

Moderators' Report/  
Principal Moderator Feedback

Summer 2012

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

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## **General comments**

There was a noticeable improvement in the general administration by centres this series with fewer addition and transfer errors seen. Care must be taken to ensure that all marks submitted are accurate.

The majority of learners had chosen appropriate topics on which to base their campaigns and it was pleasing to see that the majority of learners had reverted to choosing Health topics following last year's move towards inappropriate social topics.

## **Assessment Objective 1**

The learner is required 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. Although the majority of candidates had undertaken relevant background research there was a significant number who did not make the link between this research and the rationale for the choice of topic or target group. The choice of topic and target group 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. Once again, a significant number of learners had used international statistics with a large percentage being US based. Whilst not really recommended as it is easier for learners to draw relevant conclusions from UK statistics, it 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 Assessment Objective 4. However, once again, few learners referred back to their research and therefore missed this opportunity for detailed evaluation.

## **Assessment Objective 2**

Requires the learner 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. Once again, 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. It was disappointing to see a general lack of understanding of some of the models, in particular the medical model, with many learners stating that they would use this model in their promotion. 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 somewhat limited again this series. A significant number of learners appear to misunderstand the requirements here and do not see this as the pre-cursor to the production of data for analysis in Assessment Objective 3. More focus must be given to the methods of evaluation and the production of data for future series to enable a clear analysis in Assessment Objective 3.

### **Assessment Objective 3**

A requirement of this objective is for the learner to provide evidence of implementation of their health promotion, produce appropriate media and materials and provide an analysis of the results. It was pleasing to see that more explicit evidence of implementation was provided this series although the use of witness testimonies, whilst recommended, were of limited value in terms of providing useful evidence for evaluation in Assessment Objective 4. 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 again, 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, as in previous series, there were too many incidences of limited discussion of conclusions drawn from the data.

### **Assessment Objective 4**

The learner is required to evaluate the health promotion campaign with reference to their initial aims and objectives. Evidence of an attempt at evaluation was again 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 Assessment Objective 3. 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 continues to remain a weak area and needs to be strengthened for future submissions.

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