

GCSE

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Health and Social Care

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Summer 2005

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Examiners' Report

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# Chief Examiner's Report

## Positive aspects of candidates work within the qualification

It was evident from the work produced in all three units that a number of centres had covered all aspects of the specification accurately and relevantly and that a lot of dedicated teaching had taken place. This was reflected in the high quality work which was marked or moderated. It was obvious that centres had clearly understood and interpreted the unit specifications and tailored their teaching and candidate evidence to meet the unit specifications precisely. This produced some excellent, thorough and comprehensive work across all three units resulting in very high marks being obtained by some candidates. It was also obvious that centres were now using the support material and training events to good use in developing their teaching strategies and in preparing candidates to meet the assessment evidence criteria

From the work produced it was pleasing to note that no major gaps in knowledge were identified with some candidates attempting the higher mark bands within each unit.

It was also interesting to note that there was comparability in candidate performance across all three units with candidates who performed well in the externally tested unit generally achieving high marks in the moderated units. Not only does this demonstrate a consensus between moderators and examiners but also that many centres and thus candidates are able to view the qualification holistically and transfer knowledge across the qualification.

It was encouraging to observe that many candidates were working independently and using primary and secondary source material to good effect. In doing so candidates were then able to interpret and apply this material relevantly and achieve at the higher mark bands.

## Unit 1: Health, Social Care and Early Years Provision

Candidates were expected to demonstrate their knowledge and understanding of the unit content in four key areas. The Principal Moderator was able to report that there was a significant improvement in the quality of work produced by candidates for this unit and that centres had more accurately interpreted the unit specification. However, key issues include the following:

- Choice of organisation - This is crucial in successfully meeting the requirements of all mark bands, failure to do so results in candidates being unable to meet the criteria or evidence being descriptive or generic in content.
- Primary research - Candidates should be encouraged to undertake primary research where possible. Although textbook material and leaflets obtained from organisations are useful, their use should be limited. It was noted that those candidates who relied on such material produced descriptive work and once again failed to reach the higher mark bands.
- Lack of Depth in some areas of the unit - The Principal Moderator noted that in some sections work produced was not sufficient in depth or detail. For example, investigation of job roles was descriptive and only completed briefly by many candidates. This was attributed to two factors. Firstly, lack

of primary research undertaken and secondly misinterpretation of unit specification by the centre.

- Application of knowledge - It was identified that when candidates attempted to apply their knowledge and understanding through identifying the needs of two service users work tended to be repetitive and lacked depth. This was due to the fact that many candidates had selected service users not appropriate to the organisation. It is important that candidates choose service users who actually use the services provided by the organisation.
- Care Value Base - The Principal Moderator highlighted concern at the lack of application of the Care Value Base, particularly the concept of confidentiality. It was alarming to see that many candidates were mentioning service users by name and not protecting their identity.
- Bibliography - Finally, the Principal Moderator highlighted the fact that many candidates portfolio work was completed without the inclusion of a bibliography or resource list. It is good practice that candidates include a reference or bibliography section, particularly if they intend to progress onto higher level courses.

## **Unit 2: Promoting Health & Well Being**

The performance on this unit by candidates was still slightly better than on Unit 1. It would appear that centres and candidates found it easier to access information and apply it accurately to the unit specification.

However, the Principal Moderator has highlighted a number of concerns with regard to the work sampled by moderators. These include:

- Research undertaken - Many candidates, as in Unit 1, used secondary sources as the bases for their research e.g. textbooks. Whilst this may be adequate for the lower mark band, for mark bands two and three it would be expected that candidates undertake some type of primary research.
- Understanding of key terms and concepts - It was identified that while many candidates had a basic and accurate understanding of terms and concepts, when it came to their application or discussion many candidates failed to understand the complexities involved and therefore could not clearly differentiate between definitions.
- Choice of individual on which to base their plan - This was a crucial aspect in achieving a good overall grade in this unit. The use of case studies or failure to choose an individual whom candidates could get first hand access to meant that many candidates were unable to progress satisfactorily onto other tasks in this unit such as developing health plans because their choice of individual was inappropriate or unrealistic.
- Quality of work presented - Candidates tended to provide very generic evidence to some aspects of the specification. This may be as a result of centres tending to take a generic interpretation of aspects of the unit. It is important that centres adhere to the specification precisely and tailor information to meet the mark bands.

- Difficulty in meeting the criteria for mark band 3. It was noted by the Principal Moderator that some very able candidates were unable to achieve at this mark band because they did not give both the positive and negative effects on health, but rather focused on one aspect, usually the negative effects. Similarly, when evaluating the effectiveness of their plans and highlighting potential difficulties or suggesting how to overcome them, some candidates provided only limited, brief answers.

### **Unit 3: 5323 Understanding Personal Development and Relationships**

Stimulus response material was provided at the beginning and throughout the paper to help candidates focus on the questions and apply their knowledge.

Although it was clear than many centres had prepared candidates well for the exam there were some obvious gaps in knowledge. Concern was raised in the following areas:

- Explanations tended to be weak and superficial demonstrating a lack of depth of knowledge.
- Definitions of key terms and concepts such as 'milestones' were particularly poor.
- Some candidates have great difficulty differentiating between the terms 'growth' and 'development' and could only explain the difference through the use of examples. While this allowed them to access some marks it was disappointing that their understanding of such basic terms was not covered in more depth.
- On questions aimed at the more able candidate, it was noted that when candidates were asked to discuss, compare or contrast they could only focus on one aspect of the question, normally the negative and could therefore not give a balanced argument. Whilst candidates were given credit for the work they completed they were not able to access the maximum marks for those questions which required a fuller and more balanced answer.
- many candidates lost marks carelessly through not reading the question and applying their knowledge accurately or misinterpreting the question prefix.

### **Developing Candidates Work For Future Series**

Although the overall level of knowledge and understanding demonstrated by candidates was good, centres should note the following advice:

- Fully integrate candidate knowledge and understanding through the use of simulations, role plays, case studies and past papers and in doing so develop a holistic understanding within the 3 units
- Use specialist teachers, guest speakers and educational visits/work experience to develop the candidates understanding of how organisations functions and provide services and how personnel undertake their work roles and the constraints they face
- Finally, encourage the development of independent research and study skills so that overall candidate self-expression, use of language and ability to use the verb hierarchy can develop and improve.





## Unit 1: Health, Social Care and Early Years Provision

This unit focuses on health, social care and early years services. Candidates were expected to demonstrate their knowledge and understanding of the unit content in four areas

- Types of care services
- Jobs and value bases in care services
- Care needs of clients
- Ways of obtaining care services and barriers to access

The portfolio evidence must be based on a report into **one** local provider of health, social or early years services. Centres are encouraged to make both primary and secondary source material available to candidates.

### AO1 (a)

Most candidates chose suitable service providers on which to base their reports. In the main, they selected organisations which offered several different services. Some centres are still allowing each candidate to look at a range of service providers which resulted in the work lacking the necessary focus on one specific provider.

Although candidates identified a range of services, many failed to describe these services and merely produced a list. In order to access the higher mark bands it is good practice for candidates to write a short paragraph describing each service and how it is delivered.

Some candidates who based their reports on nurseries attached to primary schools or infant departments of primary schools tended to base their work solely on the educational provision offered. They should be extending their work to cover other services which are available, such as the school nursing service, educational psychologists, special educational needs services and the school meals service.

Candidates produced generic information on the care sectors but many struggled to identify the sector in which their chosen organisation operated. The link between social services and the private sector in relation to elderly residential care tended to be misunderstood. In the main, candidates used flow charts to show where their chosen service provider fitted into the national provision.

The location of services was usually evidenced through a local area map. Funding is still an area of weakness and much of the information presented was very superficial and not sufficiently specific to the chosen organisation. It is felt that candidates need more direction in this area – secondary sources can be used to access information. If appropriate a visiting speaker can be used to provide some guidance on the funding of services. Whilst specific figures are not always available, information on the local percentage distribution of funds can be accessed.

It was pleasing to see that more candidates compared and contrasted their service with another similar service to meet the requirements of mark band three. However some candidates are still not meeting this requirement.

### AO2,3 (b)

Candidates produced some excellent work on job roles with many using both primary and secondary research. Some candidates looked at more than two job roles which is not necessary and some chose similar jobs, for example a nursery nurse and an early years support worker. It is recommended that where the direct care roles within an organisation tend to be similar, candidates be encouraged to consider an indirect worker as their second job role.

Many candidates are now defining the skills needed, through describing a typical working day for the chosen person. However, when this approach is used, it is important that candidates identify how and where the skills are used rather than merely describing a range of activities.

Information on the acquisition of skills through describing the career route tended to be variable. Some candidates simply stated the qualifications which had been achieved with no explanation of how these were gained. This aspect of the work should be extended to cover the career route from secondary school qualifications through further and higher education training to include ongoing career development through in-service courses and staff development.

The work on the care value base showed improvement this year with the majority of candidates attempting to discuss its implementation within the care setting. In some instances, examples of the care value base being put into practice were not specific to the service provider on which the report was based but related to care in general. Candidates aiming to achieve at mark band three still tended to overlook the fact that examples of implementation must cover the workers and the organisation.

### **A03 (c)**

Many candidates were able to identify the needs of two clients and many identified needs using PIES categories. Some candidates are still not linking this aspect of the work to the service provider described in (a) and are describing services in general. It is important that candidates focus on those needs which can be met by the chosen service provider and this is where in some instances, the work lacked coherence.

Where candidates identified the service to meet the need, many failed to explain how the service was organised and delivered. For example, in a care home for older adults, an identified need for one of the clients might be care for a foot problem. Best practice would be for the candidate to describe how the home would arrange for a chiropodist to visit, when the chiropodist would provide the service, what the treatment would entail and what would be the cost of the treatment.

For mark band three, candidates are required to identify gaps in service provision and suggest improvements, many candidates found this difficult. Where perceived gaps are difficult to identify, candidates could suggest hypothetical situations and explain how they could be resolved.

### **A03 (d)**

Candidates were able to explain referral in general and most applied this information to the people identified in (c) with some degree of accuracy.

Barriers to access were again discussed generically but there was a lack of evidence of this information being related to the specific services studied.

Many candidates continued to focus almost exclusively on physical barriers to access.

There was a general lack of evaluation in relation to access. Some candidates used questionnaires to gain information from service users regarding access to the services. These tended to be presented as evidence rather than being used by candidates to support their own evaluations. Few candidates attempted to suggest improvements to improve effectiveness.

Some candidates are still attempting to evaluate referral and centres are urged to ensure that the current specification dated March 2004 is being used.

## **Unit 2: Promoting Health and Well-being**

### **General Comments**

This unit focuses on promoting health and well being. Candidates were expected to demonstrate their knowledge and understanding of the unit content in four areas:

- Explain what is meant by health and well-being
- Identify factors affecting the health and well-being of an individual and explain the effects of these factors
- Identify health related information including physical measures of health to produce a plan and set targets for the individual
- Identify how the plan may affect the individual, the difficulties which may be experienced in following and achieving the plan and how these difficulties may be overcome.

The portfolio evidence must be based on a health plan for improving or maintaining the physical health and well being of one individual.

Overall, centres found this unit straightforward especially where candidates had chosen an appropriate client on whom to base their plan. Those candidates were able to use both primary information and secondary sources to produce detailed, coherent and evaluative portfolios. Where candidates chose an inappropriate client or did not apply the information gained to their client the work was disappointing and showed a lack of understanding of what was required.

### **AO1(a)**

The majority of candidates showed more understanding of health and well being and some had given appropriate examples to illustrate the definitions and examples. Some candidates supported their definitions by giving examples related to characters in "soaps" and their own families. Other candidates had undertaken a survey/questionnaire on health and evaluated the responses. However many candidates were still unable to link time and culture to health issues and assumed that as long as they had mentioned something to do with time and made some reference to culture that it was sufficient to achieve a higher mark band. For example, cultural differences in dress was not extended to discuss how the possible lack of exposure to sunlight could lead to low vitamin D levels and therefore increased incidence of rickets. Time covered ancient times as well as the span across an individual's life and also changes in the National Health Service over the years but again all these must be related to health. However it is felt that more candidates showed an understanding of the complexity of the issues of health and well being.

### **AO1,2(b)**

The choice of client is crucial and those candidates who chose clients with obvious health needs found (c) and (d) easier. It is advisable that candidates choose their own individual on whom to base their health plan. Occasionally inappropriate clients were chosen, for example a client with a specific illness or disability, a very young child or a pregnant woman and this resulted in difficulties in producing a realistic plan for improvement. For example it is difficult to apply measures of health to very young children and there are problems when an individual does not have many risks. Fewer candidates used case studies and therefore candidates were able to access the higher mark bands since they were able to use questionnaires and interviews to determine the factors and risks affecting the health of the chosen person. When the factors are given, candidates are not allowed the opportunity for independent research.

Most candidates appeared to cope well with primary data collection through interviews with their chosen person. However some candidates did not analyse their questionnaires sufficiently in order for them to use the information to make recommendations. Factors were more closely applied to the client, candidates having gained information from questionnaires and interviews. A number of candidates wrote about factors that were not identified as those causing a risk to their client. Likewise some candidates concentrated on the negative aspects with comparatively little reference to the positive aspects.

Candidates accessing mark band three were able to demonstrate their understanding of both positive and negative factors with clear explanations and applied these factors to their chosen client. They were also able to identify factors over which their chosen person may have some control and those which they may not be able to change such as financial, social or genetic.

### **AO2,3(c)**

Plans varied in quality. There must be a health plan related to the chosen person but with some candidates the plans appeared to be very disjointed. Several showed excellent use of physical measures of health on which to base their plans but many demonstrated a lack of understanding on how to use those measures and make any comparison to the norms.

There were some instances of incorrect calculations of Body Mass Index (BMI) and this led to candidates devising a plan for a person to lose weight when actually they did not need to lose any. It was rare to see candidates using the full range of measures and linking them directly to the targets. In the main height/weight and BMI were used. Candidates appeared to struggle where case studies had been used. A few candidates failed to identify any physical measures of health. The more able candidates identified both short and long term targets and introduced 'SMART' when discussing the targets. Many candidates accessing mark band three showed good practice in involving the clients in monitoring and reviewing the plans. However some failed to produce a plan outlining how the targets could be met and some plans could be so complex that any client would have difficulty in following them. Application of health information within the plans was not always clearly evidenced by candidates and some candidates included leaflets and information from websites that did not relate to the health plan they had designed. It is important that where candidates include health promotion/health related

information to support the plan, they indicate why it was selected and why it would be useful.

#### **AO2,3(d)**

This section was attempted by the majority of candidates. It is felt that the work on reviewing the ways in which the client could be affected was of a higher standard this year. Generally candidates were able to say how plans would affect the client particularly in terms of benefits. There were some examples of good work on the difficulties in the implementation of the plan and for candidates accessing mark band two, some good suggestions on how to overcome these difficulties. More candidates accessed mark band three and were able to predict and evaluate difficulties that the individual might encounter and suggest appropriate strategies/alternatives. Where this was achieved, the work showed maturity and understanding.

Approximately 50% of candidates produced bibliographies. Candidates should be encouraged to include a resource list or bibliography.

In conclusion it is obvious that all candidates have an understanding of health and social care issues. Some good work was seen but many candidates failed to fully meet the assessment evidence criteria due to issues of misinterpretation/misunderstanding.

Hopefully feedback from moderation will enable centres to move forward and develop candidates' skills in the production of their portfolios in the future.



## Unit 3: Understanding Personal Development and Relationships

### General Comments

The June 2005 paper consisted of 5 questions which were specifically tiered to allow access to all candidates taking the paper.

The question paper was designed around a case study consisting of grandparents, parents and children of varying ages. In doing so, the paper met the unit specification in covering:

- life stages
- social and emotional development
- cognitive/intellectual development
- factors influencing development.

In general, responses presented by candidates demonstrated:

- knowledge and understanding
- an ability to apply knowledge to the background information
- an accurate ability to identify, describe and explain.

Candidates attempted the majority of questions although some gaps in knowledge were evident.

It was clear that many centres had prepared candidates well for the exam. Despite this there were some obvious weaknesses in candidates work including

- explanations which tended to be weak and superficial
- ability to present clear accurate definitions of main terms and concepts was poor in some places
- many candidates tended to focus on one aspect of a situation rather than attempting to reflect and give a balanced argument
- many candidates did not appear to read the question carefully and apply their knowledge relevantly and accurately, because of this valuable marks were lost.

### Question 1

This question focused on childhood and was well answered by the majority of candidates. Many candidates could recall accurately, describe and explain with clarity. It was also pleasing to note that many candidates were reading and interpreting questions accurately.

### Question 2

This question focused on both infancy and childhood. Once again many candidates could recall accurately and in their correct order the life stages and could describe the importance of emotional attachments on development. In addition it was also pleasing to see that candidates had now developed a clearer understanding of concepts such as growth and development.

### **Question 3**

This question focused on adulthood and was once again well answered by the majority of candidates. Candidates could accurately identify and explain the importance of staying at home on both Heather's development and that of her family. It was also pleasing to see that candidates were now focusing on the question stem and reading more accurately and thus providing more appropriate responses.

### **Question 4**

This question focused on later adulthood. It was pleasing and encouraging to see that many candidates could accurately identify physical characteristics associated with this life stage and only in a minority of cases were using inappropriate terms such as 'wrinkly'. In addition many candidates ability to express themselves in the longer questions was good in that they could write fluently, coherently and could develop valid links.

### **Question 5**

Generally this was a well answered question. This question focused on adolescence. Many candidates demonstrated vocational accuracy in the physical characteristics associated with adolescence and could discuss the influences of various factors on self concept.



# Statistics

## Mark Ranges and Award of Grades

### Unit 1

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	50	40	33	26	22	18
Uniform boundary mark	100	80	70	60	50	40

### Unit 2

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	50	40	33	26	22	18
Uniform boundary mark	100	80	70	60	50	40

### Unit 3

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	70	61	53	47	41
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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