

Principal Moderator's Report January 2010

GCE

GCE Health & Social Care - Unit 8 (6945)

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6945/01: Promoting Health & Well-Being

General comments

This series saw a small number of candidates entered for this unit. 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 learners and centres.

Administration by centres was much improved this series with the majority of samples being received by the deadline despite the appalling weather. It was pleasing to see far fewer mistakes with regard to addition of marks awarded and samples being sent to the moderator and the majority of work had been authenticated by learners and assessors.

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

Assessment Objective 1

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. Most learners had chosen suitable topics to consider for their Health Promotion and had undertaken some extensive background research into their chosen area. There continues to be a heavy reliance on internet sources with little appreciation of where the statistics come from. Referencing of secondary research was poor in the majority of portfolios seen. As this is a skill all learners will need if they are to progress to Higher Education, this should be considerably strengthened for future submissions. Most learners were able to give a reasonable rationale for their choice of target group but there continues to be a small but significant number using reasons such as 'ease of access'.

Assessment Objective 2

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. As in previous series, there remains a degree of confusion around what constitutes an aim and what constitutes an objective. The majority of learners quote methods rather than objectives. Centres should note that objectives should be SMART. A significant number of learners 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 learners 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. A good portfolio 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. Centres should note that a good portfolio 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 very weak this series with very few learners 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

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. Some learners included witness testimonies which provided evidence of implementation but little else. Where witness testimonies are used they should be detailed, giving the learner 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. 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 learner who had gathered extensive data. Generally, the construction of questionnaires used was poor and failed to elicit any relevant information on which to measure success or failure of the campaign; therefore extensive analysis proved almost impossible. Most learners presented their findings in the form of graphs and charts but few gave details of what they represented.

Assessment Objective 4

Assessment Objective 4 requires the learner to evaluate the health promotion campaign with reference to their initial aims and objectives. A few strong learners demonstrated excellent evaluative skills and drew on all the evidence they could; however, as in previous series, evaluation skills were generally very weak. Learners 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 learners included a witness testimony in the appendix but in the few cases where the witness had provided detailed feedback this was not used by the learners. Where witness testimonies had been used, in far too many cases they only confirmed that the presentation had taken place and did not include anything useful for the learner to use in their evaluation.

As in previous series the only 'evaluation' seen centred on phrases such as 'if I were to do this again I would/would not change how I presented it'. At this level this is too simplistic and needs to be considerably strengthened for future submissions.

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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