

Level 2 Technical Award in Health and Social Care (603/3294/3)

Assessment code: TAHSC SAE

Paper number: P001383

Submission date: 31st January 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 Information
- Administering the external assessment
- Standard of learner work
- Evidence creation
- Interpretation of the tasks and associated 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 information

Each learner's external assessment paper is marked by an examiner and awarded a raw mark. During the awarding process, a combination of statistical analysis and professional judgement is used to establish the raw marks that represent the minimum required standard to achieve each grade. These raw marks are outlined in the table below.

NYA	Pass	Merit	Distinction
0	28	39	51

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.

Maximum UMS Score*	Pass	Merit	Distinction
100	62.50	75	90.625

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

Grade	NYA	Pass	Merit	Distinction	Learners	1212
% of learners	32.59	25	23.51	18.89	Pass Rate	67.41

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 Document (QSID).

Standard of learner work

Was the quality and standard of the work varied or consistent?

Candidates found this paper more challenging than previous papers -this may have been due to covid impact affecting content covered – depth of knowledge and preparation.

Did learners attempt to answer all questions in the papers?

Overall, yes, they did attempt all questions, although there were some questions that often did not receive any marks, and certainly not full marks.

If there were excellent responses what did learners demonstrate?

Depth of understanding across a range of content areas. High marks on the extended answer questions, with effective use of terminology. Ability to pick up some marks on questions that were particularly challenging. Good use of the scaffolding to structure responses to ensure all marks were accessed.

If learners were under-prepared was there a clear reason?

Some questions were not read carefully, and misinterpreted, such as Q13.

Evidence creation

Example: 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.

Some scaffolding was poorly presented, and some questions lacked clarity, as follows:

Q5a – ‘sign’ and ‘outline’ answers often overlapped, difficult to distinguish the two. Poor question.

Q6c – a challenging question as points in MS for either working relationship or personal relationship could have been valid answers. Question produced too many novel answers that were very weak but not necessarily wrong.

Q8 – the requirement to ‘give’ examples, made for very limited answers, sometimes only a word, in so, throwing up a lot of questions with very limited engagement, making it difficult to ascertain whether understanding was being shown.

Q9 – this really needed to be linked to Q8 to support the understanding of barriers (Q9) and then strategies to overcome them (Q8). The requirement to ‘identify’ limited engagement and made marking more challenging, as answers very brief – often one word. Candidates were gaining credit for very little understanding.

Q13 – most learners did not gain a mark for their knowledge of a personal development plan; they wrote about a care plan. This needed a stem to focus the candidate of which type of plan they were focusing or to place in inverted commas ‘personal development plan’.

Q14a - scaffolding - a line spacing needed between ‘source of information’ and ‘description’ – to support candidates in separating these two parts, as they often struggled to do this.

Q14b – ‘specialist’ functions – needed inverted commas, as candidate answers were too generic.

Responses of the tasks within the sections of the external assessment paper

Question 1 (a)

Very few candidates gained full marks. Confusion over services and practitioners, or a lack of careful reading of the question. Hospital often given and gained a mark.

Question 1 (b)

Answer linked to 1(a), so impacted by incorrect response from previous question.

Question 1 (c.)

Answered accurately by most candidates.

Questions 1 (d)

Answered accurately by most candidates.

Question 2 (a)

Confusion over practitioner and services, which resulted in incorrect answers. Some answers were not relevant to Oscar e.g., counselling.

Question 2 (b)

Linked to 2 (a). Lack of development at times to gain the full 2 marks.

Question 3

A question that offered easy access to up to 6 marks. Many candidates gaining 3 to 4 marks without much difficulty. Better answers offered range within their consideration of holistic development, together with good engagement with the case study.

Question 4

Candidates generally answered this well, gaining at least 4 marks of a possible 6 marks. Where answers were weak there was a lack of depth in terms of the effect on the baby, for example just stating that 'development would be affected'.

Question 5 (a)

As mentioned previously a two-part question than often was difficult to distinguish the 'signs' from the 'outline'. Most candidates did however present an understanding of separation anxiety.

Question 5 (b)

This was not answered well may many candidates. Benefits after pregnancy were not specific to the needs of an infant or mother's needs that would require a care plan. Likewise, benefits before pregnancy were often simplistic in understanding and appreciating the support an individualised care plan can provide.

Question 5 (c.)

Benefit and explanation were sometimes indistinguishable, despite the scaffolding, examiners had to pull out these within any part of the answer. Although candidates did, often gain most of the marks available.

Question 5 (d)

A well answered question; considered a low demand question.

Question 6 (a)

Most candidates answered this accurately.

Question 6 (b)

Candidate answers often lacked clarity in offering three reasons, with some repetitive points made.

Question 6 (c)

Although seemingly easy, this proved a challenge to gain the full 4 marks for, with many weak answers of differences, which could quite easily be within both relationships. Some candidates failed to distinguish which relationship they were referring to in their response.

Question 7

Candidates understood what partnership working was, but not always the ways in which it meets individual needs. Most candidates could show their knowledge of practitioners working together in reference to expertise. Candidates could also answer this in terms of partnership working with service users – although this as not a popular approach.

Question 8

Overall barriers offered good access to marks, because of the range that could be credited as partnership working with both with other practitioners and services used was accepted.

Question 9

Although not linked to question 8, many candidates did link the barriers from question 8 to strategies in question 9, when they took this approach, they were more likely to gain more marks. Some limited answers were creditworthy, as 'identify' was the command verb.

Question 10

A more challenging question than it initially looks, as candidates struggled to give a second reason to access the 3 and 4th marks.

Question 11

Understanding of social care values – at least one or two were expressed in most candidates' answers, in so gaining 1 or 2 marks. Better answers made clear links to Sarah.

Question 12

Most candidates answered this accurately.

Question 13

Most candidates did not gain a mark, with a clear muddling of personal development plan with that of a care plan.

Question 14 (a)

A surprising range of sources of information offered by candidates. Most candidates gained 2 marks.

Question 14 (b)

A clear lack of knowledge in the specialist care functions of an OT. Most learners did not gain a mark for this question. when they did it as for reference to independence, which given such candidates then did not go on to gain further marks for more obvious functions of an OT, with reference to aids and adaptations, this may indicate they stumbled upon a correct answer.

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 maladministration was 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.

Chief Examiner: Vickie Davis

Date: 31 March 2022