

# CACHE Level 2 Technical Award in Health and Social Care - 603/3294/3

**Assessment Code:** TAHSC/SAE

**Paper number:** P001684

**Assessment date:** 12<sup>th</sup> May 2023

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
- Evidence creation
- Standard of learner work
- Responses of the tasks
- 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

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.

Grade	NYA	Pass	Merit	Distinction
Raw mark grade boundaries	0	26	38	50

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

Grade	NYA	Pass	Merit	Distinction	Learners	626
% of learners	57.35%	22.84%	13.58%	6.23%	<b>Pass Rate</b>	42.65%

## 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 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 \(QSID\)](#).

## Evidence creation

Learners responded using the printed assessment paper. Where answers are typed or additional pages included, the learners name, centre number, centre name and task number must be clearly visible.

## Standard of learner work

Quality and standard of work varied throughout the cohort, with very few learners consistently answering well throughout the paper. There were several questions that consistently highlighted gaps in knowledge across centres, suggesting some aspects of the specification are not being adequately covered in preparation for this assessment. Questions on the function of health and social care services, as well as references to standards and codes of practice were often either clearly not well known by students or responses showed confusion in knowledge.

There were a significant number of learners attempting all the questions, but where questions were omitted, the learners had generally failed to answer many other questions on the paper, suggesting these learners were not adequately prepared to take the exam and had gaps in knowledge throughout the paper, or require more support with exam technique.

Evidence that performance was impacted by gaps in knowledge was particularly noticeable in some questions such as, 1d, 6, 9a, and 11a. There were no obvious misinterpretations to questions, and the scenario and question were within the scope of the specification, but student responses were noticeably weaker, often giving incomplete or incorrect responses.

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

**Question 1a** – most learners gained a mark for this MCQ question, correctly identifying the life stage.

**Question 1b** – many learners correctly identified the service as being voluntary, and those who did not often incorrectly gave ‘charity’ as the type of service.

**Question 1c** – generally and consistently answered correctly.

**Question 1d** – many learners did not gain any marks for this question, and overall responses were poor, failing to receive marks. Responses needed to be focused on the specification content in terms of the functions of health and social care services. Many learners simply listed examples of services e.g., hospitals or care homes, or gave incorrect responses which were not functions of health and social care services.

**Question 2a** – relevant practitioners identified mostly accurately. Where learners gave non-specific roles, such as therapist or care worker, marks were not awarded.

**Question 2b** – while a small number of learners focused on partnership working with service users, the majority answered the question in terms of practitioners. Generally, learners understood what partnership working was, but struggled to offer additional detail or application of knowledge, or ways in which needs could be met through partnership working.

References to sharing and learning skills and knowledge was often given and therefore moved responses into band 2 where applicable. Some responses offered content on the roles of different practitioners in isolation, and in doing so failed to engage with how they work together.

**Question 3a** – most learners did attempt to offer two stages of the care-planning cycle, but a common error was many learners did not always identify that the question also required a description of the states identified, limiting the marks available.

**Question 3b** – simplistic responses regarding ‘meeting needs’ offered by many students, although correct, received limited marks where learners could not offer more detail or explanation.

**Question 4** – generally learners gained some marks from this question, but simplistic impacts such as not being able to walk were not creditworthy. Learners often gave responses referring to the impact on independence, and emotional impact such as depression.

**Question 5** – too often barriers were not explicitly stated, but ways to overcome them were. For example, one learner suggested installing a ramp, but did not identify the barrier as being steps, stairs, or a raised kerb. Other responses made incorrect reference to non-physical barriers, such as distance or not being able to drive.

This was an example of what was seen across many questions on this paper where a lack of attention to the specifics of the question impeded access to the available marks on a relatively accessible question for a large percentage of students.

**Question 6** – learners often answered this question using examples of methods for protecting data, such as being password protected, rather than identifying GDPR principles. Generally, the question was not answered effectively. Some learners were able to identify a correct principle, often confidentiality, but many failed to answer more.

**Question 7a** – a multiple choice question where most students correctly identified volunteer as the correct answer.

**Question 7b** - learners generally received one or two marks for understanding the differences between a working relationship and a personal relationship but were lacking detail in their response, limiting most to band 1. There were some incorrect responses which failed to engage with differences in the relationships, and a lot of repeated comparisons that limited the range of comparisons and detail e.g., formal and informal, professional and unprofessional.

**Question 8** – many students displayed confusion between care values and the 6Cs, limiting the marks received for this question.

**Question 9a** – many students failed to receive any marks for this question. Where an answer was attempted, learners frequently failed to distinguish a code of practice from rules, policies, and procedures. There was a clear gap in knowledge evident in responses to this question across the whole cohort, impacting marks that were able to be awarded.

**Question 9b** – many learners accurately identified and explained the 6Cs. There was at times some noticeable confusion in explaining courage and compassion in particular when these standards were chosen, with responses less articulate and accurate when explaining these compared to others.

**Question 10** – a well attempted and correctly answered question by many learners, often gaining at least two marks of a possible four.

**Question 11a** – this was another question with a noticeably lower standard of response across the entire cohort, with many learners failing to pick up a mark. When a mark was awarded, it was often for a reference to well-being.

**Question 11b** – there was clearly some confusion with what environmental factors were, based on many responses seen. Lifestyle choices, taking drugs, and drinking alcohol were popular but incorrect responses, whereas family, friends, and poverty were popular correct responses.

**Question 12a and 12b** – this question was low scoring, with any description given for career development often poorly addressed or inaccurate. Where learners did pick up marks it was often for

reference to educational opportunities such as college or other qualifications, but there were few references to other possible opportunities such as volunteering.

**Question 13a** – many learners were able to accurately identify the Care Quality Commission, or CQC. Incorrect responses included stating things that may be considered during an inspection (such as hygiene) or more generic responses such as Government, or higher management.

**Question 13b** – learners tended to pick up one of the two benefits of person-centred practice, with meeting individual needs most widely given as a response. Identifying two proved more challenging, with either an incorrect response, or no second example given.

**Question 14** – an extended response question requiring the application of knowledge of the role of the health and social care practitioner in support individuals to meet their needs during transitions. Learners tended to be unable to offer an accurate explanation, and often referred only to providing generic 'support' which was given within the question. Advice, and emotional support were the most frequently given responses. This question was frequently missed by learners who may have not left sufficient time to complete the whole paper.

## 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

There were no instances of 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:** 26.06.2023