

# NCFE CACHE Level 3 Applied General Award in Health and Social Care (603/2913/0)

# NCFE CACHE Level 3 Applied General Certificate in Health and Social Care (603/2914/2)

**Assessment: AGAHSC**

**Submission date: 9 March 2022**

This report contains information in relation to the external assessment from the chief examiner, with an emphasis on the standard of learner work within this assessment window.

The aim is to highlight where learners generally perform well as well as any areas where further development may be required.

### Key points:

- grade boundary and achievement information
- administering the external assessment
- assessment structure
- use of word allocation
- criteria requirements and command verbs
- referencing of external assessment tasks
- assessment criteria
- regulations for the conduct of external assessment

It is important to note that learners should not sit the external assessment until they have taken part in the relevant teaching of the full qualification content.

### Grade boundary and achievement information

Grade boundaries represent the minimum raw mark required to achieve a certain grade. For example, if the grade boundary for the pass grade is 25, a minimum raw mark of 25 is required to achieve a pass.

| Grade                     | Pass | Merit | Distinction |
|---------------------------|------|-------|-------------|
| Raw mark grade boundaries | 35   | 47    | 59          |

Below you will find the percentage of learners that achieved each grade.

| Grade         | NYA  | Pass  | Merit | Distinction | Learners  | 13    |
|---------------|------|-------|-------|-------------|-----------|-------|
| % of learners | 7.69 | 46.15 | 46.15 | 0           | Pass Rate | 92.31 |

### Administering the external assessment

The external assessment is invigilated and must be conducted in line with our regulations for the conduct of external assessment. Learners may require additional pre-release material in order to complete the tasks within the paper. These must be provided to learners in line with our regulations.

Learners must be given the resources to carry out the tasks and these are highlighted within the [qualification specific instructions for delivery](#) document (QSID).

## Assessment structure

Extended response questions (ERQs) worth 6 to 12 marks and a mixture of 1 to 4 marks short answer questions (SAQs).

## Use of word allocation

Learners completed the question paper and so word allocation did not appear to be impacted by time. Learners on the ERQs often had lines left, suggesting the shorter responses were due to gaps in or limited knowledge rather than poor allocation of word counts. Learners did not appear to write more than required in questions with fewer marks.

## Criteria requirements and command verbs

Generally, the command verbs – identify, describe, explain – presented good engagement. Discuss proved more challenging to access the AO3 marks.

## Assessment criteria

**1(a)** Accurate identification of life stage.

**1(b)** Accurate identification of significant life events and description for full award of marks.

**2** ERQ requiring a discussion, mainly gaining 4 of the possible 6 marks, due to limited AO3 engagement.

**3(a)** Accurate identification of type of service.

**3(b)** Full marks generally awarded for identification and description of a service.

**3(c)** This was the question learners did not gain any marks for – clear gaps in knowledge of role of NHS England within HSC provision – learners described what the NHS is.

**4(a)** Learners did not know the names of factors that supported transitions; however, they were able to explain how specific factors can support transition. The wording of the question made this difficult to answer, as the question was looking for extrinsic and intrinsic factors – so the names given to the 2 different types of factors, rather than any factors affecting transition.

**4(b)** Given that the 6 Cs were given in the question stem, this question did not gain the marks expected, and proved challenging to discuss in relation to the case study. Learners did not offer a breadth/depth trade off, and generally answered this question with poor application to AO3.

**5** Learners knew what an individualised care plan was and could offer some discussion of the role and purpose, but generally with AO2 or AO3, in terms of application to the case study or discussion, for example, of the value of the care plan. Some learners did gain top band marks.

**6(a)** Learners generally were not able to identify the perspective of Maslow's theory but were able to explain some aspects of the theory. This is usually a question area that learners find easy – recall of theory – so it was a surprise how poorly this question was answered.

**6(b)** A range of marks awarded for this question. The social model was frequently explained, but often with muddled or limited understanding so not gaining the full marks.

**6(c)** There was a huge number of likely answers for this question (function of HSC provision), so most learners gained some marks for a relevant function, even though it may not be the one stated in the mark scheme (MS).

**7(a)** This question seems to appear out of nowhere, with no link to the case study or question 7(b). It was however accurately answered.

**7(b)** A mixture of responses received, generally this was one of the more difficult questions – how legislation informed policies and procedures. More generic responses were awarded from that of the MS, for example, informing expectations and guidance.

**8(a)** Learners often lost marks – or did not gain them – as their responses were too limited for a level 3 response, for example just stating ‘resources’ was not awarded, as this is only a barrier if resources are ‘limited’ or ‘not available’. Learners seemed to add the word ‘barrier’ to their answer, and assume this made it adequate for example, travel barrier. Therefore, a question with a relatively easy 3 marks proved more difficult than expected to gain.

**8(b)** Strategies to overcome barriers – again proved more difficult to gain the full 4 marks. Learners tended to describe what the strategies were rather than how the strategies overcame the barriers. Most learners did link the strategies to the barriers stated in 8(a), although not required. It may have supported the learners to have the questions linked.

**8(c)** This offered a wide range of potentially awardable answers. Generally, 3 of the 4 possible marks were awarded.

**9(a)** The question wording lacked clarity, by using the word ‘individual’, as this led learners to answer in terms of pre-conception experiences on the mother’s ability to conceive or the effect of these experiences once conceived on the baby. Both were awarded and so a wide range of possible answers were accepted.

**9(b)** Learners identified the organisation as OFSTED and the organisation’s role offered a potential 2 marks. Some misconceptions of the role were clearly evident, which limited the AO3 marks to 1 mark.

**10** ERQ worth 12 marks requiring the discussion of social, emotional, cognitive and physical changes in the case study’s life stage. Generally, answered well due to the potential range of possible answers, and a question that was seen as generally easier than some of the other ERQs. Most learners accessing band 2 marks. Again, often limited by AO3 engagement.

### Regulations for the conduct of external assessment

#### Malpractice

There were no instances of malpractice in this assessment window. The chief examiner would like to take this opportunity to advise learners that instances of malpractice (for example, copying of work from another learner) will affect the outcome on the assessment.

#### Maladministration

No instances of maladministration were reported in this assessment window. The chief examiner would like to highlight the importance of adhering to the regulations for the conduct of external assessment document in this respect.

*70 Davis*  
**Chief examiner:**  
**Date:** 25 February 2022