

3625-31 – Level 3 Advanced Technical Extended Diploma in Health and Care (1080)

2018

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 2018 academic year. It will explain aspects which caused difficulty and potentially why the difficulties arose.

The document provides commentary on the following assessments;

- 3625-030/530 Level 3 Advanced Technical Diploma in Health and Care – Theory Exam
 - March 2018 (Spring)
 - June 2018 (Summer)
- 3625-031 Level 3 Advanced Technical Diploma in Health and Care – Synoptic Assignment

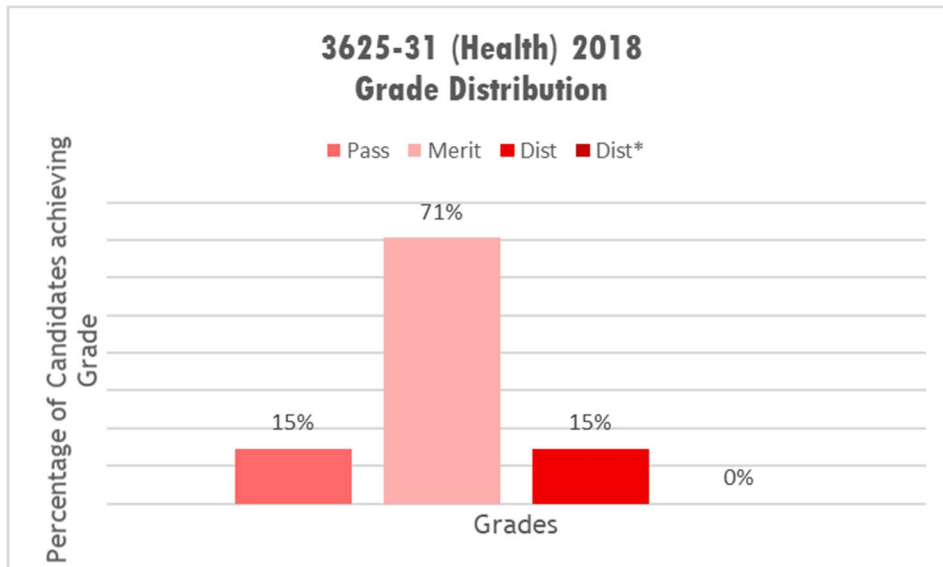
- Pathway 1 (Health)
- 3625-032/532 Level 3 Advanced Technical Extended Diploma in Health and Care – Theory Exam
 - March 2018 (Spring)
 - June 2018 (Summer)
- 3625-033 Level 3 Advanced Technical Diploma in Health and Care – Synoptic Assignment

- Pathway 2 (Care)
- 3625-034/534 Level 3 Advanced Technical Extended Diploma in Health and Care – Theory Exam
 - March 2018 (Spring)
 - June 2018 (Summer)
- 3625-033 Level 3 Advanced Technical Extended Diploma in Health and Care – Synoptic Assignment

Qualification Grade Distribution

3625-31 Level 3 Advanced Technical Extended Diploma in Health and Care (Health)

The grade distribution for this qualification is shown below;

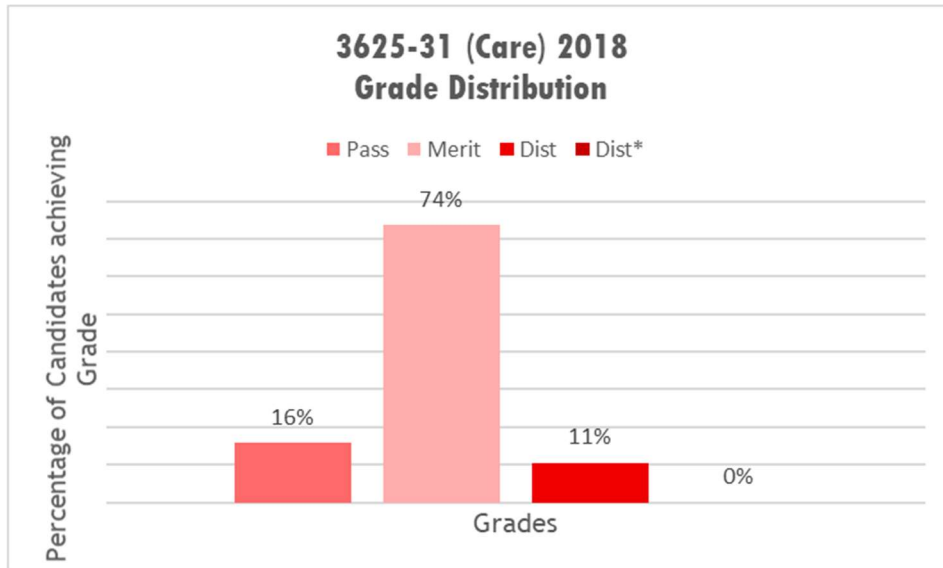


Please note City & Guilds will only report qualification grades for candidates who have achieved all of the required assessment components, including Employer Involvement, optional units and any other centre assessed components as indicated within the Qualification Handbook. The grade distribution shown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

Qualification Grade Distribution

3625-31 Level 3 Advanced Technical Extended Diploma in Health and Care (Care)

The grade distribution for this qualification is shown below;



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 – 3625-030/530

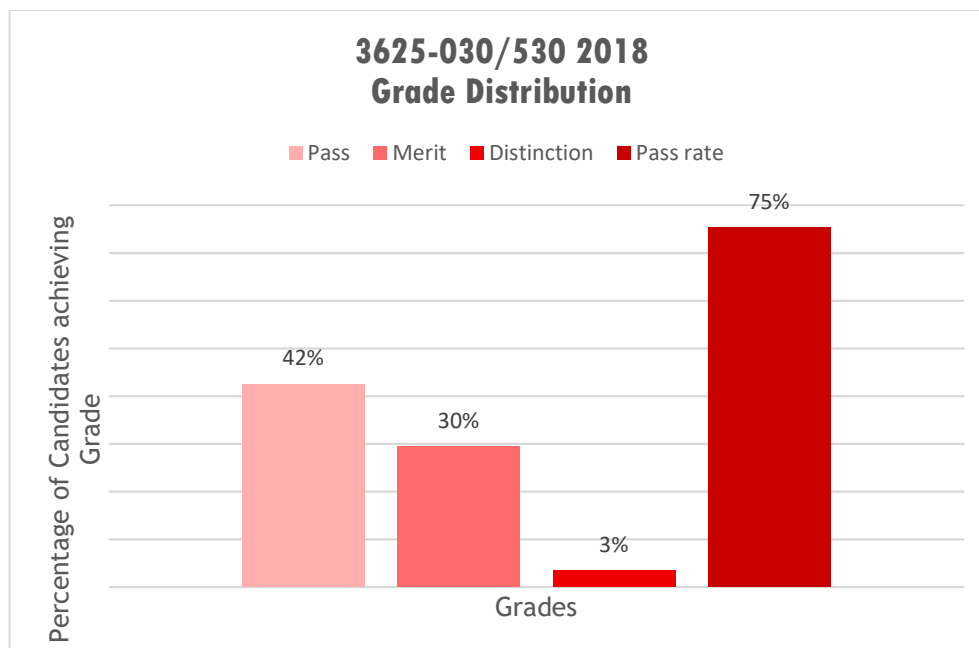
Grade Boundaries

Assessment: 3625-030/530
Series: March 2018 (Spring)

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

Total marks available	60
Pass mark	24
Merit mark	33
Distinction mark	43

The graph below shows the distributions of grades and pass rate for this assessment;

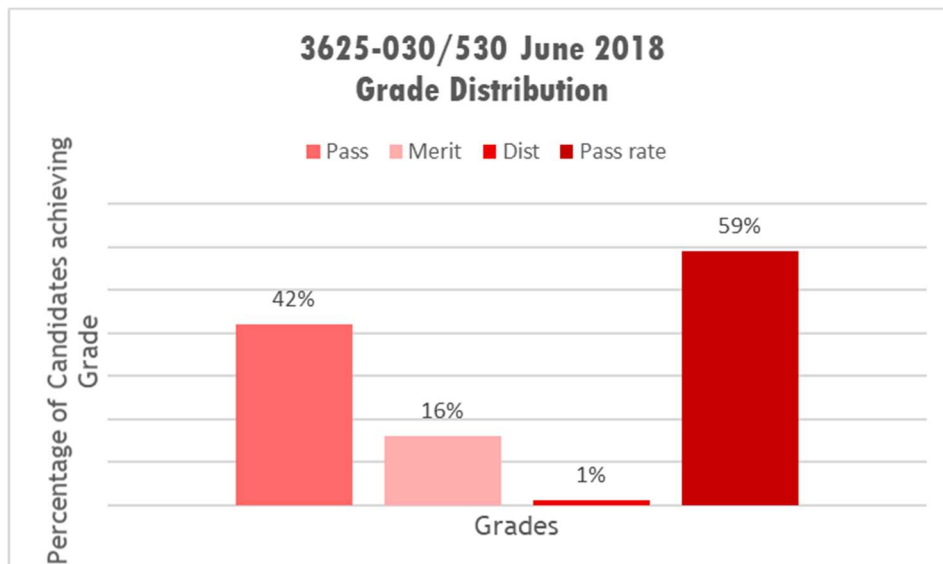


Assessment: 3625-030/530
Series: June 2018 (Summer)

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

Total marks available	60
Pass mark	25
Merit mark	34
Distinction mark	44

The graph below shows the distributions of grades and pass rate for this assessment;



Chief Examiner Commentary

3625-030/530 Level 3 Health and Care - Theory exam (1)

Series 1 – March 2018

This examiner report relates to the third cohort of candidates that sat the 3625-030/530 Level 3 Health and Care March 2018 examination.

This is the second year of this qualification where learners have completed an examination to assess specified units from the Level 3 Advanced Diploma in Health and Care. It should be noted that future exams will sample different topics and learning outcomes from the specified units, so this commentary relates to the March 2018 examination only.

It is encouraging to note that candidates in this cohort demonstrated a significant improvement in their responses to the exam command words and gave answers which generally reflected the number of marks awarded to each individual question.

Candidates were not penalised for poor spelling, grammar and punctuation providing the answer given was clear and coherent. A minority of candidates repeated the question as the start of an answer which was unnecessary and gained no marks.

Candidates were clearly prepared to show their knowledge and understanding in the following topic areas:

- The importance of challenging discrimination
- Misinterpreting communication
- Assessing hazards and risks
- Health and Safety legislation
- Safeguarding procedures

Most candidates could recall information, and many could apply it to the scenario presented in the question with a degree of competence. However, some candidates did not secure marks where they had not fully or correctly interpreted the question and therefore did not give a response in sufficient breadth.

Candidates were less well prepared for the examination in the following topic areas:

- Prejudice, discrimination and stereotyping/covert discrimination
- Barriers to equal opportunities/concept of institutionalisation
- Technologies supporting communication
- Health service provision/non-acute health services

Some candidates omitted to answer exam questions on these topics completely or clearly made a guess at a probable answer. Answers to many of these indicate that candidates had not read and understood the focus of the questions correctly or had little knowledge of the concepts. For example, a question in relation to the concept of institutionalisation, many candidates did not secure marks as they gave answers identifying availability of equipment or factors about the routines followed in residential facilities, rather than the impact on the resident.

Many candidates did not make any reference to current emerging technology used in health and care but relied on giving examples of existing aids to communication to illustrate their answer. They did not include examples to illustrate efficiency in care delivery, enabling support of individuals or the personalisation of services. A minority of candidates gave examples of challenges in using emerging technologies.

Candidates who were reliant on recall to achieve marks were able to achieve grades within the Pass range while the better prepared candidates demonstrated competency in drawing on wider depth of knowledge and applying it when required by the exam question.

Extended Response Question

Most candidates were able to give a structured, holistic response to the extended response question. This was also a marked improvement in exam skill as they applied knowledge to the scenario in much more depth and breadth than in the previous 2017 exam series with the majority gaining marks for correctly identifying and applying legislation. Some candidates were awarded marks in the higher band as answers included reference to theories and used illustrative examples.

Series 2 – June 2018

This examiner report relates to the cohort of candidates who completed 3625-030/530 Level 3 Health and Care June 2018 examination.

The commentary for the June 2018 examination refers specifically to the content of this paper. All future papers will sample different topics and learning outcomes.

Most candidates were able to gain marks for answers requiring recall information and showed their understanding of a range of unit information in descriptive answers. Full marks were often not awarded as the application of information was not included in the answers.

Candidates were not penalised for poor spelling, grammar and punctuation providing the answer given was clear and coherent. A minority of candidates had very poor legibility, therefore it is encouraged that candidates write their responses as clearly as possible.

Candidates were well prepared to demonstrate their knowledge and understanding in the following topic areas:

- The impact of an ageing population
- Cultural competence
- Protected characteristics stated in The Equality Act 2010
- Effects of illness on communication
- Communication barriers
- Risks, hazards, and health and safety legislation

Most candidates demonstrated knowledge in questions demanding recall of information, and many could apply it to the scenario presented in the question with a degree of competence. Some candidates gave explanations which gave correct information on a topic, but this information was irrelevant to the exam question.

Candidates were less well prepared for the examination in the following topic areas:

- Key developments in the history of the welfare state
- Effects of discrimination on groups
- Types of equality and their benefits
- Theories of interpersonal communication and their application
- The relevance of policies and procedures in service provision

Some candidates omitted to answer exam questions on the topics listed above or did not know the correct answer and gave a generalised response. Answers to many of these indicate that candidates had not read and understood the focus of the questions correctly or had little knowledge of the concepts. For example, candidates selected incorrect theorists when asked specifically to include humanist and behaviourist theories, instead describing a psychodynamic application to a given case study.

When candidates were required to recall information regarding protected characteristics stated in The Equality Act 2010 some candidates used incorrect or incomplete terms which were not awarded marks. Some candidates could not identify

the difference between a risk and a hazard giving a response showing a lack of understanding of the relationship between the two concepts.

It is important that candidates understand the difference between 'affect' and 'effect' in exam questions as a misunderstanding of the question led to an incorrect response. Candidates were not awarded further marks for repeat information offered in answers.

Candidates who were reliant on recall to achieve marks were limited in achieving higher marks /grade, while the better prepared candidates demonstrated competency in drawing on wider depth of knowledge and applying it when required by the exam question.

Extended Response Question

Most candidates were able to give a structured, holistic response to the extended response question. The majority gained marks for correctly identifying the relevance of appropriate legislation. It is reassuring to observe that many candidates correctly used subject specific terminology in their responses and made strong reference to expected professional practice. Some candidates were awarded marks in the higher band as answers included application of theories and legislation.

Synoptic Assignment 3625-031

Grade Boundaries

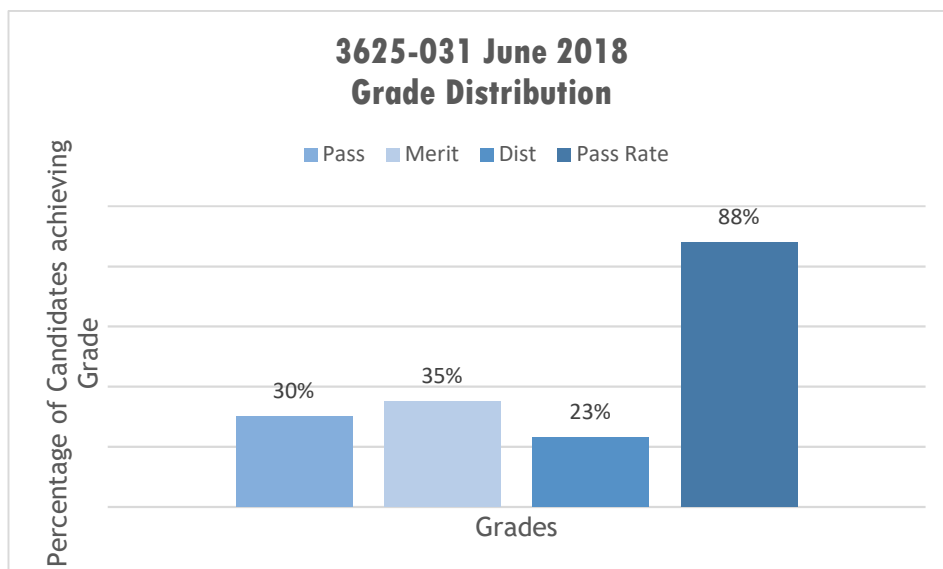
Below identifies the final grade boundaries for this assessment, as agreed by the awarding panel;

Assessment: 3625-031

Series: 2018

Total marks available	60
Pass mark	25
Merit mark	34
Distinction mark	43

The graph below shows the distributions of grades and pass rate for this assessment;



Principal Moderator Commentary

The evidence provided for the synoptic assignment was sufficient, valid and of appropriate quality to support marking and moderation. Where a candidate's work lacked clarity as to its purpose centre staff had generally made comments which provided appropriate justifications and then also reflected these comments in the marking. This is good practice which supports the moderation process.

Summary of synoptic assignment tasks

Case study A

Candidates generally made a good attempt to complete the tasks.

Task 1- This was generally answered well by most of the learners. Many of the marks gained in the higher band showed clear understanding of cognitive impairment and strong links between legislation and holistic practice.

Task 2- Some learners did not achieve marks by not presenting their work as a care plan. Candidates gained marks when they presented the care plan using person-centred approaches with links to health and safety, risk, safeguarding and communication.

Task 3- Candidates gained and lost marks depending upon their focus and attention to the requirements of this task. Some candidates gained marks by including a range of services and by accurately identifying their responsibilities when reporting poor practice.

Case study B

All candidates made a good attempt to complete the tasks.

Task 1- Candidates gained marks by providing concise but accurate explanations of safeguarding and abuse. Some candidates could have expanded on how restrictive practices can be used but many candidates provided good explanations of the processes of reporting incidents of abuse.

Task 2- The considerations for this case study enabled the candidate to gain marks by clearly identifying the importance of a person-centred approach to reviewing the needs and preferences of the individual. Candidates gained marks by showing that they understood the complexities within the situation and the various people involved. Candidates gained marks when they considered ways to involve the individual to ensure a positive outcome approach.

Task 3- Many candidates gained marks by carefully considering the issues raised within the case study and had related these to relevant serious case reviews which highlighted the safeguarding issues. Some candidates did not achieve marks by not developing recommendations.

Professional Discussion

All candidates made a good attempt to address the topics. The discussions were recorded with accompanying notes and most showed that candidates had prepared well. The process was effectively managed making it easy to moderate. Many candidates gained marks by explaining their knowledge in relation to practice during the discussion. This clearly benefited some candidates as they were able to gain more marks for the whole synoptic. The discussion also enabled the stronger candidates to show they had grasped concepts and principles underpinning care practice, the

importance of reflection and the essence of the values, principles and core care behaviours.

For some candidates the limitations of their placement work had an impact on the completion of reflective accounts in the workbook however this did not seem to impede their responses too much in the discussion. All learners had referenced their work although some provided more detail than others.

Commentary on assessment objectives

AO1 – Many candidates had shown recall of legislation and had drawn on knowledge from across the qualification. Candidates lost marks when they did not show linkage between their knowledge and the case study task in sufficient detail. Candidates also lost marks when they provided irrelevant detail showing that they had lost focus. Most learners were well-prepared for the professional discussion and the discussion showed that they had strong recall of the core care behaviours and how they had demonstrated these in their placement. Candidates gained marks when they used terminology correctly and could refer to the wider health and care landscape

AO2 –Candidates gained marks when they showed causal links in their explanations within the assignment tasks. Candidates lost marks when their responses did not show depth of understanding of some of the concepts and theories relevant to the tasks. They also lost marks when they had clearly misunderstood the remit of the tasks, provided irrelevant detail or lost focus and deviated from the task. Many candidates showed confident responses in the professional discussion and could explain links to care concepts, reflective practice models and the application of legislation to situations observed or practiced within their placement.

Candidates were generally able to use their knowledge of the core care behaviours to evaluate instances of good and poor practice within their placement.

Candidates used a standard referencing framework to record their selection of source material.

AO3 – Candidates generally presented their evidence in a clear format and many were effective in their written tasks showing confident application of written skills. Some candidates were clearly nervous in the professional discussion and initially, for some, their flow was affected by this. In the professional discussion many of the learners were confident in the way they presented their discussion. Weaker candidates needed some prompting but most were able to independently lead the discussion. Most candidates excelled in the discussion when they related the core behaviours to providing care and support. Many of the professional discussions enabled the candidates to show their understanding by self-explanation and it remains a key way for them to gain marks. Markers had provided feedback on poor spelling and grammatical errors in the work and noted where candidates had used a broad range of references.

AO4 –Candidates who achieved higher marks provided well-rounded responses in the professional discussion and written tasks. These clearly showed links between knowledge and understanding to the task scenarios or situations. Candidates were able to gain marks by showing justifications in their responses. Candidates gained marks when they were able to reflect on the approaches they had taken within their practice in the professional discussion. Candidates gained marks when they showed evaluative skills in their written tasks, especially when they were tackling complex issues.

AO5 - Candidates lost marks when they wandered off the topic both in written tasks and in the professional discussion. Candidates gained marks when they met the specific

requirements of the task in sufficient detail and expanding discussion points where appropriate.

Theory Exam – Pathway 1 (Health)

3625-31 Level 3 Advanced Technical Diploma in Health and Care

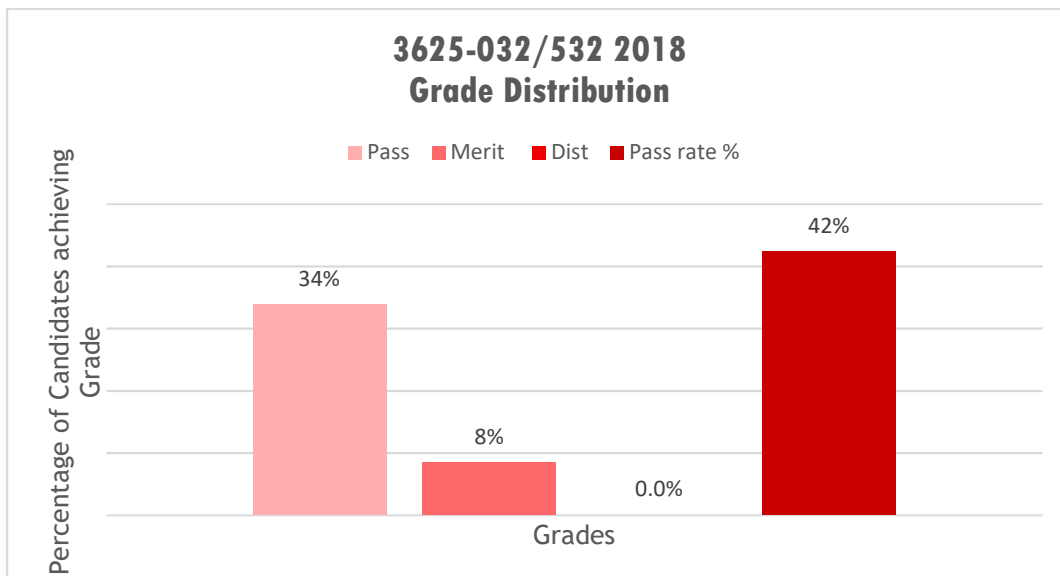
Grade Boundaries

Assessment: 3625-032/532
Series: March 2018 (Spring)

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

Total marks available	60
Pass mark	26
Merit mark	34
Distinction mark	42

The graph below shows the distributions of grades and pass rate for this assessment;

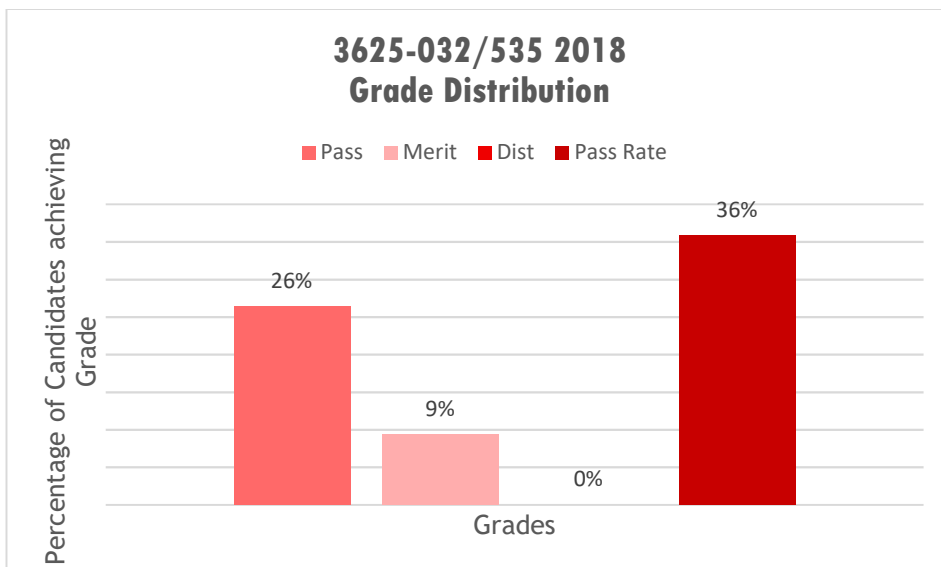


Assessment: 3625-032/532
Series: June 2018 (Summer)

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

Total marks available	60
Pass mark	24
Merit mark	33
Distinction mark	42

The graph below shows the distributions of grades and pass rate for this assessment;



Chief Examiner Commentary

Level 3 Health and Care (Health) - Theory exam (2)

Series 1 – March 2018

This examiner report relates to the first cohort of candidates that sat the 3625-032/532 Level 3 Health and Care March 2018 examination.

The overall candidate performance was reasonable. Most candidates attempted all questions and included relevant and specific examples to support their answers which were often detailed. A minority of candidates demonstrated a holistic application of knowledge drawn from a range of unit content and most had a good understanding of what the command verbs required of them.

Candidates demonstrated good knowledge and understanding in the topic areas of:

- Diagnostic tests in health care environments
- The principles of the psychological model
- The principles of the biomedical model
- The holistic approach and impact of the biopsychosocial model

Many candidates correctly answered both short and lengthier questions in the above-named areas, showing reasoning and examples to illustrate their point. For example, they demonstrated good recall of the theories and body systems for shorter questions and lengthier questions on applying behavioural and social learning theory were well answered. Many candidates offered examples to illustrate their understanding as part of their description and explanation.

Although candidates appeared to take note of the mark allocation for each question to determine the depth of response required, many simply repeated their response as opposed to making an additional point or gave more examples than were necessary.

Spelling and grammar are not specifically marked in these examinations but overall key terminology was spelt correctly.

Candidates did not demonstrate good knowledge and understanding in the topic areas of:

- Basic science in health and care
- The impact of genetics on health and wellbeing
- The principles of the sociological model
- The relationship between health and wellbeing
- The organisation of the human living cell, from its simplest level to the most complex level found in the human body
- The structure, functions and interdependency of the human body systems

With regards to the above, it became clear that many candidates struggle to learn definitions of key terminology. There were mixed responses for health and care initiatives but overall candidates were unable to recall them. This was contrary to being able to recall psychological and sociological theories except for the longer questions where candidates were not able to apply them coherently or in depth to supporting individuals with health conditions.

Extended response question

Many candidates struggled to offer a well-structured and detailed answer to the extended response question which carried the highest number of marks within the paper. Most candidates demonstrated a minimal breadth and depth of knowledge of Crohn's disease, the impact of signs and symptoms on individuals and made limited reference to theoretical perspectives. Only some candidates gave clear consideration of the impact on access to health care, whilst fully justifying links to theoretical approaches. To access the higher marks in the band, candidates need to submit a comprehensive discussion using strong links to theoretical approaches. The response should be logical and well balanced and conclude with justification for the candidates' choices and recommendations.

Series 2 – June 2018

This examination provided opportunity for the first cohort of candidates that did not achieve a minimum of a pass for the April examination series to have a second attempt to successfully complete the assessment. The examination also provided opportunity to improve candidates' grade achieved in the April sitting.

In general, candidate performance was similar to the April examination sitting. Candidates did show some improvement in their knowledge of the command verbs and were able to offer answers to meet these more effectively. Candidates also showed slight improvement in recognising the depth of answer indicated by the marks awarded for each question and responded accordingly.

Candidates demonstrated good knowledge and understanding in the areas of

- the organisation of the living cell
- the structure, functions and interdependency of the human body systems
- Factors impacting on health and wellbeing
- Psychological factors

Many candidates correctly answered the short answer questions in the above-named areas, showing good knowledge and examples where required.

Candidate responses on ageing showed a focus on increase in costs and age-related diseases and allowed candidates to achieve some marks. Few candidates demonstrated knowledge of the wider context of ageing such as increased waiting times, bed-blocking and the impact on the individual and their families.

Candidates were expected to provide an explanation of how Maslow's theory could be used to improve understanding of health and wellbeing however, candidates instead often provided a lengthy description of labelling theory which limited marks awarded for their answer. Candidates showed a clear understanding of the importance of achieving the order of the hierarchy to this question but many did not consider how it might be used by health professionals to gain maximum marks.

Candidates did not demonstrate good knowledge and understanding in the areas of

- How the body gets energy from different types of food
- Sociology in relation to healthcare
- diagnostic tests

With regards to the above reference to the sociology in relation to healthcare, many candidates struggled to demonstrate any understanding of conflict analysis and those that attempted it gave inaccurate responses. Most answers that were accurate were too simplistic.

Extended response question

Many candidates were unable to achieve above band 1 for this question, which carried the highest number of marks within the paper. This was due to the responses being too simplistic and not integrating their knowledge and understanding across the breadth of the qualification.

Many candidates offered a range of risks to health and wellbeing in answer. Candidates also demonstrated some breadth of understanding of different types of care support

available. Few candidates also made reference to theories or gave detailed, reasoned justifications.

Candidates clearly showed an improved exam technique in planning for an extended response. This was evident with planning notes to support the structure of the answer, which allowed candidates to give a thorough and cohesive answer with excellent clarity of expression. Although planning and clarity of expression is evident, more focus needs to be spent on candidates developing their higher order skills of analysis, evaluation and producing conclusions linked to theory, guidance, etc.

Theory Exams – Pathway 2 (Care)

3625-31 Level 3 Advanced Technical Diploma in Health and Care

Grade Boundaries

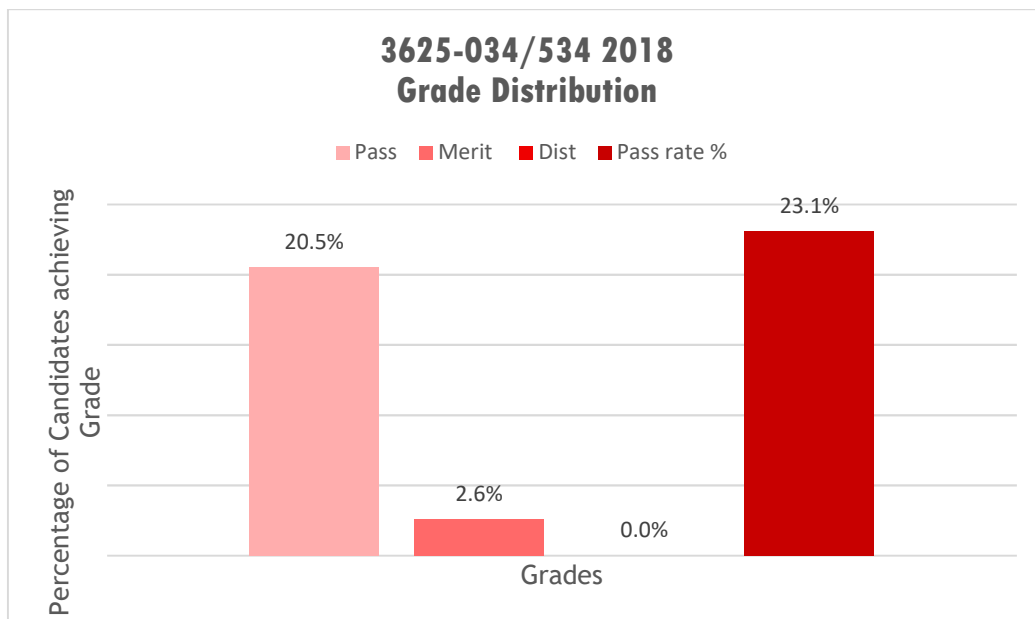
Assessment: 3625-034/534

Series: March 2018

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

Total marks available	60
Pass mark	26
Merit mark	34
Distinction mark	42

The graph below shows the distribution of grades and pass rates for this assessment;

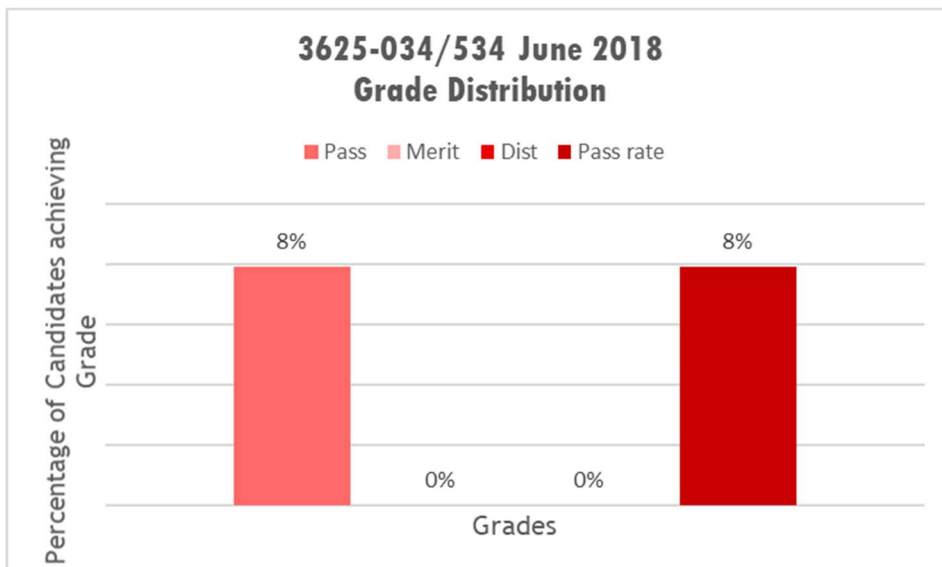


Assessment: 3625-034/534
Series: June 2018 (Summer)

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

Total marks available	60
Pass mark	24
Merit mark	33
Distinction mark	42

The graph below shows the distributions of grades and pass rate for this assessment;



Chief Examiner Commentary

3625-31 Level 3 Health and Care (Care) - Theory exam (2)

Series 1 – March 2018

This examiner report relates to the first cohort of candidates that sat the 3625-034/534 Level 3 Health and Care March 2018 examination.

The overall candidate performance was reasonable. Most candidates attempted all questions and included relevant and specific examples to support their answers which were often detailed. A minority of candidates demonstrated a holistic application of knowledge drawn from a range of unit content and most had a good understanding of what the command verbs required of them.

Candidates demonstrated good knowledge and understanding in the topic areas of:

- The psychological theories of human development
- The Principles of the psychological model
- Factors relating to health, social inequality and diversity

Many candidates correctly answered both short and lengthier questions in the above-named areas, showing reasoning and examples to illustrate their point. For example, they demonstrated good recall of the theories and body systems for shorter questions and lengthier questions on applying behavioural and social learning theory were well answered. Many candidates offered examples to illustrate their understanding as part of their description and explanation.

Although candidates appeared to take note of the mark allocation for each question to determine the depth of response required, many simply repeated their response as opposed to making an additional point or gave more examples than were necessary. They should consider including more breadth to their responses to achieve more marks.

Spelling and grammar are not specifically marked in these examinations but overall key terminology was spelt correctly.

Candidates did not demonstrate good knowledge and understanding in the topic areas of:

- Basic science in health care
- The principles of the sociological model
- Psychological factors that influence human development
- Apply psychological theories of human development
- The organisation of the human living cell, from its simplest level to the most complex level found in the human body
- The structure, functions and interdependency of the human body systems

With regards to the above, it became clear that many candidates struggle to learn definitions of key terminology. There were mixed responses for health and care initiatives but overall candidates were unable to recall them. This was contrary to being able to recall psychological theories but when for the longer questions candidates were not able to apply them in coherently or in depth.

Extended response question

Many candidates struggled to offer a well-structured and detailed answer to the extended response question which carried the highest number of marks within the paper. Most candidates demonstrated a reasonable breadth and depth of knowledge of substance misuse, the impact of dependency on individuals but made limited reference to theoretical perspectives. Only some candidates gave clear consideration of the impact of dependency on the individual and their family and friends, whilst fully justifying links to theoretical approaches. To access the higher marks in the band, candidates need to submit a comprehensive discussion using strong links to theoretical approaches. The response should be logical and well balanced and conclude with justification for the candidates' choices and recommendations.

Series 2 – June 2018

This examination provided opportunity for the first cohort of candidates that did not achieve a minimum of a pass for the April examination series to have a second attempt to successfully complete the assessment. The examination also provided opportunity to improve candidates' grade achieved in the April sitting.

In general, candidate performance was good and similar to the April examination sitting. Candidates did show some improvement in their knowledge of the command verbs and were able to offer answers to meet these more effectively. Candidates also showed slight improvement in recognising the depth of answer indicated by the marks awarded for each question and responded accordingly.

Candidates demonstrated good knowledge and understanding in the areas of

- the organisation of the living cell
- the principles of the psychological model

Many candidates correctly answered the short answer questions in the above-named areas, showing good knowledge and examples where required.

Candidate responses on social learning theory and sexualisation showed a focus on imitating a role model and allowed candidates to achieve some marks. Few candidates demonstrated knowledge of the wider context of sexualisation such as gender stereotypes, canalisation and wider agents of socialisation and therefore were able to access full marks.

Candidates were expected to provide an explanation of the effects of labelling on public perception of mental health however, candidates instead provided a description of labelling theory which limited marks awarded for their answer. Candidates showed a clear understanding of the effects on the individual of labelling in relation to this question but many did not interpret the exam question fully to gain maximum marks.

Candidates did not demonstrate good knowledge and understanding in the areas of

- the science behind health promotion used to support health and wellbeing
- what psychology is
- debates in psychology
- psychological theories and specific human behaviours
- sociological perspective
- the impact of mental health problems on individuals, their partners and families

With regards to the above reference to psychological theories, many candidates often described the Vygotsky's theory rather than explaining how it can be used to support a child. Most answers were too simplistic.

Extended response question

The responses for the extended response question which carries the highest number of marks within the paper showed an improvement from the April series as candidates did attempt to apply a range of theories, although they lacked depth. Some candidates achieved marks in band 2.

Candidates demonstrated breadth of understanding of different types of care support available. Some candidates gave accurate descriptions and some justification for psychological and sociological theories were applied.

Candidates clearly showed an improved exam technique in planning for an extended response. This was evident with planning notes to support the structure of the answer, which allowed candidates to give a thorough and cohesive answer with excellent clarity of expression.

To access the higher marks in the band, candidates need to use stronger links to theoretical approaches and integrate their knowledge across the units.

Synoptic Assignment 3625-033

3625-31 Level 3 Advanced Technical Diploma in Health and Care

Grade Boundaries

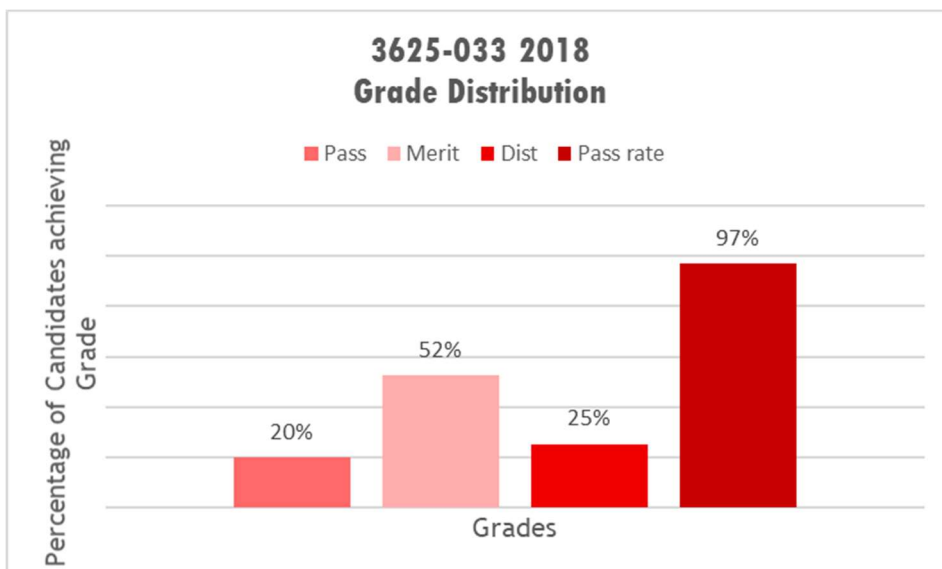
Below identifies the final grade boundaries for this assessment, as agreed by the awarding panel;

Assessment: 3625-033

Series: 2018

Total marks available	60
Pass mark	24
Merit mark	34
Distinction mark	45

The graph below shows the distributions of grades and pass rate for this assessment;



Principal Moderator Commentary

The evidence moderated was sufficient, valid and of appropriate quality to support marking and moderation of this qualification's synoptic assessment.

Where a candidate's work lacked clarity as to its purpose the centres marking scripts made comments which provided appropriate justifications and then also reflected these comments in the marking.

Research Task A

Candidates made a good attempt to complete the tasks.

Task 1- Overall most of the candidates answered this in sufficient detail and had obviously extended their knowledge by wider reading. Many of the marks gained in the higher band work showed understanding of the impact of research on practice and thorough consideration of a wide range of related knowledge; the principles behind research methodology, different types of research and the impact of ethical considerations and consent on research into health and care. Candidates achieving the highest marks really showed that they could produce academic work, which really fulfilled the assessment criteria, whereas for some candidates the task was clearly a challenge.

Task 2- Many of the candidates had considered a range of resources and this supported and informed their understanding of the topic chosen. Some candidates did not achieve marks by not reading widely enough. Candidates also lost marks when their work was mostly descriptive, lacking any summative or evaluative content. Candidates gained marks when they showed that they could evaluate and summarise their findings from their literature reviews and showed considered responses within this evaluation. Candidates gained marks when they brought in different aspects from other relevant topics.

Task 3- Candidates gained and lost marks depending upon their focus and attention to the requirements of this task. Candidates gained marks by including SMART targets and objectives and by showing an informed choice of research methods to be used.

Assignment B

All candidates made a good attempt to complete the task.

Task 1- Many candidates gained marks by providing concise, confident and accurate explanations of the historical impact of health and welfare services on current healthcare considerations and changes to social policy. Some candidates could have expanded on key developments in legislation that informed social policy.

Task 2- Many candidates answered this in sufficient detail and described different attachment theories and their impact on current services for children and young people in both health, care and education. Candidates could have achieved more marks if they considered more than one theory.

Task 3- Candidates gained marks by carefully considering a wide range of current pressures on health and care services. Candidates gained marks when they covered the full range of suggested topics such as financial pressures, personal and social expectations and then the external factors such as poverty and political agendas such as privatisation.

Professional Discussion

Candidates made a good attempt to address the topics, although weaker candidates did not attempt some questions fully and even omitted one. The discussions that were recorded indicating that candidates had prepared well. The process was effectively managed making it easy to moderate. Many candidates gained marks by explaining their knowledge and understanding in relation to working practices. For example, the importance of effective team-work; multi-disciplinary working and reflections supporting an individual with physical or mental health problems during their placements. This clearly benefited some candidates as they were able to gain more marks here which positively impacted their overall mark for the synoptic. The discussion also really enabled the stronger candidates to show they had grasped concepts and principles underpinning a rights based culture and informing legislation and practice. Responses relating to the importance of reflection when providing support were generally well considered and most candidates could gain marks from this topic. All learners had referenced their work although some provided more detail than others.

General comments on the assessment objectives

AO1 – Recall of knowledge

Many candidates had made strong links to legislation, regulation and various roles and responsibilities and the application of these to research into health and care.

Candidates gained marks when they had drawn on knowledge from across the qualification and when evidence used clearly linked to the task. Candidates lost marks when they did not show linkage between their knowledge and the tasks in sufficient detail. Candidates also lost marks when they provided irrelevant detail showing that they had lost focus. Most learners were well prepared for the professional discussion and the discussion showed that they had strong recall of the way support was provided to individuals to support a rights based approach. Candidates gained marks when they used terminology correctly and could refer to the impact of a wide range of factors on the health and care landscape.

AO2 – Understanding of concepts, theories and processes

Candidates gained marks when they showed causal links in their explanations within the tasks, this was especially relevant in the research task. Stronger learners showed confident links to concepts and theories and also used data effectively to justify their explanations. Candidates did not achieve some marks when their responses did not show depth of understanding of some of the concepts, perspectives and theories relevant to the tasks. The task relating to attachment theories was answered well by most candidates whereas some candidates lost focus in when discussing the pressure on health and care services. They also lost marks when they had clearly misunderstood the remit of any of the tasks, provided irrelevant detail or lost focus and deviated from the task. Many candidates showed confident responses in the professional discussion and could explain links to the support they provided to individuals in their care practice and the application of reflection. Candidates gained marks when they understood the concept of multidisciplinary working and the application of rights based legislation to situations observed or practiced within their placement.

Most candidates used a standard referencing framework to record their selection of source material.

AO3 – Application of practical/technical skills

Candidates generally presented their evidence in a clear format and many were effective in their written tasks showing confident application of written skills. Candidates gained marks when they had clearly proof read their work and planned well. Some

candidates were clearly nervous in the professional discussion and initially, for some, their flow was affected by this. In the professional discussion many of the learners were confident in the way they presented their discussion. Weaker candidates needed some prompting but most were able to independently lead the discussion. Most candidates performed exceptionally well in the discussion when they referred to providing support to an individual within their work experience. Many of the professional discussions were the strongest element of the whole synoptic for the weaker candidates. It enabled the candidates to show their understanding by self-explanation and it remains a key way for them to gain marks.

Markers had provided feedback on poor spelling and grammatical errors in the work and noted where candidates had used a broad range of references.

AO4 – Bringing it all together

Candidates who achieved higher marks gave well-rounded responses in the professional discussion and written tasks which indicated integration of knowledge, theory and practical application. These clearly showed linkage of knowledge and understanding to the task topics. Candidates were able to gain marks by showing justifications in their responses. Candidates gained marks when they were able to reflect on the approaches they had taken within their practice in the professional discussion. Candidates gained marks when they showed evaluative skills in their written tasks, especially when they were tackling complex issues such as the research topic and consideration of social policy. Some candidates did not make full use of the word count allowance, which limited their opportunity to achieve more marks.

AO5 - Attending to detail/perfecting

Candidates lost marks when they wandered off the topic both in written tasks and in the professional discussion. Candidates gained marks when they met the specific requirements of the task in sufficient detail, expanding discussion points where appropriate. Candidates were unable to obtain further marks if they did not clearly indicate sources used.