



Chief Examiner Report

**NCFE CACHE Level 3 Applied General
Certificate in Health and Social Care QN:
603/2914/2**

Assessment code: AGCHSC

Paper number: P002757

**Submission window: 9 January 2025 to 27
January 2025**

Introduction

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 performed well as well as any areas where further development may be required.

Key points:

- grade achievements
- administering the external assessment
- standard of learner work
- assessment structure
- use of word allocation
- criteria requirements and command verbs
- referencing of external assessment tasks
- assessment criteria (AC)
- 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 achievements

Grade	NYA	P	M	D	Learners	53
% of learners	86.79	9.43	3.77	0.00	Pass rate	13.20

Administering the external assessment

The external assessment is invigilated and must be conducted in line with our [Regulations for the Conduct of External Assessment](#) document. 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 \(QSID\)](#) document.

Standard of learner work

At best, candidate work presented at a pass standard. Although many candidates struggled to gain this grade.

Assessment structure

External assessment task title 'Significant life events that service users may experience'. The candidates followed the required assessment structure, addressing logically the pass criteria, followed by the merit and distinction. Criteria were clearly signposted by candidates. There were no holistically presented scripts.

Use of word allocation

The allocated 1500 words were used effectively for candidates working to the merit criteria. The few candidates that addressed the distinction criteria failed to provide enough detail to engage with analysis; often due to not having enough words to provide this level of detail. More detail than required was often given in the pass criteria, where more concise responses would have made available more words for the distinction criteria. Most candidates used all or most of the 1500 word count.

Criteria requirements and command verbs

Despite some assessment criteria looking as if they would offer more easily application than others in terms of the assessment title, for many candidates this was not the case, and they found it difficult to consistently apply the title through the criteria, losing focus on "significant life events that service users may experience' For example, P3 many candidates could not link legislation, policies or procedures to life events, this was despite being open to a range of possible life events, including those an individual could be experiencing relevant to their developmental stage. Adolescence was often given as a significant life event, despite it being a developmental life stage, candidates needed to identify a significant life event relevant to adolescence. Some candidates did not appear to appreciate that a life event happens or is a change from something, rather than having always been present e.g. *acquiring* a disability, *developing* a long term-health condition.

Recurring points regarding engagement with command verbs in this paper were seen again, such as; the command verb 'discuss' in M3 was not always effectively addressed. Some 'explain' command verbs offered a description more than an explanation. Analysis in D1 lacked depth and often reflected a limited word allocation, as previously stated. Overall, candidates need a greater understanding of what command verbs require, along with more careful consideration of the criteria requirements, for example in P2, the focus is on how a practitioner monitors care needs, rather than what the practitioners job role is.

Referencing of external assessment tasks

Referencing of the traceable quotes in P5, M4 and D2 were addressed with variable success. Most candidates providing quotes that were clearly identifiable within criteria work and supported by a reference of the book or website source. A small number of candidates provided quotes but with no reference source. An even smaller number did not provide any quotes at all. Some poor application, where text looked like a quote, but which did not have quotation marks, or overuse of quotes, that made up the learner's content. This over-reliance on quotes, should not replace paraphrasing.

Some candidates clearly took care with the accuracy and format in their recording of their quotes, and this was very pleasing to see.

Quotes were generally appropriately selected to support the criteria; a small number needed more thought on the relevance within the text.

Assessment criteria (AC)

Pass Criteria

- All candidates attempted the pass criteria, but a significant number did not pass this, some did not achieve any of the pass criteria.
- P1 – most candidates approached this section with a good overview of development or wellbeing linked to the life stage, such as adolescence or late adulthood in terms of life events. Adolescence is a developmental stage but was accepted as a life event when candidates signposted linked points to, for example, social and emotional development and growing independence. This was also the case for late adulthood, for example, in terms of health-related illnesses.
- P2 – many candidates failed to specify a specific health and social care practitioner. When a practitioner was identified it was often not focused on monitoring the service user's care needs. Many candidates only focused on what the practitioner could do for a service user. Subsequently there was poor use of specific examples of an individual's needs. Effectively addressed responses included, for example the life event of pregnancy, with the midwife as the practitioner monitoring the mother's care needs.
- P3 – candidates found it difficult to show how legislation, policy and practice can address safeguarding through specific life events. There was a recurring difficulty in linking life events to legislation. Where candidates did approach this well, they selected a relevant legislation, such as the Equality Act and applied it to a life event, such as pregnancy, or the Mental Capacity Act to dementia. Safeguarding with these examples appeared to be much easier to then refer to. Some candidates did not provide the two examples of either legislation, policy or procedure.
- P4 – candidates often selected a specific campaign but struggled to tie this into a life event. A more general approach to health education campaigns would have also been appropriate too. Some candidates appreciated how campaigns use different tactics to get their message across, for example outlining risks using scare tactics or motivation.

Merit Criteria

- Most candidates attempted the merit criteria.
- M1 – candidates made reasonable attempts to explain the impact of advocacy; however, it was not always linked to significant life events. Subsequently, there was an understanding of the role of the advocate/advocacy, such as the role of advocacy for a service user whose physical or mental health has impacted on their ability to express their needs.
- M2 – generally candidates did understand care planning, but there were very few responses that addressed informed care planning in relation to significant life events, despite the theme lending itself quite well to this criteria.
- M3 – proved demanding, with candidate responses tended to explain reflective practice in general terms with no link to significant life events. The role of a social care worker

could have offered links to many relevant life events, which could have offered application to reflection within a social care workers practice.

Distinction Criteria

- Over half the candidates did not attempt the distinction criteria.
- In all cases D1 analysis was too underdeveloped to be able to award the criteria.
- Learners tended to make simplistic links to what health education would do, for example, for a pregnant women in early adulthood it would promote healthy lifestyle choices, such as not smoking and eating healthy, rather than offering the depth needed, for example in analysing how health education promotes these healthy lifestyle choices for an individual in a specific life stage who is experiencing a significant life event.
- D2 did not present wider background reading.
- Candidates attempting the distinction criteria need a greater awareness of the command verb 'analyse' and what would constitute 'wider' reading in terms of difference sources used, rather than just 'lots' of quotes from a limited number of sources, or more sources, but not sources that would be considered different.

Regulations for the conduct of external assessment

Malpractice

There were zero 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

There were zero instances of maladministration 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.

Chief examiner: Vickie Davis

Date: 27 May 2025