

Moderators' Report/ Principal Moderator Feedback

June 2011

GCE Health & Social Care (6945)
Unit 8 – Promoting Health & Well-being

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General Comments

Administration by centres continues to be an area for improvement with a significant number of centres making errors on the addition of marks and the transfer of those marks to the OPTEM. Centres should note that these errors may affect the final grade awarded to learners.

The majority of candidates had chosen appropriate topics on which to base their campaigns although for the first time, a small but significant number had chosen Social rather than Health topics which are not appropriate and would be better used for Unit 11 – social media networks for example.

Assessment Objective 1

Requires the learner to undertake comprehensive background research into a chosen health topic on which they will base a small scale health promotion activity. The background research should help to provide a rationale for the chosen target group. The majority of candidates chose to present their Health Promotion campaign to a target group within their own centre. This was probably because of ease of access although it was pleasing to see that very few candidates had used this as a rationale for the choice of group and most had based the choice on the results of their research. There remains a small but significant number who choose the target group first and then decide on a topic which is appropriate to the group. This is not good practice, although understandable. Choice should be based on need, normative or felt, and should be as a result of significant research into an appropriate topic for a promotion.

There continues to be a heavy reliance on internet sources with little appreciation of where the statistics come from. A significant number of learners had used US based statistics which is not an issue providing the learner highlights the relevance of these and the fact that care should be taken when drawing conclusions. Statistics such as these present the learner with ideal material for evaluation in AO4; however, few learners referred back to their research and therefore missed this opportunity for detailed evaluation.

Assessment Objective 2

Learners are asked to identify the aims and objectives of their health promotion, to identify the model of health promotion they will use, to produce a plan of action and to discuss how they will evaluate the success of their health promotion. It was disappointing to see that there remains a degree of confusion around what constitutes an aim and what constitutes an objective. Centres should note that objectives should be SMART. A significant number of learners are still using examples such as 'to produce a leaflet or a PowerPoint presentation' as an objective. Centres should note that this is not an objective but a method to achieve the aim. An example of an objective would be 'the target audience will be able to give five examples of smoking induced illnesses by the end of my promotion'. This is Specific, Measurable, Achievable, Realistic and Time limited. The majority of learners were able to describe the various models of Health Promotion but in a significant number of cases the description was basic and did not show a comprehensive understanding. A good portfolio should discuss all methods and then provide a rationale for the one or two chosen. Plans were included

but as in previous series there was limited, if any, discussion seen of individual roles where promotions had been undertaken as a group. The discussion of evaluation methods was much improved this series with a large proportion of learners discussing process, impact and outcome evaluation and then identifying which they will use and why.

Assessment Objective 3

Requires the learner to provide evidence of implementation of their health promotion, produce appropriate media and materials and provide an analysis of the results. Once again, far too many learners merely implied that they had carried out their promotion with no explicit evidence of implementation. Materials and media were either very good or poor with very little in between. Learners who had related their materials and media to the method of Health Promotion chosen were few and far between. Analysis of data in most cases was weak and could not reach the higher mark bands because it was rare to find a learner who had gathered extensive data. Most learners presented their findings in the form of graphs and charts but there were too many incidences of limited discussion of conclusion drawn from the data.

Assessment Objective 4

Requires the learner to evaluate the health promotion campaign with reference to their initial aims and objectives. Evidence of an attempt at evaluation was improved this series with a significant number of learners considering most, if not all aspects of their promotion. However, in many cases the evaluation was a narrative account of what they had done with little on the strengths and weaknesses of the individual components. A few strong learners demonstrated excellent evaluative skills and drew on all the evidence they could. Witness testimonies continue to merely confirm that the presentation had taken place and would therefore be better placed in AO3. The ideal would be for these to include information which would be useful for the learner to use in their evaluation. Whilst there has been a clear improvement in evaluation skills, it remains a weak area and needs to be strengthened for future submissions.

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