

Examiners' Report June 2007

GCSE

GCSE Health & Social Care (Double Award) 2321

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Unit 5321: Health, Social Care & Early Years Provision

Centres have encouraged candidates to select appropriate organisations on which to base their reports. Full coverage of the unit assessment objectives was strongly influenced by access to care settings and health and social care professionals. The value of this was apparent in the quality of the work produced. Where candidates under-performed it was because of an inappropriate choice of provider and /or poor guidance by the assessor.

Some moderators were delayed in completing their moderation due to centres submitting incorrect samples or sending the work late. Some centres are still failing to send the work of the candidates with the highest and lowest marks as part of the sample.

Most centres included authentication statements with the candidate work.

Some centres are still sending work in folders or plastic wallets rather than treasury tagged.

An area of concern was the marked similarity of work amongst some candidates suggesting too much prompting from assessors.

Assessment Objective 1 (a)

The approach to this section continues to improve and many candidates produced detailed information which demonstrated good research skills. There is still a tendency for some candidates to lose focus on their chosen care setting and to include too much generic information to cover their lack of understanding and application in relation to their chosen provider. Although some candidates provided in-depth explanations of the variety of services on offer at their chosen settings, others merely listed the services. Again, where candidates based their reports on early years settings they struggled to produce quality work on the range of services. There was an improvement this year in the work on funding and candidates are beginning to provide more detailed explanations on sources of funding and relating it specifically to their chosen organisation. Candidates are required to include information in their report on how their provider fits into the national provision. It should be noted that if an organisational chart is used to illustrate this, it must be accompanied by an explanation. In a relatively high proportion of portfolios, this had not been addressed at all.

Assessment Objectives 2 & 3 (b)

Candidates continue to produce some high quality work for this section. This was particularly evident where interviews and observations had been undertaken. Care values were applied with a much greater degree of understanding than that seen in previous years. Some assessors are still awarding marks in the higher bands where all of the evidence is based on secondary research and much of it is generic in nature. Candidates are required to demonstrate the use of primary research in their description of two job roles and the implementation of the care values. Some candidates are including information on a range of job roles and this should be avoided.

Assessment Objective 2 (c)

This continues to be an area of weakness. The work for this section should focus on the specific needs of two clients which can be met by the services of the chosen care setting. There is obviously a link here with section (a). The choice of clients is crucial in terms of the quality of the work produced. Candidates should be encouraged to choose two clients with differing needs and it is suggested that information on their needs is gained through observation or discussion with their carers or family. The use of client questionnaires for this section is not deemed appropriate because of issues of respect and confidentiality. Again, in many instances the additional requirement for mark band three to predict future needs, identify gaps in service provision and suggest improvements was ignored. It should be noted that for this section it is gaps in provision which should be identified, rather than gaps in relation to access.

Assessment Objectives 2 & 3 (d)

In the main, candidates continue to produce accurate information on the different methods of referral and were able to apply this to the clients identified in section (c). Although they identified the initial method of referral, few candidates extended this to include an explanation of how they were referred to specific services within the organisation. Much of the work on barriers to access continues to be generic in nature. Good practice was seen where candidates related these barriers to their chosen organisation and to the clients who used the services. There was very little attempt to evaluate access even at mark band three and this is an area for improvement.

Unit 5322: Promoting Health And Well-Being

The majority of candidates are now basing their plans for improvement on suitable clients and are considering a range of factors which affect their health and well-being. There is still a tendency for some candidates to focus almost exclusively on diet with too much emphasis on food groups and diet analysis almost to the exclusion of other factors. This results in a very unbalanced outcome in terms of evaluating a person's health holistically.

The accreditation of downloaded information from the internet which is not referenced or annotated as assessment evidence is still a cause for concern.

Although there were areas of weakness within the work for this unit, overall the work produced was of a pleasing standard and demonstrated a sound understanding of the subject on the part of the candidates.

Good practice was noted where centres annotated the work and provided detailed candidate feedback which identified the assessment objectives.

Where candidates have collected a wide range of health related information to support their work it is recommended that they provide a detailed list of this material. Including the actual booklets, leaflets etc. results in the portfolios becoming very weighty and cumbersome.

Many candidates still do not include bibliographies or resource lists.

Assessment Objective 1 (a)

Work in this section is showing some evidence of improvement and there were some well-researched examples to support the definitions of health and well-being. Some candidates are still leaning too heavily on text book definitions with no real demonstration of understanding apparent in the work. It was pleasing to see candidates gathering primary evidence to ascertain different views on health and well-being but these views were sometimes merely recorded rather than being analysed by the candidates. Although candidates discussed issues relating to time and culture, many failed to make any link between these and the possible effects on health. The work of some candidates for this section was far too lengthy which resulted in a lack of focus on the relevant points. The maximum number of marks allocated to this section gives an indication of what percentage of the work as a whole it represents.

Assessment Objectives 1 & 2 (b)

Work for this section continues to be very variable in quality. Candidates are still including far too much generic information on factors which affect health and well-being rather than focusing specifically on their chosen person. Some candidates are choosing inappropriate individuals on whom to base their work and this creates difficulties in meeting the unit requirements. Those candidates who performed well in this section made good use of questionnaires and observation diaries as well as researching from secondary sources and related this information to their individuals. It should be noted that the inclusion of a blank questionnaire does not constitute evidence for this section. There was still a tendency in much of the work seen, for candidates to focus almost exclusively on the negative factors affecting the health of their individuals with scant regard given to the positive factors affecting their health. Best practice is for candidates to base their plans on real people and where it was obvious that case studies had been used, assessment decisions tended to be too generous.

Assessment Objectives 2 & 3 (c)

There was some improvement in the work seen for this section particularly in relation to the measures of health. Most candidates are now producing evidence to demonstrate their understanding of health measures through actually carrying them out on their chosen individuals. Candidates are also attempting to compare their results against the norms. The weakness seems to lie in candidates' ability to use the results of their health measures to inform the targets for their individuals and this is an area for development.

Plans for improvement were variable in quality. The best plans included the use of smart targets, evidence of client consultation and stepped targets that progressed over time. Some candidates merely suggested targets for improvement but did not include plans for how the targets could be met. The plans should be the candidates' own work. The inclusion of a "weight watcher's" diet plan taken directly from the website should not be presented as the plan. The use of health related information is still very poor and many candidates fail to address this aspect of the work or include lots of material with no indication of how it could be used to support the plan.

Assessment Objectives 2 & 3 (d)

The review of the plans continues to be done well with candidates giving good examples of how their chosen clients would be affected positively through the achievement of the plan.

Candidates found difficulty in evaluating the potential difficulties that their clients might face and in offering suggestions of alternative approaches that could be used and much of the evidence for this was very simplistic. Best practice was seen where candidates analysed client feedback and made subsequent plan adaptations in response to this feedback.

Unit 5323: UNDERSTANDING RELATIONSHIPS AND PERSONAL DEVELOPMENT

This paper consisted of 5 tiered questions. The paper is now well established and from the responses examined it would appear that many centres prepare their candidates well through good delivery of the unit specification and also through the use of past papers. Each question covered an aspect or aspects of the unit specification. The paper was tiered and, as such, discriminated well between candidates. A range of questions was used to discriminate between candidates from the simplest which requires either recognition or recall to those which require identification and explanation or discussion.

Question 1

This question was based around a single male in his early 40s who owned his own business.

Parts (a) to (c) were generally well answered in that most candidates were able to recall correctly and accurately life stages etc. In (d), although generally quite well answered, there was a tendency in candidates to miss out whether self-concept was positive or negative and to concentrate on negative factors only. Consequently many candidates only achieved 3-4 marks in total. Similarly, in (e), candidates found the concept of emotional factors difficult to understand and did not seem to know how a person can be affected and did not therefore achieve any more than 3-4 marks. In addition answers tended to be one sided and a balanced argument was not achieved.

Question 2

This question was based around a young female in her 20s recovering from a road traffic accident and focused on issues such as self esteem and self image.

Although (a) and (b) were well answered, (c) was inconsistently answered in that many candidates could not correctly define self esteem or self image. However, candidates had few problems in (c)(i) in applying their knowledge, although some candidates still insist on physical appearance or use the term 'look'. Similarly, (c)(iii) was generally well answered except for the use of the term 'think'. Some excellent answers were evident in (d): candidates could link factors accurately. However, the main problem for those candidates who tried to access the higher marks was once again their lack of ability to link factors or give a balanced answer.

Question 3

This question focused on a middle aged couple and in particular the female who was going through the menopause.

This question was well answered, however, candidates still have difficulty in identifying accurately physical symptoms associated with the menopause. Part (d) was generally well-answered. The main errors were referring generically to professionals such as 'nurse' rather than being more specific. Many candidates do not understand what the role of a support group or a councillor is. Part (e) was not very well answered. Many answered the question negatively as they failed to read the question and missed the word 'current'. There was a lack of understanding of the menopause and the age at which it occurs and many candidates view this part of this life stage very negatively.

Question 4

This question focused on later adulthood. The man in question had also been bereaved and had a hip replacement. Once again the physical characteristics of later adulthood caused some candidates difficulty and some answers were vocationally incorrect.

Part (c) was generally well answered. However, some candidates did not know the difference between widow and widower. Candidates still fail to notice that these types of questions require both positive and negative for a balanced answer.

Question 5

This question was based around a young couple in their 20s.

Although parts (a) to (c) were well answered the physical characteristics associated with puberty which requires basic recall was still poor by a minority of candidates. In (d), candidates demonstrated a good understanding of self concept. Part (e) was inconsistently answered. Candidates found it difficult to see how travel affects a persons' development. Also the word 'growth' in the question confused several candidates as they stated that an adult cannot grow anymore. Many identified 'learning new skills' but did not expand. Losing / gaining weight featured prominently in answers and this demonstrated a lack of understanding about diet.

Statistics

Mark Ranges and Award of Grades

5321

Grade	Max. Mark	A*	A	B	C	D	E	F	G
Raw boundary mark	50	47	41	35	29	24	19	15	11
Uniform boundary mark	100	90	80	70	60	50	40	30	20

5322

Grade	Max. Mark	A*	A	B	C	D	E	F	G
Raw boundary mark	50	49	42	35	29	24	19	15	11
Uniform boundary mark	100	90	80	70	60	50	40	30	20

5323

Grade	Max. Mark	A*	A	B	C	D	E	F	G
Raw boundary mark	90	80	72	64	57	51	45	39	33
Uniform boundary mark	100	90	80	70	60	50	40	30	20

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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