# Chief Examiner and Chief Moderator Report

**NCFE CACHE Level 1/2 Technical Award in Health and Social Care**
**QN: 603/7013/0**

**Series: Summer 2025**

**Examined assessment (EA) paper number: P002857, P002943**

**Non-Examined Assessment (NEA) paper number: P002869**

**EA assessment date: 22 May 2025**

**NEA assessment date: 30 April 2025**

## Introduction

This report contains information in relation to the examined assessment (EA) from the chief examiner and non-examined assessment (NEA) from the chief moderator, with an emphasis on the standard of learner work within this assessment series.

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

Key points:

- grade boundary information
- administering the EA and NEA
- evidence creation
- standard of learner work
- responses to the assessments

The qualification is linear, meaning both assessments must be taken in the same assessment series and cannot be combined across different assessment series. Learners are allowed one attempt at each assessment, and there are no resit opportunities.

## Grade boundary information

This qualification consists of two assessments: the examined assessment (EA) and the non-exam assessment (NEA).

After both assessments are completed and marked or moderated, the marks are combined to give a final mark for each learner. Where the raw marks do not reflect the required weighting of the assessment, a scaling factor is applied. For further information on grading information and scaling factors, please see the Qualification Specification.

Qualification scaled mark boundaries in this series are:

| | | Notional boundaries* | |
|---|---|---|---|
| | **Overall** | EA | NEA |
| **Scaling factor** | | 1.05 | 1 |
| **Max** | 168 | 80 | 84 |
| **Level 2 Distinction*** | 146 | 70 | 73 |
| **Level 2 Distinction** | 125 | 60 | 62 |
| **Level 2 Merit** | 102 | 48 | 51 |
| **Level 2 Pass** | 79 | 37 | 40 |
| **Level 1 Distinction** | 65 | 30 | 32 |
| **Level 1 Merit** | 51 | 24 | 25 |
| **Level 1 Pass** | 37 | 18 | 18 |

***** The grade boundaries given for each assessment are known as ‘notional grade boundaries’, as they are for illustrative purposes only. Grade boundaries are the lowest mark with which a grade is achieved**.**

## Administering the examined assessment (EA) and non-exam assessment (NEA)

The EA is invigilated and must be conducted in line with our Regulations for the Conduct of External Assessment document. The NEA is moderated and must be conducted in line with our Regulations for the Conduct of NEA – Non-Exam Assessment document.

Learners must be given the resources to carry out the tasks and these are highlighted within the Qualification Specific Instructions for Delivery (QSID) document.

## Evidence creation

### Examined assessment (EA)

Learners should use the space provided to answer questions. Where answers are typed or additional pages included, the learner's name, centre number, centre name and task number must be clearly visible. The additional paper must then be securely attached to the workbook.

Where assessments are completed online, centres must ensure they are familiar with the Surpass platform and have completed all testing and preparation before the assessment, to ensure learners are unaffected by technological issues.

### Non-exam assessment (NEA)

The NEA was divided into five tasks, with associated marking grids provided for each task. Each task also linked to the Assessment Objectives (AOs), which, in most instances supported centres to determine AO-level marks. The available marks for each task were recorded and varied from each task, with a total of 84 available marks, and contributing to 50% of the overall qualification grade.

The NEA outlined the task requirements and the format and presentation of each task. Throughout the NEA learners were able to decide whether to present their evidence as a word processed or handwritten response to each task.

In line with the Tutor Guidance and NEA, in addition to the allocated assessment time for this NEA, learners were permitted to spend a maximum of two hours to undertake research and develop a research pack that they can refer to during the formal NEA assessment time. During these two hours, learners could access all learning materials, the internet and other published materials; the research pack could have been up to four sides of A4. Whilst many learners completed very robust research packs, there were instances where learners had not used the full four sides of A4 to derive their research pack, which impacted the learners' ability to produce evidence against the tasks that comprise the NEA. Centres are reminded that the learners research pack could have been up to four sides of A4, to support them to devise their evidence.

Centres should be mindful that writing frames, templates and supporting documents are not permitted and should not be provided to learners to generate their research pack, nor should they be provided to learners for the purpose of providing evidence against each of the tasks within the NEA. The use of such materials could potentially be considered as malpractice.

Learner evidence was generally organised, and most centres accurately uploaded all tasks comprising the NEA for each learner, in line with NCFE requirements. Although many centres uploaded all the required learner evidence, there were a small number of instances where the uploaded evidence did not include all the completed tasks from the learners NEA. There were also further instances where assessment documentation was not uploaded. This led to a potential delay in the moderation process. Centres must complete the evidence checklist form and ensure that all submitted learner evidence is uploaded accurately and timely.

The majority of learners' evidence was well-structured, with the effective use of appropriate titles and sub-headings, which reflected the respective tasks from the NEA. A minority of learners had not provided clear reference to the tasks within their evidence, which in some instances resulted in a lack of structure of the learner's responses. Learner evidence should be referenced to each task, as to ensure clarity of assessment and support the learners in the full coverage of each of the tasks.

Centres are reminded that learners must present their evidence as a word-processed or handwritten response to each task, per the NEA requirements, and should approach all tasks in the NEA with reference to the time specific requirements and control conditions. These are located in the QSID document.

Eight marking grids in total comprise the NEA, with tasks 1 and 3 (a) having two marking grids for each task. In many instances centres applied the marking bands accurately, though centres are reminded to follow the approach to marking, which is set out in the Tutor Guidance, and ensure a bottom-up approach is used. In instances where the learner's response covers aspects at different bands, a best-fit approach should be used at this stage. Furthermore, centres should use the full range of available marks within the band to credit learner responses appropriately. Centres should also carry out standardisation activity, which is imperative where more than one assessor is undertaking assessment decisions of the NEA, to ensure consistency in the application of the marking bands, across all leaners in the cohort.

Feedback to learners was, in most instances, detailed, personalised and reflective of the task and assessment objectives, which was useful throughout the moderation process. However, there were, instances were learners received no or minimal feedback following the assessment of the NEA. In some instances, feedback was provided that did not correlate between the marks awarded from the band, and the terminology used, for example, limited, reasonable, good or excellent. This resulted in unclear assessment decisions and potentially led to delays in the moderation process. It was positive, however, to review the feedback provided by the learners following the assessment of the NEA, where this was provided. All centres are encouraged to collate feedback from their learners on the mandatory formal feedback records. Furthermore, centres are reminded to ensure that feedback is respective of the accurate marking band and terminology used within the marking band, for example, limited, reasonable, good or excellent.

Many learners attempted all the tasks that comprise the NEA, demonstrating positive learner engagement, and their knowledge and understanding of the key content areas comprising the qualification. However, centres are reminded that learners must complete the NEA in numerical order: task 2 must follow task 1, task 3 must follow task 2 and so forth. This supports learners in building upon their evidence, and ensures they are working through the NEA accordingly.

## Standard of learner work

### Examined assessment (EA)

This session many learners performed well in the EA. Very few questions were regularly omitted or offered particularly limited content, suggesting learners felt prepared going into the exam and had enough time to engage with all the questions.

There were six multiple-choice questions (MCQ); most learners gained all the marks available for these questions, with no questions appearing particularly problematic. Short-answer question performance was variable with some learners showing gaps in knowledge, along with not fully reading question requirements or the misinterpretation of key words. A lack of ability to extend points made, as well as a lack of explanation, limited many learners from achieving high marks

Extended responses were generally addressed well. They were well-structured and generally well-expressed. There was good evidence of engagement with the scenarios, as well as some extended reflective points made by some of the more able learners. Very few responses sat in the bottom band. Most responses were however limited to the middle band due to a lack of engagement with the command verbs. The command verb discuss which was seen in four of the extended-response questions, some learners struggled with this. Whilst evaluate was underdeveloped and did not generally consider positive points.

### Non-exam assessment (NEA)

This session, many learners performed well throughout the NEA, with learners performing very well in tasks 1, 3 (a) and 3 (b). Throughout the NEA, learners were able to demonstrate their recall of knowledge and understanding of the key content areas, to support Assessment Objective 1 (AO1). Learners suitably applied their knowledge and understanding of the content areas to support AO2 and were able to demonstrate the essential skills relevant to the vocational sector, by applying the appropriate processes, working practices and documentation, as outlined within AO4. The aforementioned AOs were collectively present within tasks 1, 3 (a) and 3b, thus learners were able to build upon their knowledge and understanding of the subject area and provide suitable responses.
For a minority of learners, the terminology used within AO3, which required the learners to analyse and evaluate their knowledge and understanding, as to develop their analytical thinking skills and make reasoned judgements and conclusion, caused confusion. AO3 was incorporated into tasks 1, 2 and 4.

In some instances, learners struggled to navigate the requirements of task 5; this was the only task which comprised AO5 and required the learners to analyse and evaluate the essential skills, processes, working practices and documentation relevant to the vocational sector. Some learners did not attempt this task or found the task challenging.

Due to the NEA structure, there is an increased reliance on the completion of some of the previous tasks for learners to be able to achieve in subsequent tasks. Whilst on the whole, learners have been able to build on their evidence from previous tasks, some learners may have been impacted by this correlation between the tasks. This was clear where assessors had recorded attendance issues within the learner's feedback records.

It was also noted that in some instances, a minority of learners did not attempt all the tasks comprising the NEA, whilst some learners submitted evidence and did not achieve any marks. Thus, in these instances learners did not achieve across the available marks. Centres are reminded that where a learner does not submit any evidence for a task, did not attend (DNA) should be recorded in all instances.

## Responses to the assessments

### Examined assessment (EA)

**Question 1**
Most learners were able to answer this multiple-choice question (MCQ) correctly, showing their knowledge of a service that a pharmacy provides.

**Question 2**
'Most learners were able to answer this MCQ correctly, showing their knowledge of a voluntary service'.

**Question 3**
The majority of learners were able to correctly identify at least one health and adult social care service regulated by the Care Quality Commission (CQC). A small number of learners did not identify a service, stating the NHS. Some learners incorrectly focused on services not relevant to adult health and social care, such as fostering. 'Some students incorrectly referred to practitioners rather than services, often occurring in reference to a GP or doctor'.

**Question 4**
The ways in which a nurse can safeguard children in a ward provided opportunity for a range of correct responses. Learners did not always provide one way children can be safeguarded. They did not always demonstrate a clear understanding of the way children were safeguarded, meaning some learners were limited to one mark.

**Question 5**
This question focussed on a security measure in a care home. Learners did not always provide one security measure; some did not present a clear understanding of how their chosen security measure kept people safe. This meant that some learners did not achieve the maximum two marks on this question.
Learners gained the full two marks by showing, for example, sign-in and identification measures that ensure a care home knows who is in the building, as well as ensuring the correct people are admitted to the care home.

**Question 6**
Learners found naming the three roles of a paramedic challenging and struggled to gain all three marks A number of learners interpreted roles as 'job' roles, and gave answers of a doctor, nurse or surgeon. Roles were sometimes vague and not specific to a paramedic. Some responses were more relevant to a community ambulance service, for example taking people to and from clinics. Most learners, however, did pick up at least one mark.

**Question 7**
A key role of a regulatory body should have been an accessible recall question for learners, but many learners did not gain a mark for this, misreading the term 'regulatory body' to imply a physiological process or organ, such as the heart or temperature.

**Question 8**
There was an overall good understanding of the benefit of Continuing Professional Development (CPD) for an individual returning to work after a two-year break. Learners showed an appreciation of updating knowledge and skills and gained a mark for this. The second mark needed more development and explanation on the benefit, such as how updating knowledge would improve practice or increase confidence. This further engagement was not always given.

**Question 9 (a)**
Some learners incorrectly reiterated what was happening in the stem – disclosing patient information as the impact of breaching confidentiality. Most learners did pick up at least one mark for a valid impact such as issues of trust and embarrassment, legal actions and loss of job. However, there was not always a sufficient explanation of the impact of breaching confidentiality, meaning some learners did not access the second mark.

**Question 9 (b)**
The application of the data protection principles generally gained a mark, but not always the second mark. This was often due to students providing multiple principles, when they were only required to provide one, leaving both responses lacking in detail.

**Question 10**
Some learners were not able to engage with the command verb 'discuss'. Similar points were often repeated several times; points that were made were simplistic, such as why training legislation related to policies and procedures is the law. Some learners gave examples of legislation feeding into policy or procedure and the implication of not meeting these requirements. Many learners did not move beyond the top of the second band.

**Question 11**
Most learners were able to answer this MCQ correctly showing their knowledge of emotional development in infancy.

**Question 12**
Most learners were able to answer this MCQ correctly, showing their knowledge of cognitive development in adolescence.

**Question 13**
Most learners were able to correctly define the terms nature and nurture. As to be expected, some learners got these muddled up and some answers, particularly for nurture, were too vague to award.

**Question 14**
Transitions in late adulthood were often confused with aging. Specific changes that would cause a transition include a diagnosis of a specific life-changing illness or disease such as dementia; this was seen in learner answers. However, generic reference to memory problems were often made, meaning answers were too vague to award full marks. Some incorrect transitions such as menopause were given, which suggested poor reading of the question and the terms of late adulthood.

**Question 15**
The transition was often given as the death of a partner, but retirement was also a transition often seen too. The transition needed to describe the effect on health and wellbeing. Often learners only stated one effect, for example, isolation or depression. Incorrect transitions, such as aging, meant learners were unable to access marks.

**Question 16**
This was a challenging question for many learners. The question focus was on the support a healthcare practitioner could provide through the transition of a diagnosis of a medical condition. The practitioner would not be providing treatment or medication, as this is not transition support, nor would they reassure patients they will be fine and get better or support them by making them feel happy. Such answers were common, showed a lack of appreciation of a medical diagnosis requiring a transition and the role support can play. Learners who did gain a mark often did not access the second mark as they did not show an understanding of how the suggested support they gave supported the patients.

**Question 17**
The majority of learners achieved two marks on this question. Some learners didn’t access the full two marks due to describing relationships in terms of being abusive or toxic, rather than identifying a relationship type, for example, friendship.

**Question 18**
Moving away from home to university was well received, with learners often being able to explain the event in terms of the individual’s health and wellbeing. Missing family and friends, feeling isolated, possible depression, worrying about finances, impact on healthy eating were popular points. However, evaluation was rarely addressed with the negative side of the

scenario, only considered; there was no appreciation for the positive aspects, such as independence, learning to budget, increased self-esteem or meeting new people.

**Question 19**
Most learners were able to answer this MCQ correctly, showing their knowledge of an acute condition.

**Question 20**
Most learners were able to answer this MCQ correctly, showing their knowledge of the assess stage in a care planning cycle.

**Question 21**
The two purposes of the person-centred approach regularly gained the full two marks.

**Question 22**
This was a challenging question for some learners, as there needed to be evidence of applying the person-centred approach in terms of the case study, for example, talking to the individual to find out what they like or how they feel. Learners did use the scenario to identify that the individual had an enjoyment of gardening and were able to consider a way this could be included in their care.

**Question 23**
Many learners achieved at least one or two marks. Answers that did gain a mark considered the role of schedules, timetables or diaries to plan commitments. Some learners did not gain a mark for this question. There was a lack of understanding of what a time-management strategy is. Reducing workload, working on a weekend or having online meetings, are not ways of managing time.

**Question 24**
The majority of learners were able to identify an item of personal protective equipment. Gloves was the answer most seen.

**Question 25**
A care value was identified in the answers of most learners, which gained a mark. How this care value was then applied to support Ben needed to be in terms of Ben's care needs, which the scenario stated was his need for assistance with personal care. Many learners did not make reference to personal care to gain the second mark.

**Question 26**
Learners were able to state one basic physiological and biological need from Maslow's hierarchy of needs. Food was a common response.

**Question 27**
Two benefits of a social worker working in partnership with other professionals saw some responses that were too vague. Answers that gained marks were often based around the value of having different options, shared goals, learning from each other or ease of referral and holistic care.

**Question 28**
Discussion was consistently underdeveloped with most learners not moving beyond the middle band, only gaining four marks. Impacts of respecting privacy and dignity of the case study did not generally consider the challenges in doing so, or the impact if these were not respected. Good responses made reference to promoting independence, increasing self-esteem and developing trust that would support the individual's expression of their needs and disclosures.

**Question 29**
Learners were able to identify barriers to accessing healthcare for the case study. A rural location, transport and speaking limited English were generally included in most responses. How these barriers were overcome were appropriately considered, such as using family for transport and getting an interpreter, although many learners confused a translator with an interpreter. Some more considered responses suggested telephone consultations and why this may be more appropriate. Discussion was often minimal. Learners rarely moved beyond six marks out of band 2.

**Question 30**
Learners generally engaged well with the question, offering a range of impacts of the case study being the carer for her mother. Missing school and the impact on education, friendships and finances generally all referred back to stress and isolation. More developed responses drew out discussion by considering potential positive impacts, such as the development of caring skills, maturity or the strength of the relationship with her mother.

## Non-exam assessment (NEA)

**Task 1**

Within this task learners have their first attempt at undertaking: Assessment objective 1 (AO1), AO2, AO3 and AO4.
Learners were required to use the case study and individual profile completed by the care worker (appendix 1) to assess Barbara's care needs on leaving the hospital. The task included an outline of the expectations, which supported learners to understand the requirements of the task, along with the evidence to be devised.

In many instances, learners engaged and performed very well against this task; this was a high performing task across the NEA.

Learners who performed particularly well in this task were able to effectively review task 1 and its requirements, writing a report and producing a suitably structured care plan, both of which were linked and referenced to the case study and individual profile provided, as part of the task.

In some instances, learners provided written evidence only across the breadth of the task; subsequently, where learners did not create a suitable care plan, this impacted on their ability to achieve higher marks in AO4. Learners who achieved lower marks tended to have made little or no relation to the case study, with less coherent structure and little relevance to the individual profile and struggled to provide a suitable analysis and evaluation to support AO3.

Within this task there are two marking bands to support the awarding of marks, and in a small number of instances centres had not taken into consideration both marking bands when awarding marks for the task.

Sources of research were not always well referenced within the learner responses. In some instances, this suggested that learners had a limited comprehension of how research materials should be presented and credited within their evidence.

**Task 2**

Task 2 allows learners to have their second attempt at undertaking AO1, AO2 and AO3. Learners were required to consider how to maintain safe working practices concerning confidentiality around Barbara's personal information, such as her individual profile and care plan.

As part of this task, learners were to analyse and evaluate safe working practices in relation to confidentiality and record keeping and write a safe working practice procedure to include safe use and storage of personal information. The NEA task included key areas that learners must include within the evidence; in most instances, they supported learners to provide detailed and structured responses.

Learners who performed well against this task had clearly considered how to maintain safe working practices, with clear links made to confidentiality and record keeping, which supported their analysis and evaluation. Learners also provided a structured and well-documented procedure for the safe and secure storage of personal information and referred to legislative requirements as outlined under the Data Protection Act 2018.

Where learners achieved marks at the lower end of the marking band, learners did not provide suitable evidence to meet the requirements of the task, as they focused on aspects such as hand washing, the use and disposal of personal protective equipment (PPE) and disposal of waste and body fluids, rather than the requirements of the task, which were linked to safe working practices concerning confidentiality and record keeping, along with the safe use and storage of personal information.

In other instances, it was noted that in some evidence examples, learners wrote a procedure and did not provide an analysis, which was a missed opportunity to achieve higher marks in the task.

**Task 3 (a)**

Learners had their third attempt at undertaking AO1 and AO2 within this task, whilst it also gave the learners a second attempt at undertaking AO4. There was a correlation between task 1 and task 3 (a), which required the learners to review the case study, individual profile (appendix 1), health and wellbeing report (appendix 2), and their report and care plan completed in task 1.

The depth to which learners completed task 1 may have impacted some learners' ability to complete task 3 (a). In most instances, learners were able to provide a suitable activity plan for a full day of activities, based on Barbara's needs and preferences. The activity plans, for the

most part, included timings, and some learners had used the key requirements, such as how each activity would support Barbara's holistic development and meet her individual care needs, family member, practitioner, or professional role, and the resources required, as headings in their activity plan, which ensured suitably structured plans were in place.

In some instances, learners provided incomplete activity plans, missing off aspects such as timings or resources. Although they had recorded the family member or practitioner, they did not provide their role during the activities.

Where learners received lower marks against the marking band, learners had not reviewed the case study or individual profile (appendix 1) and had not taken into consideration the health and wellbeing report (appendix 2) to support them to derive their plan for a day's activities based on Barbara's care needs and previously enjoyed activities.

Within this task there are two marking bands to support the awarding of marks, and in a small number of instances centres had not taken into consideration both marking bands when awarding marks for the task.

**Task 3 (b)**

Learners have their fourth attempt at undertaking AO1 and AO2 within this task, whilst it also gives the learners a third attempt at undertaking AO4. Within this task learners were required to create a risk assessment template for one of the activities given in the plan for task 3 (a) and complete the risk assessment using their template.

In many instances learners performed very well in this task and higher marks were seen where learners created suitable and well-structured risk assessments, which were based on an activity given in the plan for task 3 (a). Many learners had incorporated the hazards, risks, who might be harmed and action to be carried out, as headings in their risk assessment template. For many learners, this supported them to fully complete the risk assessment, with the depth required, providing comprehensive, relevant and detailed evidence, thus achieving higher marks. Some learners had additionally colour coded their risk assessment based on the nature and level of the risk.

Within some learner evidence, learners had incorporated all or most of the activities covered within their activity plans, which resulted in some extensive risk assessments produced. However, this also resulted in learners spending too much of their allotted time to complete the NEA on this task, and in some instances, this impacted on the depth of the remainder of the tasks, subsequently impacting upon their ability to complete tasks four and 5.

Lower marks were seen within the learner evidence, in such instances where learners did not complete the risk assessment in full, or they did not produce a risk assessment based on one of the activities given in the plan for task 3 (a). Whilst in other instances learners provided written evidence only across the breadth of the task; subsequently, where learners did not create a risk assessment, this impacted on their ability to achieve higher marks in AO4.

**Task 4**

This task incorporates AO2 and AO3 along with AO4; learner's demonstration of application of knowledge and understanding (AO2) and their analysis and evaluation (AO3) can be implied through the learner's ability to update Barbara's care plan, as required to support AO4.

Learners were required to review the care professional's health and wellbeing report (appendix 2) and assess the extent to which Barbara's individual needs and preferences are now being met, and consider the changes required to Barbara's care plan to support her ongoing holistic development needs. To follow learners were required to write a report of their findings and update their care plan created in task 1, to take account of Barbara's needs following her time at home during the last 4 weeks.

Learners who received higher marks across the marking band for this task, were able to carefully review the care plan, completed in task 1 and provided carefully considered and comprehensive updates to their care plan, which were detailed and highly relevant to the case study and Barbara's individual needs and preferences. Many learners provided their updates in a different colour for clarity, as required for the task, and of which supported the moderation process. It was, however, noted by moderators, that some learners provided their updates in black, which sometimes impeded the moderation process.

Lower marks from the marking band were seen, where learners had not taken into consideration the care professional's health and wellbeing report (appendix 2), and as a result provided very limited analysis and evaluation of Barbara's development, with limited justifications for the recommended changes to Barbara's care needs, which were sometimes superficial.

There were also instances where learners who did not provide a care plan in task 1, and subsequently did not provide any updates, and therefore there was a missed opportunity for some learners to gain marks in this task.

It was also noted that where learners did not provide a structured care plan in task 1, this made it challenging for the learners to provide their updates, to fully meet the requirements of this task. Thus, centres are advised to ensure learners read the task requirements carefully.

**Task 5**

This is the final task that comprises the NEA and this task specifically pertains to AO5: analyse and evaluate the demonstration of relevant vocational skills, processes, working practices and documentation. Thus, this is the only opportunity for learners to attempt this AO.

Learners were required to complete an evaluation of the updated version of their care plan from task 4. It was noted that in some instances learners did not attempt this task and therefore received did not attend (DNA).

Where learners had completed task 1 and updated this to support task 4, with some depth, learners were able to provide an evaluation of their updated care plan.

Learners who were able to produce a considered evaluation, which included how well their updated care plan records and outlines Barbara's care and support needs and engage with the given areas of evaluation were often able to achieve well in this task. Where learners achieved higher marks, careful consideration was given as to how well the care plan meets Barbara's holistic needs and preferences and as such, evaluations were detailed and relevant.

There were instances where learners did not provide a suitable evaluation, due to the limited evidence they presented in task 1, which also impeded their attempt at task 4. It was also noted that in some instances learners did not attempt this task and therefore received DNA. Often there was a notable pattern, in which learners who had not achieved well in task 1 and task 4 tended not to accrue marks as successfully in response to task 5.