Question 2

This question was based on a nursing home for the elderly, focusing on the care value base, stereotyping, relative poverty and absolute poverty. The topics covered in this question are fundamental to a number of units covered in the Health and Social Care course and, as could therefore be expected, were answered fairly well.

Parts (a)(i) and (ii) gave the candidates the opportunity to show their knowledge of the care value base and the importance of empowering the service users. Candidates were able to explain the care value base with a small number referring to them as rules and/or regulations. The second part, empowering the service users, required the candidates to link their answer to the nursing home. Too many candidates provided answers which were generic and were therefore awarded a maximum of half marks for this question. Part (b) focused on relative and absolute poverty. This question was answered particularly well and only a very small number of candidates confused the two. However, (c)(i) and (c)(ii) were based on stereotyping and proved more challenging for a number of candidates. The description of how service users might be stereotyped was fairly successfully answered by the candidates, however the second part was not. They were expected to give detailed effects of stereotyping, linking their answer to more than one area of development with clear explanations of examples of negative stereotyping. Judging by the answers given, candidates found this question difficult to answer. They seemed to be unsure as to how to go about this question. Part (d) required the candidates to give specific advice on how to improve the quality of care given to the service users at Pine Villas. For a level 3 answer there should have been evidence of a good discussion, with clear and explicit advice which was specific, detailed and relevant to the case study.

## Question 3

This question focused on a rehabilitation centre for alcoholics, the effects of gender imbalance on male service users at the rehabilitation centre, secondary socialisation and how a person's social class may contribute to their stress levels.

Parts (a) and (b)(i) tested the candidates' interpretation of the data provided. For the 10-mark question, (b)(ii), the candidates had to be clear of the effects of gender imbalance on the male service users, discussing the positives and the negatives. Most were low level 2 responses as they did not include enough discussion of the identified effects. The candidates did not read the question carefully and consequently did not provide enough accurate information. Therefore, for the most part, the answers lacked depth and quality. Part (c)(ii) was answered well with the majority of candidates being able to explain one way in which socialisation might help with the rehabilitation process. The last question, (d), centred on social class and stress. The responses to it were disappointing. On the whole, candidates were only able to link stress and lower social class and even then were unable to describe fully how a person's social class may contribute to their level of stress. Few candidates included a link between middle and upper social class with stress: those that did tended to give very simplistic responses linking them together. It was an answer where everything was thrown in with little attempt at structure and evaluation. Too many candidates are still only providing answers in point form not the detailed answer that you would expect from this level candidate. Most could describe the effects, however, their answers were not in enough detail to allow them to access mark level 3. Some answers were very muddled and repeated.

## Unit 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. The majority of learners had chosen the early years user group, usually because of easy accessibility.

The quality of reports varied considerably. Some were excellent, addressing the assessment objectives of the unit directly and displaying clear understanding of what was required. On the other hand, some learners appeared to have put little effort into their work, and one or two had failed to carry out an activity at all.

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 which could mean that they had spread their effort too thinly to provide evidence of the depth required to reach higher mark bands in each Assessment Objective (AO).

### 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. In a number of reports, however, the choice of activity was not well explained. Many learners spend too much time on this section discussing a number of activities, client groups and benefits but then forgetting to provide a justification for their chosen activity. 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, and on 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. For most learners, however, the emphasis was on the planning and implementation of the activity, with little analysis present.

#### **Assessment Objective 4**

AO4 requires an evaluation of the activity, including benefits to the service users. This was the weakest part of most reports. Some 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, most reports used a very limited range of evidence and sources of information. Learners often 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 incorporate it into their analysis and evaluation. They also need to remember to focus on the benefits to the client in planning and evaluating the activity.

## **Unit 6943: Public Health**

### **General Comments**

There was only a small entry this series, and there was a very mixed standard of work entered.

There were more administrative issues with centres during this series than have been seen before. Centres are urged to take care even when they have small entries that they complete the administrative tasks accurately, and send the correct copies of the paperwork to the correct destination.

Some centres put forward excellent, well-presented work on issues that allowed them to access all the assessment objectives successfully: they had obviously taken on board the advice presented in Principal Moderators' reports and at INSET events and acted on it. Unfortunately, there are still a significant number of centres that have not acted on advice included in previous Principal Moderators' reports and their learners have presented reports on issues that are either not public health issues, or are issues that do not have sufficient preventative strategies for the learners to evaluate.

### **Assessment Objective 1**

AO1 was generally done well, but the examiners are still seeing some centres where the learners have done long descriptive essays on the effect of the issue on individual health but have not shown understanding of the links to the public health consequences. The successful learners had chosen relevant issues and linked them to the public health consequences without overlong descriptions of the effects on public health.

### **Assessment Objective 2**

This is a section that some learners are still tending to overlook and there is very little discussion of social, environmental and lifestyle factors. This section links directly to the strategies in AO4 and should help the learners in their evaluations, as the strategies generally attempt to deal with the issues described in AO2. However, very few learners made the link between the two sections. Learners must ensure that they link their issue to a specified section of the UK population as this is required in all the mark bands. 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.

### **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. They should also take care to reference all the work that they quote. It is good practice to ensure that learners include bibliographies in reports. Some learners included large amounts of information of varying degrees of relevance without referencing it, making it difficult for them to demonstrate the independent thinking needed for mark band 3. At mark bands 2 and 3, learners are required to analyse environmental and lifestyle problems in relation to the public health issue, but the examiners saw very few attempts to do this.

#### **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 rather than evaluations of strategies, making it harder for them to access the higher marks in mark band 3. As the skill of evaluation is one that attracts more marks at A2, this is an aspect of reports that centres would be advised to concentrate on.

Learners need guidance on both analysis and evaluation at this stage to ensure that they can achieve Mark Band 3. The process is new to them and should be supported by centres. Learners need to be encouraged to reference their work fully and to provide detailed bibliographies to demonstrate good practice. All centres that have not been able to do so are strongly advised to attend one of the training sessions where these issues are discussed and exemplar work can be seen: this does make a difference to the standard of work presented by centres.

## Unit 6944: Meeting Individual Needs

### Introduction

Unit 7 (Meeting Individual Needs) is a contemporary paper which is particularly relevant to candidates who wish to pursue a practical career in care.

This is third time this paper has been taken by candidates. It is a synoptic A2 paper which consists of 3 questions. Each question has been tiered with longer, cognitively higher questions at the end of each section.

All three questions were based around stimulus response material, in particular case studies which had been specifically designed to elicit 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.

### General comments

The overall impression gained by examiners was that the paper has performed much better than that in the June 2007 or January 2007 series.

However, the main issues identified included:

- Breadth and depth of knowledge and understanding of the unit specification varied considerably. Some centres had prepared candidates well but in many cases the level of knowledge and understanding was poor, particularly regarding organisational culture, quality assurance and effectiveness of legislation.
- Although stimulus response material was provided, many candidates could not apply their knowledge accurately or relevantly. Many candidates had problems in interpreting the question stems accurately. Consequently, many candidates gave generic responses and did not get above mark level 1 or 2, particularly in 1 (f).
- Candidates had a poor knowledge and understanding of the verb hierarchy and in the longer 8 or 10 mark questions failed to get into mark level 3 as their ability to analyse and evaluate was weak.
- In addition, there was a lack of fluency and structure in candidates' longer answers, with many describing and explaining and being repetitive in their answer.

### Question 1

This question was based around a case study of an elderly ethnic gentleman who spoke little English and was both frail and vulnerable. It also involved his daughter as his main carer. Part (a) required an accurate definition of the term 'care management'. The majority of candidates obtained one mark for a general description which referred to the care planning process; some managed to obtain two marks with a more in-depth description relating to needs of the individual. Part (b) was successfully attempted: candidates demonstrated a good understanding of the role of an interpreter and the importance in achieving understanding between clients and carers. Part (c) asked for an accurate explanation of the term 'assessment'. Most candidates scored between two and three marks for linking their response to the holistic care being provided and focusing on the individual's strengths and weaknesses. Part (d) was well attempted by candidates, with many referring to the increase in physical well-being as well as improvement in self-confidence, ability to meet new people etc. as a benefit of a care package.



Part (e) was very poorly answered, as few candidates could accurately explain normalisation or networking: most responses honed in on the term normal and to communication with regard to networking, but candidates could not demonstrate clear understanding or synthesis. Part (f) was poorly attempted. Many candidates made the mistake of focusing on carers who were employed as opposed to informal carers to whom the legislation relates, consequently they were limited in the marks awarded. Many candidates did not progress further than mark level 1 with a few into mark level 2.

### **Question 2**

This question focused on a young girl who was attending a day centre and had enrolled in a Further Education College. On the whole, this question was successfully attempted with some good, high calibre answers. The question was successfully attempted by the majority of candidates, showing a good demonstration of knowledge of legislation. Answers needed to be limited, with accuracy, to the need to improve and widen legislation to include more people. In contrast to previous series, (c) was well attempted with candidates presenting good answers to the need for training and development e.g. by improving quality, building skills etc. Candidates also demonstrated a good understanding of the importance of empowering Janine, linking answers to factors such as feeling valued, self-esteem and so on. Part (e) was disappointing in content: many candidates focused on the disability discrimination legislation which limited their answer. Others who cited more could not give a balanced critical discussion, consequently most candidates failed to get further than mark level 2.

### **Question 3**

This question focused on quality assurance procedures such as complaints and was, in general, poorly attempted. Although candidates could explain what a complaints procedure was in (a) they gave poor responses to how such a procedure could benefit an organisation in the long term in (d). Candidates did provide good quality answers to (b), which asked them to explain what an advocate's role was. Part (e) was particularly disappointing. There was a general lack of knowledge and understanding, little balance in answers, brief critiques and a general inability to develop fluent well structured answers.

## **Unit 6945: Promoting Health & Well Being**

### **General Comments**

There was a small entry for this examination series, therefore this report is based on a limited selection of scripts.

Centres are again 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.

The inclusion of articles used for background research is not required. Learners should be encouraged to produce a full and comprehensive bibliography using a standard method of referencing. The Harvard method would be an example although is not exclusive.

Whilst it is quite acceptable for learners to work together in small groups to prepare and present their Health Promotion activity, centres must ensure that the write up of the Promotion and the analysis of results is done on an individual basis. The action plan required for AO2 should also reflect the individual's contribution to the overall Promotion.

### **Assessment Objective 1**

AO1 required 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 their 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. In a large number of cases, background research was well referenced and it was pleasing to see the use of comprehensive bibliographies. However, a small but significant number of portfolios had limited, if any, referencing and there remains a tendency to draw mainly on web-based resources. Centres should note that, to achieve marks in mark band 3, learners need to use a range of different types of source.

### **Assessment Objective 2**

AO2 required 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. Learners remain confused over the difference between an aim and an objective and there remains a small but significant number of learners who quote unrealistic aims. Models of health promotion were discussed in all portfolios and learners seem to have a better understanding of the difference between the various models. It was pleasing to see a large number of learners giving a comprehensive rationale for their choice of model. Whilst most learners had produced a plan for their promotion, these generally tended to comprise a lesson plan for the implementation only. Good portfolios provided an action plan addressing all aspects from carrying out the initial research through implementation and concluding with the time allowed for evaluation all included. The action plan should include timing and also individual responsibilities where the promotion was carried out as a group. As in previous exam series, discussion of evaluation methods tended to be weak in many portfolios with learners merely stating that they would use a before and after questionnaire. Ideally, a discussion of the different methods of evaluation, process, impact and outcome would be seen here, with the learner then identifying which they will use and why.

### **Assessment Objective 3**

A03 required the learner to provide evidence of implementation of their health promotion, produce appropriate media and materials, and provide an analysis of the results. It was pleasing to see that several centres provided detailed and comprehensive witness testimonies for their learners which provided excellent evidence of implementation. Generally, the materials and media used were of a very high standard, particularly where learners had used IT to produce it, although there was limited evidence seen of the learner linking these materials back to the Health Promotion model they were using. Analysis of the results tended to be weak in several portfolios with learners stating the results without drawing any relevant conclusions. Where conclusions had been drawn, these were somewhat unrealistic in some cases. Where learners use 'before and after' questionnaires to measure success it should be noted that it is not necessary to include completed questionnaires within the portfolio. Inclusion of one blank copy would encourage learners to analyse the data in more detail and enable them to access marks in the higher mark bands.

### **Assessment Objective 4**

A04 required the learner to evaluate the health promotion campaign with reference to their initial aims and objectives. Evaluation skills remain weak with learners merely discussing what they had done and stating that it went well. Evaluation should consider the Promotion as a whole from the background research through to the implementation. This would enable learners 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.) Disappointingly, although many learners had included detailed witness testimonies of their implementation, these were generally not referred to when evaluating the implementation. To evaluate fully, learners need to consider the strengths and weaknesses of all aspects of the campaign and then draw reasoned conclusions.

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

## Unit 6946: Investigating Disease

### General Comments

Most centres submitted their samples on time and in accordance with Edexcel administrative requirements. Centres had a good understanding of this A2 unit although omissions are still common in the mark band 3 samples.

It was pleasing to see that most centres had guided their candidates to choose appropriate communicable and non-communicable diseases. Appropriate choices allow candidates to access the higher mark bands. Genetic and mental health conditions prove particularly difficult for learners to evaluate strategies for prevention. Best practice is to choose a non-communicable disease from the categories in the specification i.e. degenerative, deficiency and those associated with lifestyle or the environment. For the latter category, there should be a named disease to study and not a lifestyle or environmental factor, for example lung cancer and not smoking, tuberculosis and not sleeping rough or homelessness. Service user groups should be named in accordance with the requirements of the qualification. Several centres using customised front sheets regularly omit naming the service user group. The most common groups identified in the samples submitted were early years and health. Most candidates were attempting to progress to mark band 3. The best reports are those which deal with a requirement for both diseases, say the biological basis, which is followed by a small comparison. Those which describe one disease in all aspects then the second disease followed by a large comparison tend to omit smaller requirements and fail to develop their independent thinking.

Many tutors are assessing near the top of mark band 3 when the report is lacking the details already referred to. Tutors are strongly advised to guide more able learners to follow the assessment criteria closely. Having said that, it was very pleasing to see that one learner achieved full marks for a report.

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

### Assessment Objective 1

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

### Assessment Objective 2

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

### **Assessment Objective 3**

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

### **Assessment Objective 4**

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

## **Unit 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.

Learners had chosen a range of topics, although lifestyle issues that influence the health and well-being of young people, such as smoking, binge drinking, and STDs were the most popular.

There were fewer poor topic choices made than in previous series. 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**

Some learners failed to look at a range of different research methods, and the methods chosen were sometimes stated without explanation or justification. Some learners had also used several different research methods but failed to bring the results together coherently. Overall, a range of research methods was used by learners. Most used some form of questionnaire, but there was also use of interviews, observations, experiments, and other methods. Some learners had put an over-emphasis on secondary research, at the expense of their own primary research which is a main focus of the unit. 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. There were, however, some very basic questionnaire forms with poorly considered questions asked. However, 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 were sometimes excellent with clear, well-labelled graphs, tables and charts accompanied by lucid explanation. Many learners, however, 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. This is 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. Some learners showed a good understanding and 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** that the 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.

## Unit 6948: Social Issues and Welfare Needs

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

### Key Issues

- Evidence for this unit should be clearly linked to one of the following client groups:
  - people who are ill
  - young children
  - older people
  - people with specific needs
- The choice of topic is crucial in being able to meet the assessment requirements and also the mark band requirements of the unit. Centres should therefore plan and consider topics carefully. From the work moderated, there was a great variation in topics chosen with some being rather more appropriate than others. Where inappropriate topics have been chosen, centres have been given full feedback for future reference as this only served to disadvantage and penalise their own learners.
- When tracing the origins of the social issue, learners should avoid giving a descriptive narrative but should try to be critical or analytical in their work linking in cultural, social, industrial and political factors where relevant. Other factors such as secularisation and mass media, as stated in the unit specification, should be applied relevantly and appropriately. Finally, learners' work should also critically demonstrate how their particular client group has been affected by these changes over time. In nearly all portfolios (with the exception of one centre) centres are NOT referring in enough detail to the cultural, social, industrial and political factors and this can be affected by the choice of topic.
- When investigating demographic factors, it is important that learners research widely and use a range of demographic factors accurately and relevantly such as age, gender, disability, ethnicity, social class and so on. Ideally, these would be supported through the use of research and statistics. From moderation undertaken in this series, it was clear that although learners did trace the demographics, once again there was a variation. In the stronger portfolios, learners provided a comprehensive account of the demographics relating to their chosen topic with good statistical evidence to support it. Where portfolios were weak, the level of information was sketchy and limited in content.
- The contemporary nature of the social issue should be researched using both secondary sources which are current and relevant, and primary research with either a client experiencing the social issue or an agency involved in providing front line services or care. In doing so the work becomes contemporary in nature. Very little primary research is being undertaken. This is disturbing considering the opportunity to double up with Unit 10. This aspect tends to be summarisation of the issue rather than a critique.



- Finally when researching the Government's response, learners should avoid citing legislation but should apply the legislation to the social issue in terms of its value and whether the introduction of such measures is benefiting client groups and its possible future impact based on research. Other literature would include pressure group research, white papers and European Union directive, and regulations of legislation. Once again this was poorly completed with many centres getting confused between AO3 and AO4: little discussion or critical analysis is taking place.

In summary, very little progress has been made in developing the quality and standard of work in this unit by centres, which is disappointing.

## Unit 6949: Understanding Human Behaviour

### General comments

This is the third time this paper has been sat. The requirements of this A2 paper were felt to be suitably more demanding than an AS paper, but compared well with other A2 papers. It also compared well with papers for the same unit in the previous two series.

The scenarios enabled the 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. In general, candidates are not answering the longer questions well. Evaluation is weak, with often only one side of an argument being given. Conclusions were seldom seen.

It is evident that some students are not reading questions carefully enough, for example not describe the **initial** assessment, but the whole process, or explain why a person may become **addicted** to alcohol and not just about the effects of alcohol. Many candidates still display a tendency to a 'write all you know about' approach, which should be avoided. Cognitive and person-centred (humanistic) approaches are not so well known. Students must consider advantages and disadvantages to access the higher mark bands.

On the positive side, material from the specification, teachers' guide and textbooks had been learned well. Many candidates could apply the terms in the specification to the case studies given. Candidates are beginning to answer explain questions better, giving good examples in most cases. Behavioural and psychodynamic approaches are well known and can be applied.

### Question 1

Most candidates could give two features of a behavioural approach in (a), but a few did not seem to understand the question. In (b), the better candidates talked about an **initial** assessment, but many just talked about assessment in general. Many candidates found it difficult to relate their answers to (c) clearly to reinforcement and there was much repetition of the information in the question. In (d)(i) and (d)(ii), most candidates were able to identify empowerment / promoting users' rights for (i) and most gave confidentiality for (ii), although not always with enough detail for full marks. In (e), the behavioural approach seems to be well known, but not all candidates focused their answer on giving advantages and disadvantages. Some just talked about the approach itself.

### Question 2

Many candidates did not appear to understand the word trend in (a) and just gave isolated facts. In (b)(i), self-esteem was well known and many gained full marks, relating their answer to self-concept. In (b)(ii), the majority of candidates picked up four marks, but few gave a detailed explanation relating to the detail in the case study, such as self-harming. In (c)(i), few candidates understood what cognitive primacy meant, although some gained one mark for a reference to thinking. Part (c)(ii) discriminated well. Only the best gained four marks or more for answers with good examples. Some did not appear to know much about this area. It was apparent in (d) that the cognitive approach is not well known. Some got this confused with the person-centred / humanistic approach or the psychoanalytical approach. Again, few referred to advantages and disadvantages.

### Question 3

Features of the person-centred approach were either known well in (a), or candidates did not have any idea. In (b), most candidates knew about harming themselves or others, but many wrote about professionals sharing information. Most candidates gained 2 of 3 marks in (c), but some candidates did not appear to understand the terms. The person-centred approach was not well known in (d). Some candidates got this confused with the cognitive approach or psychoanalytical approach. Again, few referred to advantages and disadvantages. Not many candidates referred to present day practice and even fewer gave examples in (e).

## Grade Boundaries

### 6938: Human Growth and Development

| Grade                 | Max. Mark | A  | B  | C  | D  | E  |
|-----------------------|-----------|----|----|----|----|----|
| Raw boundary mark     | 90        | 62 | 55 | 48 | 41 | 34 |
| Uniform boundary mark | 100       | 80 | 70 | 60 | 50 | 40 |

### 6941: Social Aspects and Lifestyle Choices

| Grade                 | Max. Mark | A  | B  | C  | D  | E  |
|-----------------------|-----------|----|----|----|----|----|
| Raw boundary mark     | 90        | 65 | 58 | 52 | 46 | 40 |
| Uniform boundary mark | 100       | 80 | 70 | 60 | 50 | 40 |

### 6939: Communication and Values

### 6940: Positive Care Environments

### 6942: Activities for Health and Well-being

### 6943: Public Health

| Grade                 | Max. Mark | A  | B  | C  | D  | E  |
|-----------------------|-----------|----|----|----|----|----|
| Raw boundary mark     | 60        | 50 | 45 | 40 | 35 | 30 |
| 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        | 61 | 54 | 48 | 42 | 36 |
| 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        | 60 | 52 | 44 | 36 | 28 |
| Uniform boundary mark | 100       | 80 | 70 | 60 | 50 | 40 |

### 6945: Promoting Health and Well-being

### 6946: Investigating Disease

### 6947: Using and Understanding Research

### 6948: Social Issues and Welfare Needs

| Grade                 | Max. Mark | A  | B  | C  | D  | E  |
|-----------------------|-----------|----|----|----|----|----|
| Raw boundary mark     | 60        | 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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