



# **3625-20 – Level 2 Technical Certificate in Healthcare, Care and Childcare**

**2023**

**Qualification Report**

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# Introduction

This document has been prepared by the Chief Examiner and Principal Moderator; it is designed to be used as a feedback tool for centres in order to enhance teaching and preparation for assessment. It is advised that this document is referred to when planning delivery and when preparing candidates for City & Guilds Technical assessments.

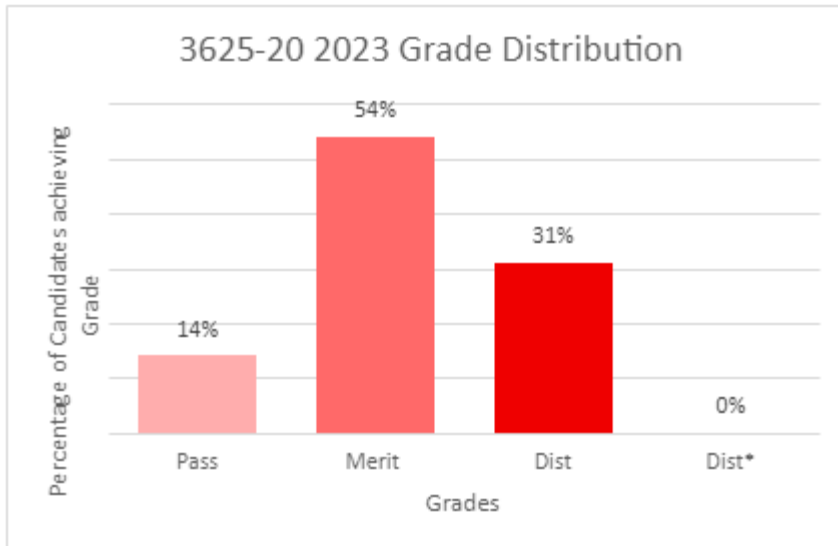
This report provides general commentary on candidate performance in both the synoptic assignment and theory exam. It highlights common themes in relation to the technical aspects explored within the assessment, giving areas of strengths and weakness demonstrated by the cohort of candidates who sat assessments in the 2023 academic year. It will explain aspects which caused difficulty and potentially why the difficulties arose.

The document provides commentary on the following assessments;

- 3625-520/020 Level 2 Healthcare, Care and Childcare – Theory Exam
  - March 2023 (Spring)
  - June 2023 (Summer)
- 3625-021 Level 2 Healthcare, Care and Childcare – Synoptic Assignment

# Qualification Grade Distribution

The grade distribution for this qualification is shown below;



This data is based on the distribution as of 18 August 2023.

Please note City & Guilds will only report qualification grades for candidates who have achieved all of the required assessment components, including Employer Involvement, optional units and any other centre assessed components as indicated within the Qualification Handbook. The grade distribution shown above could include performance from previous years.

# Theory Exam

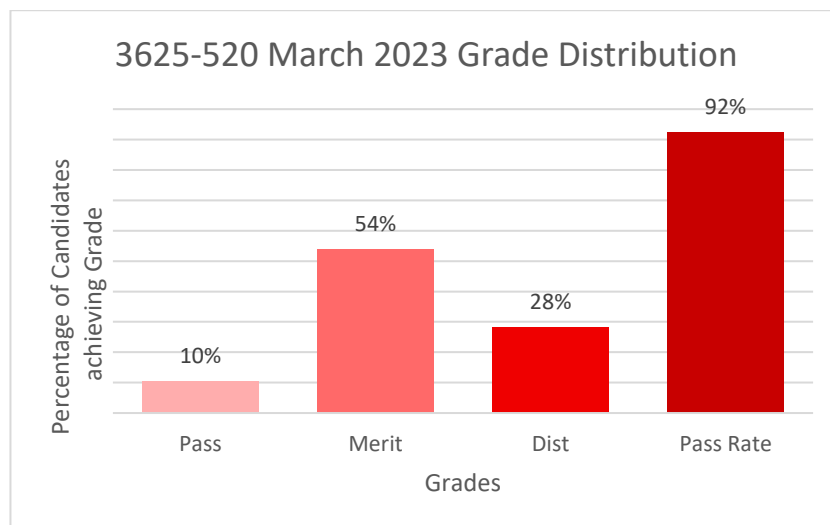
## Grade Boundaries

Assessment: **3625-520/020**  
Series: **March 2023 (Spring)**

Below identifies the final grade boundaries for this assessment, as agreed by the awarding panel;

<b>Total marks available</b>	<b>60</b>
Pass mark	24
Merit mark	33
Distinction mark	42

The graph below shows the approximate distributions of grades and pass rate for this assessment using the above boundary marks:



Assessment: **3625-520/020**  
Series: **June 2023 (Summer)**

Below identifies the final grade boundaries for this assessment.

<b>Total marks available</b>	<b>60</b>
Pass mark	24
Merit mark	33
Distinction mark	42

The graph below shows the approximate distributions of grades and pass rate for this assessment using the above boundary marks:

There is no grade distribution as no candidates passed the Summer series of the theory exam.

# Chief Examiner Commentary

## 3625-520 Level 2 Health, Care and Childcare - Theory exam

### Series 1 – March 2023

The question paper was well-structured and comparable to past papers in level of difficulty and content being tested. The results were comparable to the March 2022 series with candidates showing a good level of knowledge and understanding across the qualification. Command verbs were generally well understood and followed. Most candidates gained marks on recall (AO1) questions and were able to apply their knowledge well for the question around infection control.

Lower achieving candidates sometimes failed to answer questions fully, provide explanations or omitted reasons for the points they made however, they still showed some knowledge around the areas being tested. Higher scoring candidates' answers were often more succinct with a clear focus on what was being asked.

Candidates showed knowledge of the different services and job roles across the sector, and developmental milestones. However, lower achieving candidates sometimes failed to interpret the focus of the question correctly and gave answers that were not always relevant to what was being asked.

Candidates demonstrated good knowledge on questions which focussed on legislation and signs of abuse. However, several candidates found it challenging to explain why abuse should be reported and who it can be reported to, when responding to a question from topic area 'Understand safeguarding legislation and policies'.

Candidates showed a good understanding of person-centred values and how they apply when working in multi-disciplinary teams however, many were unable to include who may be part of the team and what their actual role would be.

A question which focussed on the use of formal theories from topic area 'Understand how theories emerge, become recognised and used' was not answered well by the cohort as a whole. Many candidates were unable to explain points they made fully, or repeated points already made.

### **Extended response question**

Most candidates showed a good insight into the potential issues raised in the scenario and had some suggestions about how they could be addressed. Answers were generally well-structured and showed evidence of planning. Most made relevant references to the values of the sector and person-centred ways of working. Higher achieving candidates were able to refer to other services and job roles well and explain how they could contribute to the care provided. They were also able to discuss how and why care should be recorded, monitored and reviewed.

Centres should be reminded that for all candidates, reading exam questions carefully to be able to construct answers accordingly, is strongly advised. It is especially important to provide exam practice in responding to the Extended Response Question. Candidates should continue to develop skills in drawing on and applying information from all the units being examined.

**Centres are reminded of the City & Guilds Technicals 'Exam Guides' available here**

[https://www.cityandguilds.com/-/media/productdocuments/health\\_and\\_social\\_care/care/3625/3625\\_level\\_2/assessment\\_materials/3625-20\\_technicals\\_exam\\_guide\\_2018\\_v1-1-pdf.ashx](https://www.cityandguilds.com/-/media/productdocuments/health_and_social_care/care/3625/3625_level_2/assessment_materials/3625-20_technicals_exam_guide_2018_v1-1-pdf.ashx)

## **Series 2 – June 2023**

The question paper was well-structured and comparable to past papers in level of difficulty and content being tested and was sat by only one candidate. The candidate struggled with command verbs and in several places missed the focus of the questions. Although some marks were gained on recall of knowledge (AO1) the candidate was not consistently able to apply their knowledge.

The candidate sometimes failed to answer questions fully, provide explanations or omitted reasons for the points they made however, they still showed some knowledge around the areas being tested. The candidate showed limited knowledge of the different services and job roles across the sector, and developmental milestones. They sometimes failed to interpret the focus of the question correctly and gave answers that were not always relevant to what was being asked.

However, the candidate demonstrated good knowledge on questions which focussed on infection control and signs of abuse. Their answers showed an insight into why abuse should be reported and the role of workers in that process. However, most responses showed limited understanding of person-centred values and how they apply when working in the sector.

### **Extended response question**

The candidate showed limited insight into the potential issues raised in the scenario and had few suggestions on how they could be addressed. Answers were generally limited to recalling basic facts outlined in the scenario and did little to explore relevant measures. No links were provided to services that could support the individual discussed in the scenario. The candidate did not explore any relevant legislation, ways of working or theories in their response and showed no understanding of how support and progress could be measured and evaluated.

Centres should be reminded that for all candidates, reading exam questions carefully to be able to construct answers accordingly, is strongly advised. It is especially important to provide exam practice in responding to the Extended Response Question. Candidates should continue to develop skills in drawing on and applying information from all the units being examined.

### **Centres are reminded of the City & Guilds Technicals ‘Exam Guides’ available here**

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# Synoptic Assignment

## Grade Boundaries

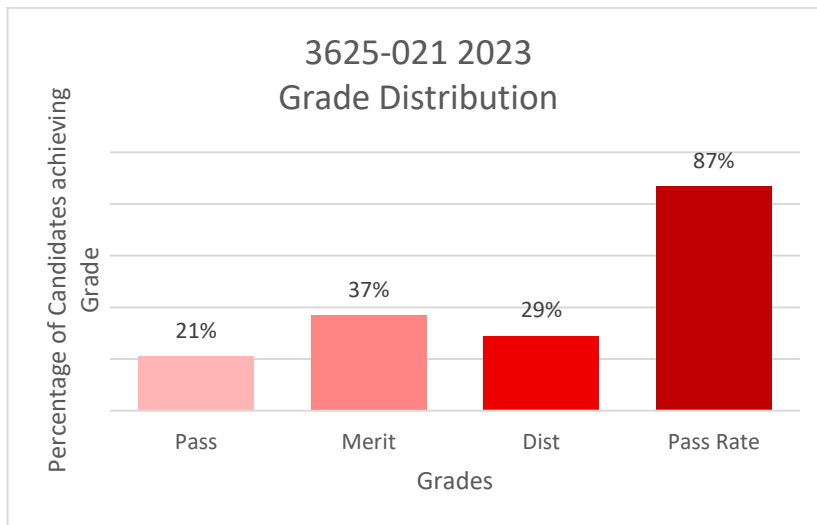
Below identifies the final grade boundaries for this assessment.

Assessment: **3625-021**

Series: **2023**

<b>Total marks available</b>	<b>60</b>
Pass mark	23
Merit mark	33
Distinction mark	43

The graph below shows the approximate distributions of grades and pass rate for this assessment using the above boundary marks:



## **Principal Moderator Commentary**

Centres successfully uploaded candidate evidence onto the portal in a timely manner and it was clear from the audit trail how assessors had justified their marking decisions. In this year's assessment the candidate interview was often a key determinant of the final banding outcomes. This enabled some learners to improve their marks when their written work lacked detail. Those candidates who had been in Health and Social Care placements benefitted the most when answering the questions in the interview. All the internal assessors had linked marks from the interview to the AOs and this has been noted as a significant improvement from the previous year.

Candidates gained marks when they provided well rounded responses in the synoptic tasks especially when they provided breadth and depth of understanding. These candidates were able to justify their responses with examples from their work placements thus showing how they were able to integrate their knowledge and understanding into practice. The interview and practical task enabled candidates to show how they could apply the core care principles and behaviours in a practical situation. Marks were gained when they identified and summarised different challenges to quality care provision, providing examples of the effectiveness of teamwork in a care setting.

### **Assignment brief A**

Task 1 – Candidates gained marks when they showed a clear understanding of the issues arising within the case study, addressing one support intervention that promoted independence for the client within the scenario. When candidates justified their rationales and were able to explain issues within the wider context of health and care service provision, citing relevant current legislation, and regulation, higher marks were awarded. Candidates failed to gain marks when they did not sufficiently explain links to core values or person-centred skills such as effective communication.

Task 2 – Candidates gained marks when they explained the core care skills and behaviours needed to support family members in distress. Most candidates provided explanations of the importance of understanding the stresses that may be experienced when working in care. Many candidates provided relevant and useful suggestions for managing their own stress. Candidates gained limited marks when they did not explore or expand on these issues, or gave limited responses.

### **Assignment brief B**

Task 1 –Some learners found this task challenging and key issues were not addressed in sufficient detail. Those candidates who had been creative in devising a leaflet, had put some thought into using age appropriate and subject specific terminology. Candidates gained marks when they fully met the brief to provide information on anxiety and stress for young people. There were some useful practical techniques to improve mental health in young people and higher marks were awarded when the candidates had considered additional resources from services and professionals.

Task 2 – Mark differences in this task were determined by the level of depth and breadth of responses. These ranged from a basic understanding of the principles of supporting young people with anxiety and stress and the implications for short and long-term health, to some excellent reports showing depth and breadth linking the application of knowledge and

understanding to practice. Marks were gained when the candidate included references to wider community support services for young people with mental health issues. Marks were gained when candidates considered local and national awareness campaigns and the importance of effective communication to get messages across to this target group.

### **Assignment brief C**

Most candidates completed the practical task competently and the written observation records accurately showed how marks had been gained across the AOs identifying strengths and weaknesses. Most candidates showed good awareness of demonstrating a person-centred approach, using effective communication skills, core care behaviours and showed application of the knowledge of health and safety when preparing for the administration of medication. Many candidates wrote about their understanding within their written report, and in some cases, this was very detailed. Many candidates had clearly used the 'points to consider' from the task brief to direct their responses.

**Interview** - Many candidates made good attempts to address the topics identified. Recordings were easy to open and audible. Many candidates had accompanying notes and had prepared well. Most recordings lasted an appropriate time length, although in some instances the interview lasted less than 8 minutes. In some cases, this seemed to correspond to these being the lower achieving candidates and the candidates not necessarily being in health and social care placements (i.e., childcare nurseries or vaccination clinics). Moderators felt that this factor did not provide these candidates with the experience required to talk confidently about the topics to be covered. For the stronger and higher performing candidate, the placement area did not appear to affect their responses so much. When markers provided accompanying notes alongside the recording, these were well received by moderators as they showed how marks had been allocated to the different AOs.

### **Commentary on Assessment Objectives**

#### **AO1 – Recall of knowledge**

Many candidates were able to demonstrate a sound recall of knowledge across both the written and practical tasks. This included referencing relevant legislation, theory and how to apply practical skills. In the interview, candidates were able to recall relevant knowledge to provide explanations of issues being discussed. Sometimes this was in response to some prompting from their interviewer, especially when they were very nervous. Often as the interview progressed, these candidates gained in confidence, their responses flowed, and they stopped reading from their notes. Candidates did not gain marks when their knowledge was incomplete, inaccurate or not relevant to the task requirements.

#### **AO2 – Understanding concepts, theories and processes**

Candidates achieved higher marks when they gave full well-rounded responses within all their written tasks and during the interview. This AO provides the candidate with the opportunity to show causal links in their explanations for the tasks. This is both within the written tasks and in the interview. Candidates gained marks when they were able to demonstrate this in their responses. Some candidates showed they had a very clear understanding of task-relevant legislation; principles of care; care behaviours and theories underpinning practice. Candidates gained limited marks when their understanding was incomplete, inaccurate or they kept repeating the same point in different words. Sometimes candidates did not address the remit of the task; gave irrelevant details or deviated from it by losing focus on the requirements.

Many candidates were able to gain marks for this AO in the practical task, clearly showing their observer that they understood the reason for the actions they were taking. They also gained marks in the interview when they responded to questions which required them to explain their understanding, especially about effective and poor practice. Lower achieving candidates who were unable to give these responses and showed minimal understanding of key concepts.

### **AO3 – Application of practical/technical skills**

Many candidates presented their written tasks in a clear format showing a confident application of written skills. For those candidates where this was not the case, their written work was often limited and very descriptive. Points were often repeated or rephrased thus gaining them limited marks across the AOs. Many candidates referenced sources of information they had used in their task preparation.

### **AO4 – Bringing it all together**

This AO is about the candidate's ability to integrate their knowledge and understanding of health and care principles, legislation, and theory. This integration should link to practice and provision of care and support across a range of different scenarios with different layers of complexity. Candidates whose responses were limited gained minimal marks, although the interview often provided the learner with weaker written skills to shine in this area. The key to this is the ability to apply their knowledge and provide examples from practice; reflect on their own practice and that of others. Candidates also gained marks when they showed some evaluative skills, especially when addressing some of the more complex issues within the tasks.