

Examiners' Report Summer 2009

GCE

GCSE Double Award Health & Social Care (2321)

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Unit 5321: Health, Social Care & Early Years Provision

General comments

Once again, centres are to be congratulated on encouraging learners to base their reports on placements undertaken within a variety of appropriate care settings. Coverage of all assessment objectives was attempted but comprehensive coverage throughout the unit was influenced to a certain degree, as in previous years, by the choice of setting. Where candidates under-performed this was again 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 had their work authenticated; however, centre administration remains poor in a small but significant number of cases, with the following being highlighted yet again 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.

In general, assessment tended to be more accurate this series although it continues to be those portfolios accessing the higher mark bands where discrepancies were seen and centre assessment was too lenient. Key aspects of the assessment criteria requirements were covered very briefly or not at all in many portfolios seen and yet assessors had awarded at the top of Mark Band 3 in some cases. An example, as in previous series, remains the requirement to compare and contrast services for strand (a) and to predict future needs and identify gaps for strand (c).

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; however, a large number of candidates had chosen to consider Early Years this series and many struggled to discuss services other than the core. There has been a marked improvement in discussions around funding of organisations, although there is still a significant number of centres who appear to provide handouts from which the candidates copy the information. The sector seems more clearly understood this series but many candidates do not appear fully to understand national provision, or where their chosen organisation fits in. Comparison with another similar organisation was either covered very briefly or completely omitted, even though centres still awarded marks in Mark Band 3.

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: moderators reported that the reliance on generic, downloaded information was greatly reduced. The Care Value Base, where discussed, appeared to be more clearly understood by the majority of candidates, particularly in relation to the workers. Examples of how the CVB is implemented by the organisation remain poor.

Again, some interesting portfolios were seen where candidates had used a 'day in the life of' to describe the job roles under consideration and there was much more emphasis on the skills required by the workers rather than the activities undertaken by them.

Assessment Objective 2(c)

As in previous years, this 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. Many candidates had either chosen service users who had such complex needs that it was clear the candidate did not really understand them or how they could be met; or had chosen service users with no specific needs at all. It is advised that candidates choose **two** service users who have **differing** needs and that information about those needs should be obtained through discussion with carers or family. Candidates again 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: this aspect being completely ignored by a large proportion 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 still do not relate this section to the clients discussed in (c). Barriers to access still tend to be described generically, rather than relating them to the specific service users under discussion. Evidence of an ability to evaluate the access to the services continues to be very weak in the majority of cases.

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 had their work authenticated; however, centre administration remains poor in a small but significant number of cases with the following yet again 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 was much more accurate this series although where assessment was lenient it tended to be in those portfolios accessing the higher mark bands. Key aspects of the assessment criteria requirements were covered very briefly or not at all in many portfolios seen and yet assessors had awarded at the top of Mark Band 3 in many cases. An example would be the requirement to discuss the complex nature of definitions over time and between cultures for AO1 (a); or the requirement to provide a critical evaluation of difficulties for AO2,3 (d).

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, although the same errors are occurring and the comments in this report are very similar to those made in previous series.

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 remains 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 again 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 were fewer centres using Maslow's hierarchy of needs without some explanation, but culture is often touched on in a cursory manner and how attitudes to health have changed over time is still formulaic in most centres. Having said that, there was some excellent work seen around time and culture from some centres; although the complex nature of the differences over time and between cultures continues to elude a large proportion of candidates.

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, young teenagers, and in one case, children. Centres 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. Children and pregnant women should be avoided because it is more difficult to draw conclusions about physical measures of health by comparing them to the norm. There was more emphasis on the collection of primary data this series but, as in previous series, limited analysis of the results was seen. A large number of candidates had included completed questionnaires in their portfolios, but then never referred to them in their work. 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. Plans were either very good or very poor with very little in-between. In the weaker portfolios, targets were vague and plans very simplistic. There was less involvement of clients in setting targets this series: this is a shame as it was something that seemed to have improved over previous 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 evaluate critically 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. Assessment of this strand was frequently lenient with assessors awarding marks when there was little, if any, evidence of evaluation seen.

Unit 5323: Understanding Relationships & Personal Development

General Comments

The June 2009 paper consisted of five questions. The format of the paper remained unchanged and consisted of case studies/scenarios and related questions which accurately reflected the unit specification.

In general the paper was well received by the majority of candidates and the key strengths were:

- good knowledge and understanding demonstrated by the majority of candidates;
- centres had prepared candidates adequately for the paper;
- it was obvious that past papers had been used to good effect in preparing candidates;
- an improved ability to structure coherent and fluent answers, particularly on those questions which required extended writing.

However there are still some weaknesses in candidates' work, especially in these areas:

- misinterpretation of the question stem even amongst the more able candidates;
- poor use of vocational language;
- the use of slang terms, which should be discouraged;
- poor use of grammar and spelling in a minority of cases;
- where questions require discussion it is not enough to state a positive and then state the opposite of it hoping that this will suffice as a discussion - candidates must learn to provide an explanation and discussion of points;
- bullet-pointed lists should also be discouraged by centres in answers.

Question 1

This question focused on a woman in adulthood and her relationships with her partner and his family. Although generally well answered, the part which seemed to pose a problem was (c), which required candidates to explain how positive life events could affect growth and development. Candidates related their response to the case study - which was not required - and thus limited the marks they could access. The other question poorly answered was (d), which asked candidates to explain how having a baby could affect self-concept. Many examiners reported the inappropriate use of language and negative answers such as 'she would get fat', candidates also gave definitions of self-esteem and self-image which was not required. In (e), the final question, the majority of candidates fell into mark band 2 (3 - 5 marks) with many giving negative answers, with little or no discussion, balance or coherence.

Question 2

This question focused on Jack, a 16-year-old boy who had been in a car accident. Generally this question was well answered. However, centres should discourage candidates from using slang terms when describing parts of the body and when describing physical changes which occur during adolescence.

Question 3

This question focused on Eva who was 76 years of age. Again, centres are advised that candidates should be more accurate with their identification of physical characteristics associated with later adulthood. Responses such as wrinkles, grey hair etc are not acceptable. Part (d) was poorly answered in that whilst candidates should identify sources of support, they found difficulty in explaining the benefits of this support. Answers tended to be brief, vague and poorly constructed. Part (e) was also poorly answered in that responses once again fell into mark band 2 (3 - 5 marks). Answers tended to focus on the negative aspects of moving to another country; some candidates failed to read the question and case study accurately and assumed she had moved recently and so talked about her illness, which was irrelevant.

Question 4

Question 4 focused on Julie who was 8 years of age and recovering from an illness. Of all questions posed, this was the most poorly answered, particularly (c) and (e). In (c), a minority of candidates failed to read the question stem accurately and failed to identify accurately, from the background information, one factor that demonstrates how Julie was developing emotionally. Among those that did identify a factor correctly, their explanation tended to be weak and brief. The majority managed to achieve two marks on this question. Candidates' ability to discuss how an illness may affect self-concept was poorly answered: once again the majority of responses fell into mark band 2 (3 - 5 marks). The responses tended to focus on how the individual may feel different and how their self-image may be affected, and was limited to these points.

Question 5

This was a short question and focused on Martin who was 52 years of age and suffered from depression. In general, this question was well answered by all candidates. Candidates demonstrated a good understanding of mental illness such as depression.

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	71	65	59	53	47	41	35	29
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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