



**General Certificate of Secondary Education
June 2012**

Health and Social Care

48204

(Specification 4820)

Unit 4: Promoting Health and Well-Being

Report on the Examination

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Assignment 1

Generally candidates identified an appropriate individual for the measurements of physical health. Some candidates produced lengthy case studies as introductions which are not necessary for this assignment. 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 and their lifestyle 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. Gathering information in this way can be time consuming for little, if any gain.

There were some limitations commonly found in the measures of physical health.

For resting and recovery pulse measurements, candidates should provide comparative data from identical exercise. This was missing and/or unclear in many cases. 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. Less-able candidates sometimes failed to provide a recovery time, but quoted a pulse rate instead.

For blood pressure, peak flow and Body Mass Index candidates do not need comparative data from other individuals. Norm values appropriate to their chosen individuals should be used.

Some candidates reported using a sphygmomanometer and stethoscope to measure blood pressure. This is inappropriate as the technique requires specialist training. Digital measurers for use on the wrist or upper arm 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 computer-generated information. 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 by using imperial units and then converting them to metric.

In the work of some candidates peak flow was referred to and measured without any explanation of what was actually being measured, i.e. the maximum speed of exhaled air. In some work it was incorrectly described as the speed of oxygen exhalation. Appropriate units of measurement were sometimes 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

Some candidates did not produce a client profile for this assignment, relying instead on the information from Assignment 1. It is recommended that two profiles are produced. A detailed account is needed for this assignment.

Candidates were generally clear in their appropriate choice 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 and gains no credit. 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 details of meals and snacks eaten rather than a list of different foods downloaded from dietary analytical 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 or was unclear in many cases where the data were considered separately for each day, or referred to holistically without supporting evidence. In some cases conclusions were drawn about dietary intake and the need for improvement.

The areas selected for improvement lacked relevant information on data, which significantly restricted the quality of the work, e.g. alcohol- what is actually consumed? In what amounts? Over what time period? Smoking- what type of cigarette? How many each day? How long has the person smoked for?

Where the work lacked this type of relevant information, the analyses became highly subjective rather than objective and the subsequent health plans lost validity and/or focus. The sections covering why the health plan suggestions are important and what changes the plan may have on the individual are also subsequently restricted.

To justify higher marks, candidates should work out the changes the plan may have and explain why each suggestion is important using appropriate physiology, rather than simply state effects.

Grade boundaries

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