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# **Examiners' Report**

## Principal Examiner Feedback

Summer 2017

Pearson Edexcel GCE  
Health and Social Care (6945/01)  
Unit 8: Promoting Health and Well-being

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The entry for this series was lower than in previous years and so this report is based on a small sample of portfolios seen by moderators. There was an increase in the number of learners choosing Social Issues to focus on, Domestic Violence being a classic example. This along with other examples are not suitable topics for Health Promotion. There was also an increase in incidence of a lack of consideration of ethical issues with many learners choosing topics that were not appropriate for their chosen target group.

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. 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. Referencing was poor in many cases with learners quoting statistics without identifying where they had come from. There were also a significant number of learners who used this section to research specific medical conditions. This is not required for AO1. The whole purpose of the research is to identify a need for a specific health promotion to a specific target group so the incidence of a particular disease or health issue in a specific age group would be suitable example.

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. Many learners had stated that their aims should be SMART demonstrating a lack of understanding. Then despite stating that their objectives would also be SMART, a significant number of learners used 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 unable 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.

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. 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.

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 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 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 continues to remain a weak area.