



GCSE EXAMINERS' REPORTS

**GCSE (LEGACY)
HEALTH AND SOCIAL CARE**

SUMMER 2019

Grade boundary information for this subject is available on the WJEC public website at:
<https://www.wjecservices.co.uk/MarkToUMS/default.aspx?!=en>

Online Results Analysis

WJEC provides information to examination centres via the WJEC secure website. This is restricted to centre staff only. Access is granted to centre staff by the Examinations Officer at the centre.

Annual Statistical Report

The annual Statistical Report (issued in the second half of the Autumn Term) gives overall outcomes of all examinations administered by WJEC.

Unit	Page
Unit 1: Health, Social Care and Children's Services	1
Unit 2: Human Growth and Development	6
Unit 3: Maintaining Health and Well-Being	11
Unit 4: Promoting Health and Well-Being	16

HEALTH AND SOCIAL CARE

GCSE (LEGACY)

Summer 2019

UNIT 1: HEALTH, SOCIAL CARE AND CHILDREN'S SERVICES

General comments

Introduction

It is again pleasing to report that there are encouraging numbers of candidates being entered for the qualification.

The standard of work submitted indicated that centres are continuing to enter candidates across the full range of grades.

Some centres had completed exemplary work for this unit and they should be commended on their performance.

Administration

The improvement in centres' administration has continued this year with more centres maintaining good practice. Centres are successfully continuing to complete very thorough, concise, well-presented reports in accessible project files, although a few centres still continue to use bulky files, making the moderation process more difficult.

Annotation of work according to the assessment grids greatly assists the moderation process and it was pleasing to see this being carried out by several centres this year; this good practice needs to be adopted by all centres.

Centres must include their candidates' names and numbers clearly on their work as well as on the front cover sheets which are removed during the moderation process. Also, candidates should include their names and candidate number on the compulsory pro forma time logs. Centres must include the WJEC time log – some centres had substituted their own individually designed time logs.

Centres should adhere to the specified controlled time of 45 hours to complete the report. A few centres had failed to total the requested 45 hours on their time logs and only covered the basic requirements of the report.

Centres should access their moderator's reports which are available on the secure website for support and advice for their individual centres as it is evident that a few centres failed to act on guidance issued previously.

Assessment

Generally, centres had been consistent in their marking, although some had a tendency to be over-generous. These centres should use the exemplar material available on WJEC's secure website to assist with the content and assessment of this unit.

Some centres awarded marks in the highest achievement levels for work with insufficient evidence of explanation, analysis or evaluation. This would have been highlighted in the moderator's reports and centres should act on this guidance. These centres should use the updated exemplification for assessment, also available on WJEC's secure website.

The work for this unit was mainly in line with the requirements of the specification; most centres have been following the guidelines and exemplification available on WJEC's secure website.

There was evidence of some exemplary work completed for this unit; these centres should be commended on their performance. However, some centres continue to rely on theoretical rather than vocational approaches to the research aspects of the course. Candidates should be encouraged to make the most of opportunities to visit care settings and interview professional care workers.

Candidates should ensure that the theme of their individuals' care needs, and how the local health and social care provision meets these, form the basis of all tasks.

Candidates should indicate clearly in their study whether they are following Task 1 or Task 2, as they are given the choice. The client group needs to be specified, with the correct age group included.

Most candidates showed an understanding of the links between each section to produce a coherent report. The reports should follow the format of the marking criteria as shown on the mark sheet; following this structure assists the teacher when assessing as well as the moderator. For example, some candidates included the referrals and barriers before the research on the services available, which causes difficulties in marking and moderation, as the reports lack structure and coherence.

Candidates do not need to submit all their class notes but only include relevant, clearly applied information relevant to their chosen individual.

Comments on individual questions/sections

(a) Planning the task

Select and justify the choice of target group

The majority of candidates identified their individual/group for investigation and justified their choice. Candidates should be encouraged to identify their choice of individuals through the use of PIES and use this research as a basis for selecting and justifying their choice of individual. To achieve A4, detailed and realistic justification for choice is required.

Produce aims and plan of action

Several candidates included clear aims and a detailed plan of action. Candidates should ensure that the aims are specific to the chosen individual as well as the plan of action.

Some centres awarded generous marks for brief aims and plans; to achieve A4, a logical and detailed plan of action to include timings, with clear expressed aims are required.

Most centres had accurately recorded a time log which is a compulsory element of the controlled assessment requirements. Centres should ensure that they adhere to the 45 hours permitted. Candidates name and centre number need to be included on the time logs.

(b) Carrying out the task

Apply knowledge and understanding in order to research the local provision for chosen client group

Generally, candidates included clear evidence of primary and secondary research of their local provision; however, candidates should avoid including too much information downloaded directly from the internet for their secondary information. Candidates should apply their research to the services used by their individual in relation to the primary research; a minimum of three to four services should be investigated for the higher band marks.

Candidates must give detailed descriptions of the services used by the individual and then explain how the services have helped meet their individual's needs. Higher band marks should only be awarded to candidates who explain the work of the services in detail.

Identify and describe access and barriers to the services

Candidates should include details of how their clients access all the services they have previously investigated and include several barriers that they may affect their access to the services. This task should follow on from the services and candidates should use the correct terminology as in the specification. Candidates who only describe the access and barriers and apply to the services previously researched can only reach level 3 as detailed descriptions which are accurately applied to the services are required to achieve B4.

To achieve the higher marks, all candidates should make links to the specific services used by their individual and not make generalisations. The barriers must relate to the individuals and only the barriers named in the specification should be used. Candidates should avoid using too many notes on the types of referral and barriers but apply them to their individual. There was some confusion between self-referral and third-party referral: candidates must ensure that they apply the correct referral to the services accessed by their individual. It is a self-referral if the mother takes a child who is under the age of 16 to the service, not a third-party referral.

Select and communicate the roles, responsibilities and skills of two practitioners

Several candidates had included detailed descriptions of the jobs, responsibilities and skills of two practitioners linked to the services previously researched. Candidates should apply their research to the study and should be encouraged to interview care workers to assist with this task, then use the information gathered as a basis to support their research to write their own reports. If centres fail to access professionals for interviews, candidates can design appropriate questionnaires and access research and information from websites to assist them with answers for their questionnaires. Some centres had made comparisons between the two jobs investigated which is not required.

To achieve B4, candidates are required to include a detailed and comprehensive description of the jobs, skills and responsibilities of the health care professional. Candidates for B4 need to apply their research accurately and in their own words.

Candidates should also ensure that the two job roles are linked to the services discussed.

Candidates who include downloaded information with very little application to their individuals can only achieve, at the most, B2 criteria.

Those candidates who gained the higher band marks had clearly interviewed care workers. They could give a real insight into work of the individuals involved, showing depth of knowledge and understanding, applying the theoretical aspect of their research to actual situations and including detailed information covering all the requirements for B4.

Apply the principles of care to the work of the practitioners

Candidates had generally applied the principles of care correctly to the practitioners discussed. Some centres had included the codes of practice; however, for B4, candidates should be encouraged to show how the principles are incorporated into the codes of practice of the two practitioners. Again, care must be taken to avoid using downloaded material without applying it to the chosen care professionals. To achieve B4, detailed and accurate discussion is required of how the principles of care relate to and are used by the two practitioners, as well as codes of practice.

A list or copies of downloaded policies are insufficient evidence for the higher band mark; candidates need to assess how the principles of care are incorporated into the codes of practice and policies to affect the quality of care provided by the care professionals.

(c) Evaluating the task

Analyse the findings of the investigation

Several centres had attempted this section well, covering the requirements of C3; however, a comprehensive analysis of all areas of the study with justified comments are required to achieve C4.

In this section, candidates are expected to analyse the findings of the whole study. They need to analyse how the services and the practitioners within the services previously investigated have supported their client, which could be completed in the form of the PIES.

Assess how services meet the care needs

Candidates had attempted to assess how the services meet the identified care needs of their individual, although a detailed and realistic assessment is required for C4 – some centres awarded C4 for brief assessments.

In the assessment, candidates can include their own opinions and make judgments on the benefits/advantages/positives of the services investigated as well as the disadvantages/negatives. These need to be realistic for achievement of level 4.

Candidates for the higher band criteria should be encouraged to comment on national and regional variations in the provision of services available to their individual and examine and consider a variety of factors relating to the ways in which the individual/client group's needs are met by the local service provision.

Suggest improvements in provision of services

Some centres had completed this section well, providing detailed suggestions for improvement. To achieve C3, candidates are expected to include realistic suggestions for improving the services investigated. C4 should only be awarded for detailed, practical and realistic suggestions for improvements. In this section, candidates could evaluate the strategies suggested for overcoming the barriers from the previous section.

To award level 4 for each achievement criteria, centres must ensure that candidates demonstrate very good use of specialist language with few errors in spelling, punctuation and grammar. Reports should be well organised and presented in a highly appropriate manner.

Centres that have had their marks readjusted should be encouraged to access the exemplar material available on WJEC's secure website as well as the updated assessment exemplification to assist with the marking of this unit.

Summary of key points

- The reports should follow the format of the marking criteria as shown on the front cover mark sheet; following this structure assists the teacher when assessing as well as the moderator.
- Centres should ensure that candidates have a clear understanding of the links between each task to produce a coherent report.
- Annotation of the assessment objectives and levels assists the moderation process.
- Centres should ensure that all criteria for each assessment objective are met within each mark band. To award level 4, candidates' work needs to show a high level of understanding, structure, clear expression and analysis.
- Exemplar material is available on the secure website to assist with delivery and assessment.

HEALTH AND SOCIAL CARE

GCSE (LEGACY)

Summer 2019

UNIT 2: HUMAN GROWTH AND DEVELOPMENT

General comments

Candidates appeared to be well prepared going in to the examination, with most candidates completing all questions and showing good time management. Candidates attempted most questions with only a few omissions, which often allowed them to pick up some additional marks through the paper, even when their knowledge was limited.

Most candidates generally offered developed responses to all questions that required more than 'identify' or 'state', with brief points, lists or bullet points not as frequently seen as in previous sessions. Candidates only appeared to use additional pages to continue their answers in the extended response to question 6 (c) (ii). This suggests the majority were writing concisely and with focus on the demands of the questions, along with appropriate time and mark allocation.

The command verb 'discuss' was poorly addressed by many candidates; this is an area that candidates need to work on. The command verbs 'describe' and 'explain' showed some good application from many candidates. There was too often a lack of development on the points made when required to explain, which was usually seen in a failure to link back to health and well-being. Given the points made were correct, it is assumed that candidates could offer this detail, suggesting poor preparation in answering questions. Likewise, questions which required consideration of health and well-being, did not always address both aspects, health *and* well-being, which restricted the marks awarded.

While there were few wholly incorrect answers, those that were often resulted from incorrect reading of the question. It was pleasing to see that there were very few questions that showed a clear lack of knowledge but where this was most evident was in the questions concerning self-esteem and self-concept. Whilst there was some improvement seen from previous series, self-concept continues to prove challenging for candidates to access full marks. Both self-concept and self-esteem are areas that require a strengthening of knowledge and application.

Candidates generally coped well in applying their knowledge to the specific situations posed in the scenarios. Although there were some questions that proved more difficult to apply, it was felt that this was due to misreading of questions, rather than an inability to apply understanding.

Hand writing was legible, and spelling was to a good level 2 standard, although there were some examples of poor spelling, with words phonetically spelt.

Comments on individual questions/sections

Section A

Q.1 (a) (i), (ii), (iii), (iv)

Most candidates were able to use the information from the scenario to identify relevant physical, intellectual, emotional and social factors. Candidates occasionally lost marks in identifying 'tiring' as an emotional factor.

(b) Many candidates gained at least three marks for the correct completion of the table. Candidates who made errors appeared to confuse 'employee' and 'employer'.

Q.2 (a) (i) Candidates correctly identified the life stage 'adolescence'. Only occasionally was 'adolescent' or 'teenage' incorrectly stated and only rarely were other life stages stated.

(ii) There was clear focus on social development as required by the question. A high number of candidates described social development in adolescence in terms of social media. While credit was given, such answers did not access full marks. Some candidates offered the negative impact of social media on Jess's development in general, which was an incorrect approach.

(b) Candidates were able to identify 'verbal' or 'emotional' abuse, and most were able to support this with a description of the type of abuse.

(c) The correct relationship from the table was accurately identified. Where candidates did not answer correctly, they identified the relationship as 'teacher and professional'.

(d) (i) Depression was accurately identified as a mental health problem relevant to Jess.

(ii) Candidates overwhelmingly were able to correctly identify that a counsellor was a professional that could help Jess.

(iii) Candidates generally gained one mark for explaining how the professional could help Jess. Errors were often made in stating that a counsellor would give advice or tell Jess what to do, although reference to discussing strategies was creditworthy. Many candidates also incorrectly stated that a counsellor would provide Jess with medication. There was good insight shown by some candidates who were able to develop their explanation to include reference to a non-judgemental approach, trust, confidentiality and appropriate referrals.

Q.3 (a) There appeared to be a lot of underdeveloped answers as to how culture affects health and well-being, such as those that just referred to 'being different'. In this example, the point being made did not follow through with the effect on health and well-being. Many candidates chose to focus on discrimination and bullying. These were usually appropriately described and gained two marks.

- (b) (i) Many candidates were confused as to what self-esteem is. There was very little reference to words that indicated an understanding that self-esteem is the value that an individual gives themselves. 'Level of confidence' was often used to replace terms, such as 'value'. Confusion between self-esteem and self-concept and what others think of an individual, were all common.
- (ii) Responses often gained the full two marks, with candidates being able to offer a way the teacher could improve Ayaan's self-esteem. Most answers centred on increasing interactions with other class mates. Where the full two marks were not awarded, this was often due to the response lacking sufficient detail; for example, 'Getting Ayaan to make friends' but not explaining how this is to be achieved.
- (c) Candidates overwhelmingly were able to identify the drawing that represented the motor skills of an 8-year-old.
- (d) Accurate matching was seen in the table requiring the descriptions of reflexes to be matched to the correct reflex. Where errors were made, this was between rooting and falling/moro.

Section B

- Q.4**
- (a) Candidates accurately used the graph to state the amount of sleep recommended for children aged 9 to 13 years. Candidates often missed the mark, due to not stating 10 'hours', which may be a result of working under time constraints.
 - (b) Most candidates gained one mark for describing how the amount of sleep changes as an individual ages. A number of candidates attempted the question by explaining why sleep changes with age, which was not the question. Many candidates missed out on the second mark due to not referring to the data in the graph; for example, 'As an individual ages, the amount of sleep reduces: 1-15 day old infants require 16 hours sleep, which drops to 6 hours sleep for people who are 70 years plus'.
 - (c) There was a clear understanding that factories can increase noise in an area, whether through increased vehicles in an area or the noise the factory emits. Candidates showed a good understanding that this can disrupt or reduce sleep and increase fatigue/tiredness. More able candidates made clear links to intellectual development, reduced levels of concentration and performance at work. Pollution was also considered, but often failed to extend the point being made; for example, where candidates stated air pollution can cause illness, the example of respiratory conditions such as asthma would have strengthened the response.
 - (d) Often, candidates did not read the question carefully and offered a response based on sleep affecting intellectual development, when the question clearly stated 'other than sleep'. There were, however, many good responses where a range of factors were considered. Not going to school was often stated. This simplistic relationship between school and intellect without further reasoning tended to be seen in weaker candidate responses, with more able candidates considering, for example, the role of the family, abuse and disability. Few candidates achieved full marks as the discussion was not always well developed.

Q.5 (a) Candidates often achieved three marks out of the six available. Further marks were often limited by not considering the effect on health. The effect on well-being was often well developed. While the effects of divorce were predominantly negative, some candidates gave a pleasingly balanced view on the effect of divorce by considering the positive effects of ending an unhappy relationship.

(b) There were a lot of responses regarding the lack of relationships in general. More able candidates were able to engage specifically with the lack of an intimate personal relationship. Candidates appeared to shy away from addressing the lack or loss of a sexual relationship.

(c) (i), (ii), (iii)

The question required an explanation of the effects of three changes on Bronwen's health and well-being. While marks were not limited to specific areas of development such as (i) social, (ii) health, and (iii) emotional, candidates clearly focused their responses on these areas. More able candidates introduced a further area of development; for example, walking to work can affect an individual's fitness level and reduce obesity which, in turn, can increase an individual's self-esteem. Candidates consistently achieved two marks across the three areas. 'Changing her hairstyle' was not as well addressed as the other two changes. Candidates needed to think more about the effect here, so simply saying that it may increase her confidence was not enough, there needed to be further development of this point, in terms of how this could have an impact on Bronwen's emotional or social development.

Q.6 (a) It was pleasing to see that most candidates showed knowledge of the type of support a nurse gives: formal. In previous series, understanding of types of support has been a weak area.

(b) (i) Overall, candidates accurately identified one professional that could provide personal care. Some candidates need to read the questions more carefully and be more specific in their response. Here, the key word was 'professional', so stating 'carer' would not gain marks, as a carer could be formal or informal. Some responses showed a lack of understanding of the roles of professionals, where candidates identified a GP and social worker as providing personal care. It was felt in these responses, again, that candidates had not read the questions carefully, just picked out the words 'professional' and 'care' but not 'personal care'.

(ii) Candidates showed a distinct lack of knowledge and understanding of what personal care involves. Many responses offered tasks that would be undertaken in supporting an individual, such as preparing a meal, housework, shopping, but were unable to identify or focus on personal care.

(c) (i) A question about self-concept question always proves a challenge to candidates. It was felt that, because the wording of the question focused candidates' attention on comments made to Leah in terms of her 'not being a good nurse', this would have helped them identify the effect on Leah's self-concept, in that 'she thinks she is a bad nurse'.

More able candidates extended this to Leah believing she is 'irresponsible' and 'uncaring'. Candidates generally require more understanding of self-concept to be able to offer an extended answer.

- (ii) Although the question focus was on the effect of low pay on health and well-being, it was indirectly a question on poverty. There were a few candidates that misinterpreted the question and considered how Leah striking could affect her health and well-being. Credit was given if there was a link to striking resulting in low pay and the effect of this. However, this misinterpretation again shows candidates were failing to read the question carefully. As in previous question, candidates often failed to develop the points they were making. For example, stating that a lack of money can affect the amount or type of food that an individual has is a valid point, but this should be linked to the effect this has on an individual's health and well-being. Very few candidates presented enough discussion to move into the top band to award seven and eight marks. Candidates' ability to discuss needs to be developed. Presenting another point of view is a way to address the command to 'discuss'; for example, after presenting negatives, a candidate may consider how an individual living on low pay may have to learn to budget and be resourceful, they may need to learn new skills and feel a sense of pride in managing their income.

Summary of key points

- In questions which ask for effects on health and well-being, candidates need to ensure that the valid points made are being clearly linked to health and well-being.
- In questions which require consideration of health and well-being, candidates need to ensure they are considering both aspects of health and well-being to avoid giving only a partial response.
- Candidates should be more careful in reading the requirements of questions to prevent misinterpretation.
- Candidates need to be encouraged to develop their ability to address the command verb 'discuss'.

HEALTH AND SOCIAL CARE

GCSE (LEGACY)

Summer 2019

UNIT 3: MAINTAINING HEALTH AND WELL-BEING

General comments

It was pleasing to see candidates addressing all of the questions set, with very few one- or two-word answers or omissions, suggesting the paper was accessible and candidates were prepared for the examination. There was no evidence of questions at the end of section B appearing rushed, which would suggest candidates were effective in their allocation of time to each question.

Handwriting was legible and spelling was to good standard, with very few scripts proving difficult to read.

Where description and explanation were required, one-word responses or responses presented as a list were infrequent, suggesting candidates were able to sustain their engagement with the questions.

Overall, candidates understood the question requirements and were able to engage with the command words (for example, 'describe', 'explain'), although the skill of discussion needs to be developed, particularly in the less able candidates. There was some misinterpretation of questions, due to not reading the questions carefully rather than a lack of knowledge and understanding.

Knowledge of question areas appeared to show good understanding overall, although there was a clear lack of knowledge of the national organisation which sets out work-related health and safety guidelines, the Health and Safety Executive, which candidates did not know. The question was not omitted, but neither were responses given that were close in wording to the correct answer – the NHS was the most frequent response. This would suggest candidates were not guessing as, if this was the case, more variability in answers would have been likely; rather that their knowledge of the role of the NHS was incorrect. Candidates also lacked knowledge of screening tests and sexual abuse. For the latter, this may be due to candidates not knowing how to phrase a description of sexual abuse, rather than a lack of knowledge of what it is.

Candidates need to develop their knowledge so they are able to identify incorrect points when they appear in tables, as easily as they can identify correct points, as a significant amount of candidates appeared to find difficult the request for identification of the incorrect aim of health promotion challenging and the identification of two statements that were not a part of effective hand washing.

Comments on individual questions/sections

Section A

- Q.1 (a) (i)** There were mixed responses to identifying the most likely groups to be immunised. Candidates did not engage with reference in the question to the 'most' likely and, subsequently, candidates offered mixed responses.
- (ii)** There was clear understanding of why infants and holidaymakers are most likely to require immunisation. Infants were the most popular choice from the two groups, with candidates able to explain why they are more vulnerable to illnesses.
- (b)** Candidates were able to identify that immunisation protects individuals by prevention.
- (c)** Candidates were able to describe the benefits of a child health clinic, although candidates often rephrased points made in the first benefit, so failing to gain further marks for the second point. Subsequently, the full four marks was not often awarded.
- Q.2 (a)** Candidates did not know the national organisation which sets out work-related health and safety guidelines. The Health and Safety Executive is stated in the specification and should therefore be known by candidates. Responses frequently stated the NHS.
- (b)** It was pleasing to see candidates showing a good understanding of the effect of incorrect lifting and handling on members of staff. Candidates were able to state the physical impact, such as back strain and injury, but also the emotional impact of potentially causing pain to a service user and the likelihood of discipline procedures and job losses.
- (c)** Generally, candidates were able to identify two correct safe lifting and handling guidelines from the table. Where there was any confusion, this centred around 'bending your back', which may have become confused with 'bending your knees' which was a correct response.
- (d)** There was clear identification of a mobility aid and a description of it. A hoist was a common response given.
- Q.3 (a) (i), (ii), (iii), (iv), (v)**
- There was clear knowledge shown of the first aid kit items and their use. A triangular bandage was the item most likely to see only an award of one mark, although the range of uses was possibly wider than the other items, as immobilising an injured arm was accepted, along with the use of the bandage to stem blood loss and to be adapted to bandage other parts of the body.
- (b)** Candidates were able to identify a further PPE item other than gloves used in food safety. Aprons and hair nets were common responses.

- (c) Here, candidates were asked to identify two statements that were *not* a part of effective hand washing. The requirement to identify statements that are incorrect seemed more difficult for candidates than identifying statements that are correct. This proved a challenging question for many candidates, with low numbers gaining the full two marks.

Section B

- Q.4** (a) Surprisingly, many candidates were unable to identify the ill-treatment the Talk PANTS campaign aimed to stop, which was sexual abuse. Candidates often did not even identify a type of ill-treatment, but just interpreted the campaign image, with responses such as raising awareness of hygiene or children understanding how their bodies work.
- (b) (i), (ii), (iii)
- Intellectual, emotional and social development were addressed well in terms of the effect on health and well-being. Where candidates failed to gain full marks, this was due to not considering both health and well-being with their responses. Ill-treatment was left open for candidates, should they wish, to refer to any form of ill-treatment, although candidates tended to offer general responses that were not specific to a particular type of ill-treatment.
- (c) Candidates tended to appreciate that children were more naïve, trusting, vulnerable, easy to manipulate than adults, and there were some well-explained answers regarding these points. Very few candidates acknowledged the situations that children may find themselves in as increasing their risk of ill-treatment. However, overall, this was a well-addressed question.
- Q.5** (a) The identification and description of screening tests proved challenging for many candidates. While they were generally able to pick up marks for identification, the description of the tests proved difficult. Many candidates explained the benefits of the tests, or what the tests would find (for example, in terms of a mammogram, identifying a cancerous tumour in the breast) rather than describing the screening test. Some misinterpretations of the question were evident, with some candidates referring to screening tests relevant to both men and women, or just tests in general, such as blood tests for various diseases.
- (b) This question about the benefits of mobile screening services was answered well by most candidates, many referring to mobile screening set up in supermarket car parks. Candidates were able to discuss the benefits, rather than just offering a list. Some candidates exaggerated what mobile screening can provide and lost sight of the fact that the mobile service was concerned with screening, not immediate diagnosis and treatment.
- (c) (i) Many candidates did not fully understand the aims of the National Chlamydia Screening Programme beyond reducing chlamydia. The depth of understanding was considered basic.
- (ii) Responses to this question ranged from well-developed and showing a good understanding through to very limited or nothing creditworthy.

- Q.6 (a)** A significant number of candidates appeared to find the identification of an incorrect aim of health promotion challenging. This style of question was clearly more demanding than requiring the identification of a correct aim.
- (b) (i)** Candidates were able to identify the correct target audience. The question about why the method is relevant to the target audience required candidates to give an explanation that considered both the use of social media and the internet pop-up method in relation to the target audience. This combining of several factors within a response was challenging for many candidates, with many gaining one or two marks and very few gaining the full award of three marks for the explanation.
- (ii)** Candidates were able to identify the correct target audience. The explanation often acknowledged that rugby was being watched, but not that it was being watched on television; therefore, the health promotion method was not adequately addressed. Some candidates did refer to watching rugby on television, stating that this takes place in public houses, where there is an increased risk of drink-driving after the match. Very few candidates made links to adult males and drink-driving.
- (iii)** Candidates were not always able to identify the correct target audience. Some identified the child as the target audience, presumably because the leaflet went into the child's school bag. Such responses showed a lack of thought in terms of the health promotion method. It was therefore not surprising that the explanations that followed these responses focused on educating children in eating healthily, bypassing the role of the parents/carers in this. There was a small number of responses that showed some excellent engagement, acknowledging how parents pack their children's school bags and are responsible for purchasing and making decisions on the food their children eat.
- (c)** Responses variety greatly from those that offered a good discussion of a wide range of health promotion and improvement methods to address obesity, through to under-developed responses that only considered one method. It was pleasing to see the more developed responses considered a wide variety of methods, some being less obvious but relevant. It was clear that the less able candidates need to develop their ability to offer discussion in such questions. Offering strengths and limitations of the methods would have been a valid root to address the requirement to discuss.

Summary of key points

- Candidates are encouraged to develop their knowledge so they can identify incorrect points when they appear in tables as easily as they can identify correct points.
- Less able candidates should be encouraged to develop their ability to discuss.
- In questions which require consideration of both health and well-being, candidates need to ensure they considering both aspects to avoid giving only a partial response.
- Candidates should be more careful in reading the requirements of questions to prevent misinterpretation.

HEALTH AND SOCIAL CARE

GCSE (LEGACY)

Summer 2019

UNIT 4: PROMOTING HEALTH AND WELL-BEING

General Comments

Introduction

It is again pleasing to report that there are encouraging numbers of candidates being entered for the qualification.

The standard of work submitted indicated that centres are continuing to enter candidates across the full range of grades.

Some centres had completed exemplary work for this unit and they should be commended on their performance.

Administration

The improvement in centres' administration has continued this year with more centres maintaining good practice. Centres are successfully continuing to complete very thorough, concise, well-presented reports in accessible project files, although a few centres continue to use bulky files, making the moderation process more difficult.

Annotation of work according to the assessment grids greatly assists the moderation process and it was pleasing to see this being carried out by several centres this year; this good practice needs to be adopted by all centres.

Centres must include their candidates' names and numbers clearly on their work as well as on the front cover sheets which are removed during the moderation process. Also, candidates should include their names and candidate number on the compulsory pro forma time logs. Centres must include the WJEC time log – some centres had substituted their own individually designed time logs.

Centres should adhere to the specified controlled time of 45 hours to complete the report. A few centres had failed to total the requested 45 hours on their time logs and only covered the basic requirements of the report.

Centres should access their moderator's reports which are available on the secure website for support and advice for their individual centres as it is evident that a few centres failed to act on guidance issued previously.

Assessment

Generally, centres had been consistent in their marking, although some had a tendency to be generous. These centres should use the exemplar material available on WJEC's secure website to assist with the content and assessment of this unit.

Some centres awarded marks in the highest achievement levels for work with insufficient evidence of explanation, analysis or evaluation. This would have been highlighted in the moderator's reports and centres should act on this guidance. These centres should use the updated exemplification for assessment, also available on WJEC's secure website.

The work for this unit was generally in line with the requirements of the specification; several centres have been following the guidelines and exemplification available on the secure website. Some centres had completed exemplary work for this unit and they should be commended on their performance.

Most candidates showed understanding of the links between each section to produce a coherent report.

Candidates should ensure that they have included their names and candidate numbers on their reports as well as on the awarding body's front cover assessment sheet, also the time logs must show the candidate's name and centre number clearly marked.

Centres should access their moderator's reports which are available on the secure website for support and advice for their individual centres as it is evident that some centres fail to act on support issued previously.

Comments on individual questions/sections

(a) Planning the task

Select and justify choice of individual/group

Most candidates identified their individual/group with reasons for choice; however, for the top band, detailed and appropriate reasons for choosing the individual are required. Candidates should not be awarded A3 and A4 for brief coverage of this task.

Produce a plan for the investigation

Several candidates included a detailed plan of action. Candidates should ensure that the plan is specific to the chosen individual. Some centres had awarded generous marks for brief plans; to achieve A4, a logical and detailed plan of action is required.

Most centres had accurately recorded a time log which is a compulsory element of the controlled assessment requirements, but these should not be used as a substitute for planning the task. Candidates need to include their own individual plan of action as well as the pro forma time log.

(b) Carrying out the task

Research the ways individual/groups define health and well being

Generally, candidates researched their individuals' health and well-being using PIES, with the majority of candidates successfully completing questionnaires to investigate their individual state of health. The definitions of health and current health issues relating to their individuals' health is required for B2 criteria. To achieve B4, work must be detailed and appropriate.

Collect relevant data on the factors affecting the individual/group and three physical measures of health

Many candidates achieved a high standard of work in this section, applying knowledge and understanding of the positive and negative effects of factors on their chosen individual's well-being. At least four negatives and four positive factors should be considered for the higher marks.

Centres should take care to ensure candidates have considered a range of factors, including at least one social and one emotional factor, along with the more apparent physical factors, before awarding the higher band marks. Candidates should discuss and explain how the relevant factors could affect their clients' health from a positive or negative perspective.

Candidates must apply their research to their individual and avoid the inclusion of too much secondary information and/or too many notes for this section.

The majority of candidates included three physical measures of health as required. Centres should refer to the specification for guidance on the measures to be used. Height and weight charts and resting pulse are not acceptable measures to be used on their own, although they may be used as supporting evidence for BMI findings. Resting pulse should be used as a basis for recovery rate; marks cannot be awarded just for the resting pulse reading.

To award B4, candidates must accurately explain and apply the measures to the individual/group and include safety measures.

Identify targets

Candidates generally set realistic targets, although these should be well defined and realistically timed for B4 criteria and candidates should include both short- and long-term targets for their health plan.

Produce a health plan

This task allows candidates to present work in a variety of forms. Plans were varied and realistic targets set by the majority. Ways of achieving the targets were less detailed and not always applied to the selected client.

To gain the higher band marks, candidates should include a realistic health plan which is detailed, logical and justified, including health promotional materials that can support the individual in achieving the plan.

Identify support

It was very pleasing to see that candidates from some centres presented very detailed and appropriate support materials for their plans and had also included an assessment of how the material would help them achieve their plan. Candidates should avoid including bulky leaflets and a vast amount of downloaded information; the literature should relate to the plan and include details of how it would provide support. The support evidence must be from reliable sources.

(c) Evaluating the task

Review and assess the health plan and identify the possible effects on the individual/group's health and well-being

In this section, candidates are required to assess the plan, identifying its strengths and weaknesses, as well as exploring a range of possible effects on the individual/group. To achieve C4, candidates should fully explore and include a wide range of possible effects of the plan on their health. Detailed evidence is required at this level, and too many centres awarded the top criteria for brief coverage of this section.

Produce suggestions for overcoming difficulties

Candidates who addressed only a limited number of suggestions for overcoming difficulties could only be awarded C2 in this section. Realistic and appropriate suggestions for overcoming the difficulties, which are described in detail and justified, are required for C3/4 criteria. Many candidates showed an understanding of this task but some work was over-marked as higher band marks were awarded for lists of effects and difficulties without explanation relating to the individual's personal circumstances.

To award level 4 for each achievement criteria, centres must ensure that candidates make good use of specialist language with few errors in spelling, punctuation and grammar, and reports should be well organised and presented in a highly appropriate manner.

Centres that have had their marks adjusted should be access the exemplar material available on WJEC's secure website; and updated assessment exemplification is also available to assist with the marking of this unit.

Summary of key points

- The reports should follow the format of the marking criteria as shown on the mark sheet. Following this structure assists the teacher when assessing as well as the moderator.
- Centres should ensure that candidates have a clear understanding of the links between each task to produce a coherent report.
- Annotation of the assessment objectives and levels assists the moderation process.
- To award B4, candidates must accurately explain and apply three measures of health to the individual/group.
- Centres should ensure that all criteria for each assessment objective are met within each mark band. To award level 4, candidates' work needs to show a high level of understanding, structure, clear expression and analysis.
- Exemplar material is available on WJEC's secure website to assist with delivery and assessment.



WJEC
245 Western Avenue
Cardiff CF5 2YX
Tel No 029 2026 5000
Fax 029 2057 5994
E-mail: exams@wjec.co.uk
website: www.wjec.co.uk