

Moderators' Report/  
Principal Moderator Feedback

Summer 2016

Pearson Edexcel GCE in Health &  
Social Care (6945/01)

Unit 8: Promoting Health and  
Wellbeing

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### General Introduction

There was a noticeable improvement in the general administration by centres this series with fewer addition and transfer errors seen. Nevertheless, centres should note that errors such as these may affect the final grade awarded to learners and care must be taken to ensure that all marks submitted are accurate.

The majority of candidates 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

AO1 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. Although the majority of learners had undertaken relevant background research there was a significant number who failed to 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 AO4; however, once again, few learners referred back to their research and therefore missed this opportunity for detailed evaluation.

## Assessment Objective 2

AO2 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. 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 and generally the descriptions were detailed and demonstrated understanding, perhaps with the exception of the behavioural approach which a significant number of learners felt they could use effectively in their promotions with little understanding of the fact they would be able to truly evaluate the success of using the behavioural approach at the end of a 45-minute presentation. 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 AO3. More focus must be given to the methods of evaluation and the production of data for future series to enable a clear analysis in AO3

## Assessment Objective 3

AO3 requires 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 again in terms of providing useful evidence for evaluation in AO4. Materials and media were generally quite good but 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. Some graphs produced were of little value and learners need to be more selective in the way they present their data.

This is an assessment objective that learners struggle with. Many learners tend to be very descriptive rather than evaluative, making it harder for them to access the higher marks in mark band 3. Evidence that the learner has thought themselves about the issue and drawn some conclusions from the information they have considered is what is required here. Learners need guidance on both analysis and evaluation at this stage to ensure that they can achieve Mark Band 3. Where

learners had used health promotion campaigns as strategies, they tended to lose focus on the requirements. For most public health issues there are national and local strategies that it is easier for them to evaluate.

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