



**General Certificate of Secondary Education
June 2011**

Health and Social Care

48204

(Specification 4820)

Unit 4: Promoting Health and Well-Being

Report on the Examination

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**GCSE Health and Social Care
Principal Moderator' Report: 48204
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The first series for this unit produced some good portfolios, but much of the work submitted could have been significantly improved in both assignments. Teacher comments on the candidate record forms were appreciated, as these greatly assisted the moderation process. The following points are intended as a guide to help candidates achieve a higher standard.

Assignment 1

Most candidates identified an appropriate individual for the measurements of physical health. There is no requirement to produce lengthy case studies here. Relevant aspects of lifestyle may be included later in the analysis and evaluation of the results. The age, gender and basic information about the individual is sufficient. Some candidates failed to include any information about their chosen individual at the start of their work. There is no requirement to include health questionnaires in this unit and candidates are advised that gathering information in this way can be time-consuming for little, if any, gain.

There tended to be a number of limitations commonly occurring in the work on the measures of physical health.

For resting and recovery pulse measurements, candidates should provide comparative data from identical exercise. This was missing in many portfolios. Without comparative data no valid analysis can be performed. Some candidates described measuring pulse rates for only six, ten or fifteen seconds at a time. This will possibly lead to inaccuracies. It is recommended that pulse be counted for at least twenty seconds. Candidates need to record pulse rates until they return to the resting rate. This was not always done.

For blood pressure, peak flow and Body Mass Index candidates do not need comparative data from other individuals, but should use norm values as appropriate to their chosen individuals.

When measuring blood pressure a sphygmomanometer and stethoscope is inappropriate as this requires specialist training. Digital measurers should be used and are readily available. Blood pressure units of measurement were often omitted.

BMI was incorrectly described as a measure of body fat by some candidates. The method of measuring height and weight should be included in the work. BMI should be shown as a calculation rather than the result of a computer-generated download. Height and weight charts are not appropriate for BMI measurements. Candidates should include an appropriate gender-specific BMI chart when considering their results. Candidates sometimes gave themselves unnecessary additional work when measuring height and weight using imperial units and then converting to metric.

In the work of some candidates peak flow was referred to and measured without any explanation of what it was actually a measurement of, i.e. the maximum speed of exhaled air. In some work it was incorrectly described as the speed of oxygen exhalation. Again appropriate units of measurement were often omitted or were incorrect, e.g. being a volume measurement of lung capacity rather than a rate of flow.

Generally more able candidates would benefit from an holistic consideration of their results of the four measures rather than just considering each result separately.

Assignment 2

In this assignment some candidates did not produce a client profile relying on the information from Assignment 1. It is recommended that two profiles are produced. As mentioned previously Assignment 1s can be less detailed as relevant information can be introduced in the analysis section. A more detailed account, however, is needed for this assignment.

Candidates were generally clear in their appropriate choices of areas to improve, but some candidates chose two different substances such as alcohol and tobacco which are from the same section, i.e. substance use. This effectively restricts the work to two areas rather than three. Other candidates chose an area beyond the assessment range, e.g. stress. This can gain no credit.

Generic information on diet, or any area for improvement, is not required. Candidates choosing to cover diet should provide dietary intake information and then analyse it in order to make meaningful suggestions for improvement. Intake should be terms of meals and snacks taken rather than a list of different foods from software. It is suggested that intake over two days is sufficient, i.e. a typical weekday and a typical weekend day. Candidates are not penalised for including more data, but this invariably makes analyses more difficult and gains no additional credit. Dietary data analyses over two or more days should be aggregated to produce the overall picture. This was not attempted in many cases where the data was considered separately for each day.

For other selected areas the lack of relevant information in terms of data significantly reduced the quality of the work, e.g. alcohol - what is actually consumed? In what amounts? The work, if lacking relevant data, becomes highly subjective, rather than objective and the health plans tend to lose validity and/or focus. The quality of the sections covering why the health plan suggestions are important and what changes the plan may have on the individual are subsequently restricted.

In general, to justify higher marks, candidates should be encouraged to reason the changes the plan may have and to explain why each suggestion is important using appropriate physiology.

Grade boundaries

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