

GCSE



Chief Examiner's and
Principal Moderator's Report
Health and Social
Care

Summer Series 2023



Foreword

This booklet outlines the performance of candidates in all aspects of this specification for the Summer 2023 series.

CCEA hopes that the Chief Examiner's and/or Principal Moderator's report(s) will be viewed as a helpful and constructive medium to further support teachers and the learning process.

This booklet forms part of the suite of support materials for the specification. Further materials are available from the specification's microsite on our website at www.ccea.org.uk.

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GCSE Health and Social Care

Chief Examiner's Report

Subject Overview

The performance in the exam varied with a significant number of candidates scoring high marks. It is evident that several candidates need to develop their exam technique, for example, reading the question carefully and not including the question stem in their response. It is important that candidates write their responses in the space provided as writing in the margins often means the response is unclear and difficult to read. Where a candidate requests a supplementary booklet to complete the exam it is important that the responses are numbered appropriately. Some papers were very difficult to mark due to poor handwriting and in some cases nearly illegible.

Assessment Unit 1 Personal Development, Health and Well-Being

Many candidates were able to answer all the questions. The paper was successful in allowing candidates of differing abilities to respond positively to the questions posed.

A significant number of candidates had excellent knowledge and understanding of the content and provided very detailed responses. There was no evidence to suggest that candidates did not have time to complete the paper.

- Q1 (a) (i)** Most candidates gained the marks available by correctly identifying the life stage and age range of childhood.
- (ii)** Responses to this question varied. The question required candidates to explain three ways you would expect Jia to develop intellectually during her life stage which was childhood. A significant number of candidates did not explain three ways but included several ways within one example and as a result the response was basic.
- Others gave responses more suited to infancy, but a number of candidates did show detailed knowledge of intellectual development in childhood.
- (iii)** This question was well answered by most candidates, many gaining the six marks available by showing competent knowledge of how appearance may affect Jia's self-concept. A few candidates did not make a clear reference to appearance in their responses whilst others did not make a clear link to the effect on self-concept.

- (b) (i)** The majority of candidates identified the type of relationship between Shen and Jia correctly. A small number identified the relationship as sibling which is incorrect.
- (ii)** This question was on how the life change of starting school may affect Shen's intellectual, emotional, and social development. Responses to the effect on intellectual development tended to be adequate whilst those on emotional and social development were more detailed and, in many cases, competent. Several candidates did not focus in enough detail on starting school but described the effect of attending or being at school. In some cases, responses were exaggerated, for example Shen would get bullied and suffer depression or he would not make friends and become socially isolated. Likewise, when describing the impact on intellectual development some responses were unrealistic such as Shen would learn algebra or be able to write essays.
- (iii)** Responses to this question varied. The explanation of emotional support and practical help were better explained. Responses to advice and information tended to lack detail. In some cases, candidates did not focus on how Shen's family could support him, and several candidates made reference to Shen requiring a counsellor.
- Q2 (a) (i)** Most candidates gained the two marks available by correctly identifying the life stage and age range of early adulthood.
- (ii)** The majority of candidates identified the type of relationship and gained the mark available.
- (iii)** This question was well answered by a significant number of candidates who showed sound understanding of how redundancy may affect Paul's intellectual, emotional, and social development. Several other candidates gave responses which were generic with no reference to redundancy or lacked detail, for example Paul may take up new hobbies or Paul may become depressed. Such responses required development, for example what were the hobbies and what was the impact on Paul's development or why was Paul depressed? A small number of candidates did not understand the term redundancy and others assumed Paul had got another job.
- (b) (i)** The majority of candidates identified the age range of adolescence and gained the mark available.
- (ii)** The majority of candidates completed either an adequate response gaining two of the three available marks or a competent response gaining all three available marks. It is important that candidates focus on the expected pattern of emotional development during adolescence.
- (iii)** This question was well answered by most candidates, many gaining the six marks available by showing competent knowledge of how being bullied may affect Alex's intellectual and social health and well-being. A number of candidates did not complete the description by not stating the impact, for example Alex may not go to school or Alex may not concentrate in class but the impact on intellectual health and well-being was not addressed. A small number of candidates focused on the positive impact of being bullied which was not required.

- (c)** Candidates showed varying degrees of knowledge of the effects of cystic fibrosis on Sam's physical, emotional and social health and well-being. The physical effects were analysed in more detail. Often the emotional and social effects were analysed in general terms and could have applied to any health condition. Responses tended to be adequate or just competent. Some candidates got confused and analysed the impact of osteoporosis or Duchenne muscular dystrophy.
- (d)** This question was well answered by most candidates, many gaining the six marks available by showing competent knowledge of the effects of taking part in physical activities on Amy's physical health and well-being. A few candidates included emotional and social effects which were not worthy of credit whilst others did not state the impact on Amy's physical health and well-being, for example Amy is less likely to be overweight but this statement was not developed to gain the second mark.
- Q3 (a)**
- (i)** The majority of candidates gained the mark available by identifying the life stage of later adulthood.
- (ii)** Most candidates performed well in this response by identifying three life changes Jack and Molly had experienced. A few candidates identified life changes which were not evident from the information given and were not awarded any marks.
- (iii)** Most candidates did well in this response showing sound knowledge of the effect of relationships on Jack and Molly's social and emotional development.
- (b)**
- (i)** The majority of candidates gained the mark available by identifying the age range of middle adulthood.
- (ii)** A significant number of candidates showed competent knowledge and understanding of the expected patterns of development in middle adulthood. Physical aspects were analysed in detail by most candidates. Intellectual, emotional and social aspects often lacked application to middle adulthood, were often generic and could have been relevant to other life stages. Where this was the case, the responses were adequate.
- Several candidates made statements such as, an individual may have more time for hobbies but did not indicate why and often did not link this to the effect on intellectual development. There was a tendency by several candidates to state learn new things with no detail on what these might be.
- (iii)** Most candidates showed sound understanding and knowledge of how smoking may affect an individual's physical, emotional, and social health and well-being. A significant number of candidates achieved Level 3 in this question. Some responses were exaggerated, for example Judith would have no friends or her family would disown her.

Principal Moderator's Report

Internal Assessment Overview

Following amendments made as a result of COVID-19, the Controlled Assessment Task was returned to its original format in line with the GCSE Health and Social Care Specification and Controlled Assessment SAMs. As a result, candidates were again required to complete all parts of the task.

Assessment Unit 2 Working in the Health, Social Care and Early Years Sectors

Unit Overview

For the most part, there was good understanding of the requirements of each task among centres. In many centres, the work presented by students had been well annotated by the teacher, which was helpful in guiding the moderation team when reviewing samples. It is recommended that all teachers thoroughly annotate candidate work in future series in order to help illustrate the marks being awarded.

Marking within the majority of centres was in line with standards exemplified in specimen tasks and highlighted during the Webinar and the online Agreement Trial. Where marks awarded by the centre deviated from these standards, the following issues were found to be common:

- In Part A(i) some candidates did not focus on the work of one statutory service while others discussed the work of the NHS as an umbrella organisation rather than choosing a specific service from within the sector.
- Similarly, in Part A(i), while the majority of candidates were able to provide competent or highly competent descriptions of Ciara's needs, others gave a more general description of how Cystic Fibrosis would affect an individual, which was not the focus of the task.
- Part B(i) was very well done by the majority of candidates. Some, however, included information which was not relevant to the role of a midwife, such as the salary received, training and qualification required or qualities of a midwife which did not relate to their role.
- In Part B(iii) some candidates provided vague discussions on care values, rather than providing a detailed analysis with specific examples of how the values could be applied by a midwife.
- Part C(i) was generally very well done, but some candidates were overly focused on the role of a community pharmacist in dispensing medication whilst omitting the many other roles a community pharmacist may carry out in their work with older adults. Similarly, some discussions were general, and did not relate to older adults.
- In Part C(iii) and C(iv) it is recommended that candidates rely on the barriers listed within the specification to avoid repetition within their discussion or choosing barriers which are not relevant to the task title.

Further observations

It is necessary for all candidates to record the word count at the end of each task. In addition, teachers are advised to accurately identify the level of support and guidance provided to candidates within their annotation and to take account of levels of support and guidance given when assigning a mark band for each task. Centres are reminded that candidates cannot attain marks in Band 4 if their work is not completely independent.

It is recommended that candidates use secondary research sources to enable them to complete many of the tasks to a high standard. Where secondary sources are used, these must be referenced both within the main body of the text and in a detailed bibliography. One combined bibliography should be presented at the end of the final task and candidates should use the Harvard referencing system.

Contact details

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