

Examiners' Report Summer 2008

GCSE

GCSE Health & Social Care
(Double Award) 2321

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Unit 5321: Health, Social Care & Early Years Provision

General comments

Centres are to be congratulated on encouraging learners to base their reports on placements undertaken within a wide variety of appropriate care settings.

Coverage of all assessment objectives was attempted but comprehensive coverage throughout the unit was influenced to a certain degree by the choice of setting. Where candidates under-performed this was, as in previous years, generally because of an inappropriate choice of provider and/or poor guidance by the assessor.

It was pleasing to see that most centres met the submission deadline this series and the majority of candidates had authenticated their work; however, Centre administration remains poor in a small but significant number of cases with the following being highlighted by moderators:

- Clerical errors by centre - incorrect addition of marks, incorrect transfer of marks to OPTEMS, doubling up of marks to award out of 100
- The wrong sample being sent, particularly where the requested sample did not include the highest and lowest scores
- The top copy of the OPTEMS being sent to moderators
- Poor annotation
- Poor presentation of portfolios - bulky plastic folders continue to be used rather than treasury tagging work.

Assessment Objective 1(a)

Some excellent work was seen for this assessment objective this series with a range of suitable organisations being chosen. Where candidates had chosen a suitable organisation, work on services was generally good, although there remain a significant number of candidates who merely list a whole range and do not provide any detail. Candidates are still struggling to understand the funding of organisations although there was a marked improvement in evidence presented for this aspect. The sector seems more clearly understood this series but many candidates still do not appear to understand fully national provision or where their chosen organisation fits in. There remain a small, but significant, number of candidates who merely provide an organisational chart of national provision with no explanation of where their chosen service fits in. Candidates struggle to understand this aspect, particularly where the organisation falls into the private or voluntary sectors.

Assessment Objective 2 & 3(b)

Some excellent work was seen this series on job roles with many candidates using both primary and secondary research well; however, there remains a significant number of candidates who include a great deal of generic information, much of it just downloaded from the internet with few examples shown to demonstrate understanding. Some interesting portfolios were seen where candidates had used a 'day in the life of' to describe the job roles under consideration. If this method is used, candidates need to ensure that they focus on the skills required and demonstrated by the worker rather than the activities undertaken. The Care Value Base was better understood by the majority of candidates, particularly in relation to the workers. Examples of how the CVB is implemented by the organisation were less well evidenced.

Assessment Objective 2(c)

As in previous years, the section continues to be less well done by candidates. The choice of organisation for section (a) is crucial to allow candidates to achieve marks in the higher mark bands for this assessment objective. It is advised that candidates choose two service users who have differing needs and information about those needs should be obtained through discussion with carers or family. Candidates tended to describe needs through the use of areas of development: Physical, Intellectual, Emotional and Social, but much of the work seen was generic and not linked well to the chosen service provider. Where the link had been made, there was little, if any, evidence seen of the candidates being able to describe how services were organised and delivered to the client with this aspect being completely ignored by a large percentage of candidates. Work on predicting future needs and gaps in the service remains very weak meaning that few candidates were able to access marks in mark band 3.

Assessment Objective 2 & 3(d)

Work on referral was generally quite good although a small but significant number of candidates are still not relating this section to the clients discussed in (c). Barriers to access tend to be described generically and, as in previous years, there was little, if any, evidence seen of an ability to evaluate access to services.

Unit 5322: Promoting Health And Well-Being

General comments

As with Unit 5321, it was pleasing to see that most centres met the submission deadline this series and the majority of candidates had authenticated their work; however, centre administration remains poor in a small but significant number of cases with the following being highlighted by moderators:

- Clerical errors by centres - incorrect addition of marks, incorrect transfer of marks to OPTEMS, doubling up of marks to award out of 100
- The wrong sample being sent, particularly where the requested sample did not include the highest and lowest scores
- The top copy of the OPTEMS being sent to moderators
- Poor annotation
- Poor presentation of portfolios - bulky plastic folders continue to be used rather than treasury tagging work.

It was pleasing to note that moderators have reported an overall improvement in the general standard of work seen this year compared to previous series with a large number of centres interpreting the unit specification more accurately.

Portfolios sampled during this examination series generally demonstrated that candidates showed a better understanding of health & well-being and this was supported by several relevant examples; the majority of candidates were able to select an appropriate 'client' on which to base their study and were able to include some physical measures of health and design a health plan for their clients. Benefits of the health plan were discussed but there remain a small, but significant number of candidates who struggle to identify possible difficulties and suggest possible solutions.

Assessment Objective 1(a)

The majority of candidates were limited to achieving marks in mark band 2 for this assessment objective. Whilst candidates were able to give definitions of health and well-being, many appeared to be copied from text books with little evidence of a comprehensive understanding. There was some excellent work seen around time and culture with, thankfully, less emphasis on drilling skulls; however, the complex nature of the differences over time and between cultures continues to elude a large proportion of candidates and this precludes them from accessing mark band 3.

Assessment Objective 1 & 2 (b)

It was pleasing to see that the majority of candidates had chosen a suitable person on which to base their study; however, there remains a small but significant number who try to undertake their study on people with multiple medical problems, pregnant women or young teenagers. Centres may need to give guidance to candidates when choosing their 'client' to ensure that the person chosen has some health needs but that these are not too complicated. This will then enable candidates to access the higher mark bands. There was more emphasis on the collection of primary data this series but limited analysis of the results was seen. A large number of candidates discussed generic positive and negative influences on health with little or no reference to their chosen client.

Assessment Objective 2,3 (c)

This assessment objective requires candidates to identify and **apply** a range of appropriate health related information which should include physical measures of health but may also include other types of information as well. Examples of this could be recommended alcohol intake or balanced diet information. This latter aspect was generally done quite well with candidates able to apply the information gained to the plan they propose for their 'client'. Most candidates had also included physical measures of health with the large majority showing an ability to compare these to the norm. However, in a significant number of portfolios sampled, these figures were quoted in isolation and were not applied to the health plans. This aspect needs to be strengthened in future series. It was pleasing to see a greater emphasis on involving the clients in setting targets this series.

Assessment Objective 2 & 3 (d)

Most candidates were able to identify the benefits to their client of following their plan but there was limited evidence seen of possible difficulties which may be experienced and generally poor suggestions of how to overcome these difficulties. As in previous years, evaluation skills were not well evidenced. Candidates wishing to access mark band 3 should be encouraged to critically evaluate the difficulties which may be encountered by the individual. This could be done by considering whether the difficulties would be relatively easy or hard to overcome and would be enhanced by suitable suggestions for overcoming these difficulties.

Unit 5323: Understanding Relationships & Personal Development

INTRODUCTION

This is now a well established paper which centres and candidates appear to enjoy.

The improvement shown in the quality of response has continued series to series. The June 2008 paper was similar to previous papers it consisted of four stimulus response questions which covered the specification accurately. The paper was marked out of 90 and feedback from examiners and team leaders suggests it discriminated well between candidates. The following report highlights the strengths and weaknesses in candidate responses as well as outlining how each has performed.

STRENGTHS

- ✓ It was evident that centres had prepared candidates well as the quality of answers were consistent with previous series
- ✓ Generally there was a sound basic knowledge and understanding of key concept and terms
- ✓ Application of knowledge to questions was generally good
- ✓ Interpretation of case studies and use of knowledge was also good, candidates used knowledge gained from the specification accurately when related to case studies
- ✓ Ability to read and interpret stem question accurately was good.

WEAKNESSES

- ✓ In a minority of cases, candidates are still misinterpreting the stem question
- ✓ In a small number of cases, basic knowledge such as 'life stages' is still extremely poor
- ✓ Ability to construct a meaningful extended answer in each of the higher marked question continues to be problematic. Many candidates waste too much time repeating the question stem and providing descriptions or explanations rather than discussing the questions asked. In addition, many do not know how to conclude their response
- ✓ Over reliance on PIES for longer questions, which meant that very often candidates focused on this and lost the meaning of the question.

Question 1

This question revolved around an elderly man and his health needs and the care provided by his daughter.

Although initial responses to early parts of the question were accurately interpreted and answered, the latter parts particularly in (e) and (f) were poorly answered. This was evident in particular in (f), which asked candidates to discuss how moving into the residential home may affect Norman's developed. As has been the case in previous series, candidates focus in on the PIES without relating them accurately to the question stem and consequently their responses are not accurate to the mark scheme. Few candidates were able to get into the level 3 mark band.

Question 2

This question focused on how Beth's promotion might affect her health and well being.

Although initially a well answered question, the part relating to stress was particularly well responded to with good accurate answers being produced. The final part, (d), was once again poorly answered. Candidates' responses tended to be repetitive highlighting issues such as tiredness and stress. Very few candidates could give a balanced answer, identify and discuss the positives of the promotion.

Question 3

This question focused on Sean and Amy who live together.

The main concerns raised in this question lay in (c), (d) and (e). With regards to (c), the majority of candidates only achieved two marks when asked how low income could affect health and well-being. Responses tended to be generic and quite simplistic. In (e)(i), which asked for a definition of self concept, answers were also disappointing, with many candidates identifying either self-image or self-esteem. When candidates were asked how a positive self-concept might affect Amy's growth and development, many failed to provide an accurate identification associated with self-concept such as confidence and then provide a suitable explanation. Many of the responses focused on personal relationships which allowed candidates to gain a maximum of one or two marks. Finally, (e) was poorly answered and many candidates failed to understand the importance of education and training. Once again, answers were simplistic and basic.

Question 4

This question focused on a family and mother was going through the menopause and had gone through a divorce.

Although this was a question where candidates responded well, it was evident that candidates achieved good marks in(d), but performed poorly when answering (a) and (b). In (a), many candidates could not identify two physical characteristics associated with the menopause and in (b), when asked how it might affect a person's self-image, few candidates could achieve any marks. In addition, many candidates had difficulty in understanding how a woman's self-image may be affected by the menopause.

Statistics

Mark Ranges and Award of Grades

5321

Grade	Max. Mark	A*	A	B	C	D	E	F	G
Raw boundary mark	50	48	42	36	30	25	20	15	10
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	48	42	36	30	25	20	15	10
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	75	67	59	52	46	40	34	28
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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