

Principal Examiner Feedback

Summer 2016

Pearson Edexcel GCSE in Health and Social Care (6941/01)

Unit 4: Social Aspects and Lifestyle Choices

Edexcel and BTEC Qualifications

Edexcel and BTEC qualifications are awarded by Pearson, the UK's largest awarding body. We provide a wide range of qualifications including academic, vocational, occupational and specific programmes for employers. For further information visit our qualifications websites at www.edexcel.com or www.btec.co.uk. Alternatively, you can get in touch with us using the details on our contact us page at www.edexcel.com/contactus.

Pearson: helping people progress, everywhere

Pearson aspires to be the world's leading learning company. Our aim is to help everyone progress in their lives through education. We believe in every kind of learning, for all kinds of people, wherever they are in the world. We've been involved in education for over 150 years, and by working across 70 countries, in 100 languages, we have built an international reputation for our commitment to high standards and raising achievement through innovation in education. Find out more about how we can help you and your students at: www.pearson.com/uk

Summer 2016
Publications Code 6941_01_1606_ER
All the material in this publication is copyright
© Pearson Education Ltd 2016

Report for Publication Unit 4 (6941/01) Social Aspects and Lifestyle Choices. June 2016

This paper has not changed in format or context since its first sitting. It consists of three questions, each totalling 30 marks, giving an overall total mark of 90. The questions are set round a case study which runs throughout the examination paper. The case study provides some direction for candidates and gives them the opportunity to focus their thoughts. The case study in this paper was based around Nelly, a 48-year-old lady who has recently been made redundant. She volunteers in a multi-ethnic nursery.

The questions around the case study assess the candidates' knowledge and understanding. In some instances candidates will be asked to recall facts, definitions etc, alternatively they may also be asked to apply their knowledge to parts of the case study or to discuss, analyse or evaluate key concepts or theories. The questions begin with shorter questions which focus on knowledge and understanding of the specification whilst remaining questions focus on application of knowledge. Candidates are rewarded for the quality of their written communication in the long questions where extended writing is required.

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

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

The examiners felt that the paper discriminated well, with a wide range of marks being seen in each question. They noted that the candidates' repeated previous mistakes seen in other series in that they failed to read the question stem correctly, confusing words in them and often repeating themselves. Many candidates paraphrase the question at the beginning of their response, thereby failing to gain any credit for their answer until half way down the page. Very few candidates managed to write a Level 3 response on the extended writing questions, these tended to be descriptive. The majority of learners attempted all the questions. Just a few here and there not answered. However, this series more responses were seen that were answered using bullet points which limits the number of marks that a candidate can be awarded. A number of candidates appeared to become so engrossed with the scenario of the question that they were unable to look beyond it. The Quality of Written Communication has improved.

A holistic summation of the paper is that it was very fair and gave the candidates the opportunity to show what they have learnt throughout the course.

Comments on Individual Questions:

Question 1

This question was based on Nelly, a 48-year-old lady who was recently made redundant and now finds it increasingly difficult to motivate herself now that she is no longer working. The candidates were asked to draw upon their knowledge of primary and secondary socialisation, linking it to the support that Nelly may now receive.

- 1a) Most candidates were able to explain the term Primary Socialisation with regard to norms, values and attitudes, however a significant number of candidates omitted to add that primary socialisation occurs during childhood, thus losing them one mark.
- **1b)** The majority of candidates described education and peers as agencies of secondary socialisation, very few used Religion or the Government in their answer. A small number of candidates misunderstood 'secondary socialisation' and only wrote about 'socialisation', describing it through PIES.
- **1c)** In this question the candidates were asked to describe two forms of professional support. Many described a counsellor as a 'buffer' but did not explain what a buffer is or does. Some responses were too vague, eg support groups, others included non-professional support.
- 1d) This question appeared straightforward in terms of candidates understanding of it. They were all able to cite positive effects of friendship, most commonly maintaining/raising self-esteem, self-image, self- worth and being supportive. This was pleasing to read. A number of candidates were able to balance their response by including negative effects of friendship. This was done by using examples of being drawn into negative personal behaviours eg recreational drug use, drinking alcohol.
- 1e) Most candidates attempted this question, however, very few made it into the top mark band. Whilst many candidates' responses included making children more aware of cultural diversity, they did not expand by giving examples of such diversities eg, foods, festivals, toys, clothing, languages, and practices. This was generally answered well as candidates clearly understood the main issues.

Question 2

This question consisted of five 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 the care values, new learning and self-concept.

- 2a) Many candidates explained the Care Value Base as a set of rules or policies, thus losing marks, however they were mostly able to link the CVB to maintaining good standards of care provided by professionals working in H & SC.
- 2b) Candidates were able to identify one care value. Many candidates however did not actually apply the stated care value to the nursery setting. They often gave a general overview of what the stated Care Value means and left it at that. An example of this is when the care value of Anti-Discriminatory Practice was used. Candidates tended to explain this as treating all children "the same". They did not expand their explanation in terms of including all children in activities, regardless of their ability level; ensuring all dietary needs are catered for; providing reading material that depicts a true diverse society eg with images of people wearing spectacles.
- 2c) Many candidates recognised that Nelly's role of working with children with special needs would lead her to acquire new skills and knowledge. Candidates however, tended to omit using examples as to what the nature of the special need may be and how Nelly's new skills/knowledge relate to this. Candidates talked vaguely of Nelly improving her skills, but did not state which skills. This omission placed many candidates in the middle mark band.
- **2d)** It was pleasing to read that many candidates recognised the rewarding achievement system in terms of its potential positive and negative effects. A few candidates supported their discussion using theories of behaviour and where evident, this was credited.
- 2e) Many candidates did not understand this question. So many of them appeared to read the words "care value base" and then proceeded to give a (good) account of what the CVB is without relating it to how the nursery could support its staff in implementing each value. In the main, candidates' knowledge base was basic with little evidence of assessing each care value on its own merits eg the logistics and financial implications of providing secure storage / computer equipment for keeping digital, confidential information.

Question 3

This question continues to use the case study revolving around the children attending the nursery. This time the focus is on influences on health, gender, the taking of regular exercise and unhealthy lifestyle choices.

- **3a)** The key word here was "unexpected", yet so many candidates omitted to use it. Many candidates gave appropriate examples of unpredictable life events eg accidents, redundancy, divorce and these were credited. Some candidates used the example of "death" which was not given any credit since death comes to everyone eventually, if they said premature or sudden death, then credit was given.
- **3b)** Some candidates approached this question from a sociological perspective, where the term "sex" is a biological state ascribed at conception/birth and gender as the roles that individuals are given. Others interpreted the meaning of "gender" to be the biological difference between male and female. Biological examples used tended to be appropriate eg males can get prostate cancer, females can get complications of pregnancy. Shades of grey occurred in between eg where women smoke more/less than men; wo/men exercise less than wo/men because they have more/less time.

Candidates were consistent in their assertion that females contact their GP more often than males. Only a small number of responses read attempted any analysis of how gender may influence an individual's health.

- **3c)** Many candidates confused the question somewhat in that they saw barriers as a problem for the children and not for therapists. Some wrote about what empowerment means to the children and suitable activities for empowerment not the barriers faced by the therapist. Others considered the barriers the children faced which the therapist had to teach the children to overcome.
- **3d)** Again, a number of candidates simply did not read the question carefully enough, the question asks about the risks of taking regular exercise on children's physical well-being. Some candidates wrote about lack of exercise altogether, while others wrote about the effects of exercise on the whole of PIES. Whilst they made a good job of this in their discussion, little credit could be given.
- **3e)** This was a pleasing question to read, with many candidates able to discuss the risks associated with unhealthy lifestyle choices to a good level. Candidates cited smoking and drinking alcohol on which to base their answer. Few candidates were placed in the top mark band because their responses did not include sufficient detail or it lacked a conclusion to merit a higher mark.

Overall, the paper challenged the AS students and it gave them an opportunity to gain some good marks if they had the subject knowledge. However, it appeared that a number of candidates did not seem to understand what was being asked of them. It is always a little disappointing that more candidates do not gain marks in Mark Band 3. Centres appear to have completed some work on the verb hierarchy of exam questions, and generally overall how to answer the extended writing questions which is refreshing, but too many marks were lost because candidates did not read the questions properly. There were very few blank pages which is always a good sign for candidates. An observation from the examiners was the low standard of handwriting demonstrated by some candidates. Some scripts were near illegible, proving very challenging to read, thus making it difficult to assess candidates' knowledge and understanding.

Grade Boundaries

Grade boundaries for this, and all other papers, can be found on the website on this link: http://www.edexcel.com/iwantto/Pages/grade-boundaries.aspx