Chief Examiner and Chief Moderator Report

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

Series: Summer 2024

Visit ncfe.org.uk **Call** 0191 239 8000

NCFE CACHE Level 1/2 Technical Award in Health and Social Care (603/7013/0)

Paper numbers: P002452, P002475, P002454

This report contains information in relation to the examined assessment (EA) from the chief examiner and non-exam 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 examined assessment and NEA
- evidence creation
- standard of learner work
- responses to the tasks
- Regulations for the Conduct of External Assessment and the NEA

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 and achievement information (V Certs)

This qualification consists of two assessments: the examined assessment (EA) and the non-examined 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**	*31*	*32*
Level 1 Merit	**51**	*25*	*24*
Level 1 Pass	**37**	*19*	*17*

***** *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 EA and NEA

The EA is invigilated and must be conducted in line with our Regulations for the Conduct of External 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.

The NEA must be conducted in line with the regulations outlined in the Tutor Guidance Document

Evidence creation

EA

Learners should use the space provided to answer questions. Where answers are typed or additional pages included, the learners 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.

NEA

The NEA set out requirements for each task which direct the learner on the format, presentation and style their response should take. Learners are able to decide whether to present their work as either a handwritten or word-processed response.

Centres are reminded to ensure that learners are given no more than the total time to complete these tasks, including preparation and research time, guidance can be found in the QSID document. Furthermore, all documentation in respect of this assessment should be completed fully, for example, learner declaration forms.

Marking grids were mostly accurately applied, however, there was a disparity in the content of assessor feedback forms. Centres are encouraged to provide learners with a band against each assessment objective (AO) being assessed and then a final score. Feedback should also be personalised rather than copied and pasted from the descriptor grids; learners should be able to easily identify what they could to improve their writing skills in future. Centres should seek feedback from learners and record this on the corresponding form. Where a learner chooses to not give feedback this should be stated.

Organisation of assessed work across most centres was excellent with clearly labelled documentation. Centres are reminded to refer back to the NCFE requirements for uploading evidence to ensure continued good practice.

Standard of learner work

EA

Quality and standard of work was variable as expected across level one and level two responses. Learners who achieved higher grades generally achieved this by presenting an understanding in varying degrees across the whole script. Engagement with the stems and case studies were apparent, which was particularly key in the extended-response questions for higher marks.

It was challenging for learners to add detail and application at times. This was particularly evident for many of the extended-response questions and in some of the two and three mark questions too, responses which lacked detail or focus, in turn felt generic. Extended responses where the application to the case study was possibly more familiar to learners, were answered with greater engagement than other extended-response questions, such as the impact of increasing physical activity in question 15 and impact of divorce in question 26. These also offered some engagement with discussion but 'discuss' in general was an area most learners could have improved on.

Multiple-choice questions were generally answered well, although question 16 proved the most demanding, with learners not always able to identify the first level in Maslow's Hierarchy of Needs.

There were several question areas that consistently highlighted gaps in knowledge and/or mixed understanding, such as how practitioners work in partnership, how transitions are supported, and how communication or time management barriers can be prevented.

It was noticed that some question had been misinterpreted, for example, misreading that the question was about 'middle adulthood' in question 14 or that it was not about 'acquiring' language but how language develops in question 13.

Another common error was not addressing the 'explain' command verb in the two or three mark questions. Instead, some learners would only partly address the question, often picking up a mark for giving a 'way' or a 'how' for example, but not explaining this. Such exam skills need to be in place to ensure learners have a chance of accessing all marks available for a question.

NEA

The majority of learners were able to access AO1 (recall knowledge) and AO2 (application). Some learners were also able to consistently access AO3 (analyse and evaluate knowledge and understanding) and AO4 (demonstrate the application of relevant vocational skills, processes, working practices and documentation). Level 1 learners were less likely to achieve well in AO5 (analyse and evaluate the demonstration of relevant vocational skills, processes, working practices and documentation) with some not attempting task 4 or task 5.

Due to the nesting structure of the NEA, learners needed to complete task 1 to be able to attempt task 4 and task 5. Further, learners needed to complete task 3 (a) to complete task 3 (b). This impacted some learners' ability to achieve higher marks on this assessment.

Centres are reminded that if a learner has attempted a task but does not submit any rewardable material then a score of '0' should be awarded. Further, Centres are reminded to upload assessor feedback forms with learner's work.

Responses to the assessments

EA

Question 1
A multiple-choice question that most learners correctly answered, identifying a family member as an example of an informal carer.

Question 2
This question was generally correctly answered, with learners identifying the NHS provision as a statutory provision.

Question 3 (a)
Learners were able to give a reason why a patient might be attending hospital to gain one mark. Most did develop from this and offer some further detail, to gain the second mark. Popular responses were for a broken limb attending accident & emergency.

Question 3 (b)
The way a practitioner could communicate effectively was generally answered correctly, picking up the full two marks, often for not using jargon to be understood by the patient. However, there were many vague responses, that did not pull through an adequate way communication could be effective, for example, stating asking questions is not effective. It is how these questions are asked, or what these questions are that make communication effective.

Question 4
A good response with most learners picking up the full two marks. Some learners did, however, give responses that were not about carrying out an emergency evacuation procedure, such as undertaking training, testing fire extinguishers.

Question 5
Learners had good knowledge of some of the roles of a General Practitioner – minor operations and advice were popular responses.

Question 6 (a)
Some learners did not achieve the full two marks as often a general example was given but not supported by a definition, for example, an individual is in control of their care or equal partners.

Question 6 (b)
Most learners picked up a mark for how confidentiality can be maintained but did not explain this to gain the second mark, instead offering another way confidentiality can be maintained.

Learners need to be more focused when asked to explain, and what this means, such as stating personal data is locked or password protected, which ensures it is only accessible by those who are given access.

Many learners also made the error in stating confidentiality is maintained by ensuring no one has access to personal data – this is not correct; learners need to appreciate the ‘need to know’ principle.

Question 7
Infection prevention and control procedures were generally identified, with some further development that gave some explanation of why their chosen way might have prevented an outbreak.

Although the explanation at times often felt accidental, for example that this stops the virus spreading to other residents. A repeat of the same explanation could not be credited for both chosen example. Errors in vaccinating residents was given by some learners but was an incorrect response for norovirus.

Question 8
This question required a discussion of how practitioners working in the day centre should follow equality and inclusion policies. Some learners spoke about children and not adults in their response, although were awarded for relevant general content. Learners found this a challenging question, answers were general and often representative of the question. Better answers gave some specific examples of inclusion.

Question 9
A multiple-choice question on an emotion expressed in the infancy stage which learners correctly identified.

Question 10
Learners overall were able to identify an example of physical development in infancy.

Question 11
A table to complete to give the correct life stage and age. Learners did not always correctly give the age range of childhood; most did however identify 30 to 60 years being middle adulthood or adulthood. Life stage is referenced in the qualification specification which learners are expected to understand.

Question 12 (a)
Defining a transition was variable, more precise wording was needed to show an understanding. The example of the transition was often answered correctly, starting nursery or moving to school were popular correct responses. A high number of learners offered a milestone of development as a transition, which is incorrect.

Question 12 (b)
This question proved challenging for most learners, as it was often dependant on how accurate the transition example was in question 12 (a). General ways of supporting children in transitions was accepted, but these responses rarely carried enough explanation to gain the full three marks.

Question 13
Careful reading of the question was needed to understand that the question was not about acquiring language but how language develops.

Question 14
The occasional misreading of the question resulting in middle adulthood not being the correct focus. Some clear errors in not naming physical changes. Generally, menopause, wrinkles and

greying hair were popular correct responses, but it was also pleasing to see other less obvious answers referring to muscle mass decreasing and weight gain.

Question 15
An extended-response question requiring discussion of how increased physical activity can impact on the case study. Many learners picked up 3 to 4 marks – mid band 2. Excellent answers tended to offer a range of impacts, often considering all areas of development, with detail and good engagement with the case study; a middle aged overweight sedentary male working in an office.

Question 16
Learners did not always identify in the multiple-choice question which was the first level in Maslow's Hierarchy of Needs.

Question 17
A multiple-choice question had some variability in correctly identifying the description of 'assess' in the care planning cycle.

Question 18 (a)
Overall learners were able to identify communication or time management as barriers from the stem that were preventing partnership working. A number of learners inaccurately identified the barrier as 'workload'.

Question 18 (b)
Learners struggled to explain how the barrier in 18 (b) might be prevented. Responses to 18 (a) that were incorrect could not gain marked in 18 (b).

Question 19
A question that most learners picked up at least one mark for and many both marks. Closing the curtains was a popular response. Some responses consider how supporting independence and giving choices is a way to support dignity.

Question 20
A challenging question for most learners. The environment presented with a muddled understanding of this, in terms of where this sits within the specification.

Question 21
Learners were able to identify an example of a disability, either with a type or specific example of a disability.

Question 22
Many learners incorrectly named a wheelchair as a physical care need, most learners did however provide an accurate response to this question.

Question 23
Defining partnership working was addressed with accuracy.

Question 24 (a)
This question proved challenging as learners generally answered in terms of how two

practitioners could support the individual in the case study, presenting their roles in isolation, but not in terms of partnership working. A more developed understanding of what partnership work involves is needed.

Question 24 (b)
An extended-response question that required a discussion of implementing care values during mealtimes in reference to the case study. Learners did not always identify care values in their responses, although these were often still clear in the responses. Learners tended to struggle with provided specific examples of implementing care values with the case study.

Question 25
An extended response that was a challenge for a number of learners. There was clearly an understanding across most learners of the needs of the individual in the case study, but how needs are met by professionals using a person-centred care plan was not always clear or developed.

Question 26
This was generally a well addressed response. Divorce as a transition was well received. The impact on health and wellbeing of divorce offered some thoughtful points, and engagement with discussion, particularly around divorce being a positive transition for some individuals.

NEA

Task 1 directed the learners to create a care plan. A range of presentation styles were seen; some tabular, some narrative. Centres delivering this qualification are reminded that learners should be introduced to care plans that meet the sector standard. Learners achieving higher marks submitted a narrative alongside the care plan which enabled them to analyse and evaluate the needs of the case study. Learners explained how Learners explained how the support they identified would benefit the case study, as well as the care values that would be shown by the care professionals. They scrutinised the case study and considered the implications of the client's health conditions on each aspect development (PIES) rather than copying statements from the case study. Finally, they considered the planning cycle and how this care plan may change and be reviewed as the client's needs change, particularly noting that the individual identified are in adolescence and therefore still growing and developing.

Task 2 required the learners to 'analyse safe working practices in relation to the **correct moving and handling** techniques needed for Emily at the respite care centre, at home and at school' and to 'write a procedure to ensure Emily's safety'. There was a variety of responses from learners for this task. Some learners submitted written procedure whilst others also included a summative report of safe working practices.

Learners achieving higher marks submitted a comprehensive summative report as this enabled them to thoroughly analyse safe working practices including the impact on the client and practitioners/family if safe working practices were not implemented. Some linked this to legislation, settings, policies and procedures and good hygiene practices. Further, they also ensured that their response included the respite centre, home and school as instructed.

The standard of written procedure was vast. Some learners wrote a narrative and did not stay focused on the specific case study whilst other learners wrote a brief step-by-step procedure which consisted of statements with little or no analysis. Learners achieving higher marks created a step-by-step, methodical procedure. This started at the point of preparation of moving the client, throughout the process of moving the client and also included notes on after care.

Throughout the procedure they also included a rationale of why this step needed to be completed. This included the need to provide person-centred care and included the client throughout the procedure. For example, asking for their permission before starting their move, ensuring their dignity throughout.

Task 3 (a) required learners to complete an activity plan for a 'full-day' of activities that met the needs and interests of the case study. The activity plan **must** include activities with timings (including breaks and travel where applicable), how each activity will support Emily's development, the family member's or practitioner's role during each activity and resources required.
Some learners created a plan for a school-day, leaving where large sections of time that were not planned, thus limiting access to higher marks. Additionally, some learners only planned 2 or 3 activities but they did not meet the requirements of the task. Learners achieving higher marks for this task created a plan in tabular format which incorporated activities from waking up until preparing for bedtime and supporting all areas of the individual's health and wellbeing. Activities included opportunities for personal care, rest, physical exercise, socialising and intellectual

stimulation. Learners who achieved higher marks also explored how the activity would support the case study's wellbeing, resources needed and the role of family member/HSC worker.

Centres should remind learners to read the task fully and note what **'must'** be included in their response in order to access higher mark ranges.

Task 3 (b) required learners to create a risk assessment template. Learners mostly did this to a good standard and presented their risk assessment in a tabular format with clear headings, in line with good practice. Some learners chose to rate their risks red, amber or green (RAG rated) which reflected a good understanding of this aspect of practice. Learners should be reminded that the risk assessment should be based on one of the activities identified in task 3 (a). Centres are reminded that good practice when undertaking risk assessments can be found on the Health and Safety Executive website (https://www.hse.gov.uk/).

Task 4 required learners to write a report of their findings after 'assessing the extent to which Emily's individual needs and preferences have been met' and 'assessing the changes required to Emily's care plan to support her ongoing development'. This is a challenging AO for some learners which requires deeper and mature thinking and writing skills to fully access the mark band. Learners working at band 1 or a lower band 2 wrote statements and facts about the clients' needs which were relevant but failed to assess the extent that the support played in supporting their development and 'why' this was the case. Further, several learners failed to include an updated care plan which limited the mark that could be awarded. Some Leaners stated that their original care plan did not need to be reviewed and updated as it already met the client's needs. It was evident that they had not fully read and understood the questions or the social worker report (appendix 2).

However, good practice was seen with learners updating the care plan in a different coloured font or using highlighters; this made changes and updates very clear.

Task 5 required the learners to 'complete an evaluation of the updated care plan you have created in Task 4'. This should include 'how well your care plan records and outlines Emily's care and support needs' and 'how well your care plan meets Emily's holistic needs and preferences' which allowed learners to explore the planning cycle.

Not all learners attempted this task, of those who did there was a wide range of quality of responses showing the challenge of assessment objective 5 (AO). Learners achieving higher marks referred to their updated care plan and considered the client's holistic needs show the plan supported person-centred care including needs and preferences, identifying risks, the need for partnership working and aids and adaptations used. They came to a conclusion on how well the care plan identifies and meets the clients current needs as well as supporting them to fulfil future aspirations. This was supported by highly detailed and relevant examples. Further, they incorporated relevant practice and theory into their evaluation, for example, the 6C's and Maslow's' Hierarchy of Needs. Finally, their writing style was formed of coherent arguments which made a point, were supported by an explanation and example and then linked back to the case study.

Centres are encouraged to expose all learners to exemplar responses that show higher level writing skills.