

Principal Moderator's Report Summer 2010

GCE

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

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General Comments

This series saw a large entry for this unit and therefore a representative sample of work has been seen by moderators. It was pleasing to see that most centres had undertaken some form of internal moderation although this was not always of value with internal moderation being less accurate than the original assessment in some cases. It was disappointing to note that the mistakes seen in previous series continue to be made by a significant number of candidates.

Administration by centres was much improved this series with the majority of samples being received by the deadline and most of the administration process being correctly adhered to. There remain a small but significant number of centres who make simple mistakes with the addition of marks awarded and the transfer of those marks to the OPTEM. Centres must check these aspects very carefully as these mistakes can affect the outcome for the whole cohort of learners.

The majority of candidates had chosen suitable topics on which to undertake their health promotion and delivered their promotion to a suitable target group.

Assessment Objective 1 requires candidates 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. Most candidates had chosen suitable topics to consider for their Health Promotion and had undertaken some extensive background research into their chosen area. Target groups are still being identified first and background research then undertaken to support the choice rather than the background research being undertaken first and the target group being identified by need, normative or felt. This is probably due to the fact that candidates have limited access to target groups; however, some understanding of 'need' should be demonstrated in the write up.

There continues to be a heavy reliance on internet sources with little appreciation of where the statistics come from. Referencing of secondary research remains poor in a large percentage of portfolios. As this is a skill all candidates will need if they are to progress to Higher Education, this should be considerably strengthened for future submissions.

Assessment Objective 2 requires candidates 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. Candidates and centres continue to demonstrate confusion over what constitutes an aim and what constitutes an objective. The majority of candidates quote methods rather than objectives. Centres should note that objectives should be SMART. A significant number of candidates are still stating their objectives as being 'to produce a leaflet or a PowerPoint presentation' for example. 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 candidates were able to describe the various models of Health Promotion but there was limited evidence of discussion seen around the various methods and, as in previous series, a small, but significant number appeared merely to have copied the information and showed no real understanding of the actual models. Portfolios accessing the higher

mark bands should discuss all methods and then provide a rationale for the one or two chosen. Plans, in the majority of portfolios seen, focussed again merely on the actual presentation. Again, portfolios accessing the higher mark bands should include a plan of the whole process including individual responsibilities where promotions have been undertaken as a group and some sort of action plan should also be included. Discussion of evaluation methods was yet again very weak this series with very few candidates demonstrating an understanding of the types of evaluation method that could be used and how these could aid evaluation of the success of the campaign.

Assessment Objective 3 requires candidates 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 candidates merely implied that they had carried out their promotion with no explicit evidence of implementation. Some candidates included witness testimonies which provided evidence of implementation but little else. Where witness testimonies are used they should be detailed, giving the candidate some information on which to base their evaluation for AO4. They should also be signed and dated by the witness giving an indication of status. Materials and media were either very good or poor with very little in between. A significant number of portfolios included no evidence of materials and media used. Whilst it is not necessary to send all materials, photographs would aid the moderation process. As in previous series there was limited reference made to the health promotion model used when designing media and materials or presenting the campaign. Centres should note that this is a requirement for this assessment objective. Analysis of data in most cases was weak and could not reach the higher mark bands because it was rare to find a candidate who had gathered extensive data. Generally, the construction of questionnaires used was badly done and failed to elicit any relevant information on which to measure success or failure of the campaign; therefore extensive analysis proved almost impossible. Most candidates presented their findings in the form of graphs and charts but as in previous series few gave details of what they represented.

Assessment Objective 4 requires the candidate to evaluate the health promotion campaign with reference to their initial aims and objectives. It is disappointing to see that the same comments have been received from moderators this series regarding evidence seen for this assessment objective and so my comments remain the same as in previous series. A few strong candidates demonstrated excellent evaluative skills and drew on all the evidence they could; however, as in previous series, evaluation skills were generally very weak. Candidates attempted to evaluate their campaigns but in many cases it was a narrative account of what they had done with little on the strengths and weaknesses of the individual components. Very few looked at team work or their own part of the activity and there was no evaluation of the background research seen despite the fact that much was either out of date, not relevant to the target group or taken from questionable internet sites. No comment was seen regarding the poor design of questionnaires leading to an inability to analyse the limited data obtained. Some candidates included a witness testimony in the appendix but in the few cases where the witness had provided detailed feedback this was not used by them. Candidates continue to focus merely on the presentation meaning that in many cases the evidence for this unit would be better presented for Unit 6942 as AS level. Critical evaluations were rarely seen and, with one or two exceptions, all candidates appeared to meet all their aims and objectives! This simplistic approach to evaluation does not meet the requirements for an A2 unit and this aspect needs to be considerably strengthened for future submissions.

Finally, centres should note that the Quality of Written Communication should be assessed for the achievement of marks in AO4. Spelling, punctuation, grammar, the use of specialist terms and a demonstration of organisation and focus should be taken into account when assessing. In a large number of cases it was difficult to see whether assessors had taken these aspects into account; however, moderators reported few issues in the work seen.

Grade Boundaries

Internally assessed units

6945: Promoting Health and Well-being

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	60	50	45	40	35	30
Uniform boundary mark	100	80	70	60	50	40

Notes

Maximum Mark (Raw): the mark corresponding to the sum total of the marks shown on the mark scheme.

Boundary mark: the minimum mark required by a candidate to qualify for a given grade.

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