



EXAMINERS' REPORTS

**LEVEL 3 CERTIFICATE AND DIPLOMA IN
HEALTH AND SOCIAL CARE**

SUMMER 2022

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Annual Statistical Report

The annual Statistical Report (issued in the second half of the Autumn Term) gives overall outcomes of all examinations administered by WJEC.

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UNIT 1: CONTEMPORARY ISSUES IN HEALTH AND SOCIAL CARE

General Comments

The majority of candidates attempted all questions and there was no evidence of candidates being restricted by time.

It was evident that candidates had been prepared by centres for the external examination and the content of the specification had been covered, but greater emphasis should be made of the need for candidates to use health and social care terminology in their answers.

Many candidates were restricted from achieving the higher mark bands by not responding to key commands, for example: *analyse* the ways in which older adults may experience inequality in question 3 (c) and *the impact* of long-term health conditions on society in question 3 (d).

Most candidates were fairly concise and did not write excessively long answers. Where continuation sheets had been used, candidates generally labelled these clearly, which aided the marking process.

Comments on individual questions/sections

- Q.1**
- (a)** Candidates were asked to describe two characteristics of Iona's lifestyle that may lead to inequality. Many candidates did not choose characteristics *specific* to Iona's lifestyle – 'gender' and 'pregnant' were not appropriate responses.
 - (b)** Candidates generally answered this question quite well and responses were linked to Iona and her family. To gain full marks, the correct terminology should be used when describing possible experiences of prejudice.
 - (c)** This question was answered well by the majority of candidates, with the media, family and friends being the most common responses.
 - (d)** Candidates were able to describe possible reasons for lower than average educational attainment amongst the Traveller community.
 - (e)** Many candidates' responses focused on the scenario and, whilst this gained some marks, answers should have included a wider range of the health and social care needs of the Traveller community and how these can be planned for.
- Q.2**
- (a)** Definitions of migration tended to be very brief and only gain one mark.
 - (b)**
 - (i)** This question was answered correctly by the majority of candidates.
 - (ii)** Some candidates made this question more complicated by trying to work out a mathematical answer, rather than using the graph.

- (iii) Candidates were asked to state a *trend* in migration since the EU referendum, not a fact.
 - (c) Candidates answered this question very well, with the vast majority giving sound reasons why migrants may come to the UK, including employment, education, better healthcare and greater opportunities.
 - (d) Most candidates knew what demographic data was and could describe how it could be used to plan services, although the emphasis was often on services for the migrants rather than the UK population as a whole.
 - (e) Candidates in the higher mark band discussed several advantages and disadvantages of migration. Marks were limited where candidates had only given advantages or disadvantages.
- Q.3**
- (a) Candidates described the benefits of informal care for the individual very well.
 - (b) Many candidates took the view that fifteen percent was a *large* percentage of over 85s in residential care homes and responded accordingly, which limited the awarding of marks. Candidates should have concluded that there would be a greater demand for domiciliary care, care assessments and planning, informal care in the home and facilities for older adults living independently as fifteen percent is very low.
 - (c) Candidates achieving the higher marks used terminology related to older adults experiencing inequality fluently and confidently. Some responses did not focus on older adults and tended to be rather vague.
 - (d) Responses to this question were, on the whole, weak. Many candidates described long-term health conditions or gave examples of conditions and how they may have an impact on the individual. Very few candidates answered the question and discussed the potential impact of long-term health conditions *on society*.
 - (e) Candidates identified appropriate legislation, but did not discuss how this supported *older adults*. Many answers were generalised, and some candidates confused several different pieces of legislation.

Summary of key points

- Candidates should read the questions carefully and respond to the command words. Practice questions and 'mock' examinations will assist candidates.
- Clear reference should be made to the scenario where appropriate.
- To gain the higher marks, health and social care terminology should be used confidently throughout the answers to longer response questions.
- Candidates should check that they have answered the question and not just written everything they know on a topic.

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UNIT 2: CORE VALUES AND SERVICES

General Comments

Centres submitted work on time with the correct paperwork. Confirmation of authentication was signed and dated by the candidate and the centre assessor, as required by WJEC.

The list of the samples to be sent is now generated by the WJEC's internal assessment mark input system (IAMIS) and all centres sent in the correct sample. Centres should take care when uploading candidates' work, particularly with the orientation of the pages.

The annotation of candidates' work aids the moderation process, but not all centres had annotated work throughout or completed any assessor comments on the mark sheets.

Generally, candidates had attempted all tasks and had been prepared by centres for the assessment.

Comments on individual questions/sections

LO1: Understand the principles that underpin care provision AC1.1, AC1.2

Candidates were able to describe the principles of care and give some examples. Even for mark band 1, candidates are expected to include all seven principals of care. For the higher mark bands, appropriate examples should be taken from a wide range of health and social care settings. Some candidates had included examples not related to health and social care. The 6Cs were identified and explained well by many candidates, but examples were limited. To gain the higher marks the 6Cs should be explained using examples from within nursing and other NHS roles.

LO2: Explain how services and practitioners meet individual needs throughout the life stages AC2.1, AC2.2

The four approaches to care planning were identified and explained well. However, many candidates did not include the role of the patient in the planning process. The stages of care assessment planning were described, but many candidates did not achieve mark band 3 because work lacked detail. For higher marks, candidates must include eligibility criteria (NHS, NAET, CAF), the role of direct payments and the multi-disciplinary team. Reference to NICE and NHS guidelines on care plans should also be included. All candidates had attempted to produce a care plan for an individual and, in many cases, these were detailed and well presented.

LO3: Understand the role of legislation and policies AC3.1, AC3.2

Candidates often found this section difficult, and responses were generally weak. Candidates must identify key policies and legislation which are up-to-date and relevant.

For the higher mark band, descriptions should be detailed, and links should be made to how legislation can reduce inequality for specific individuals. Many candidates only briefly mentioned codes of practice and did not include how individuals who work in the sectors are protected by laws and codes of practice. A small minority of candidates achieved mark band 3 by including more detailed descriptions and including the role of professional bodies and the inspection process.

LO4: Understand the relationship between current issues and trends and local, regional and national policy and legislation
AC 4.1, AC 4.2

Responses to this section were very varied. There was evidence that some candidates had completed a great deal of research on service provision prior to the assessment and were able to explain current issues, particularly linked to dementia care provision in their own region. However, there was little reference made to demographic data or trends either regionally or nationally by most candidates. To achieve mark band 4, candidates must assess service provision, both in the present and future. Unfortunately, some candidates' work was very vague, mainly descriptive and focused on local service provision only, which limited marks.

Summary of key points

- Marking by some centres was very generous, particularly within the higher mark bands. Centres should refer to their own centre-specific moderator report for guidance.
- Centres should try to adhere to the amount of time allowed for this assessment as some candidates had produced a considerable amount of work. There is no need for candidates to summarise the case study.
- Candidates should proofread their work and check spelling and grammar carefully. In a few cases, poor spelling altered the meaning of candidates' response to the task.
- Candidates should be encouraged to use the most up-to-date legislation in their work.
- Centres should advise candidates to use information from the UK and not rely on American data or information.
- To gain the higher marks, candidates must provide detailed explanations and assessments and use health and social care terminology fluently.
- Candidates should be encouraged to research and prepare in detail prior to the assessment. It was evident in the candidates' work when they had been well prepared and this gave more opportunity to access the higher mark bands.

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UNIT 3: EMPLOYMENT WITHIN THE SECTORS

General Comments

No candidates were entered for this unit.

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UNIT 4: EXPERIENCE OF DISEASE, ILLNESS AND DISABILITY

General Comments

Centres submitted work on time with the correct paperwork, including authenticity signatures from the candidate and centre assessor.

The list of the samples to be sent is now generated by the WJEC's internal assessment mark input system (IAMIS) and all centres sent in the correct sample. Centres should check the page orientation and font size before uploading candidates work.

Most centres had annotated the candidates work and written assessor comments on the mark sheets which aided the moderation process.

Candidates had attempted all the tasks and had produced leaflets and presentations in line with the assessment brief. Some of the PowerPoint presentation were interesting and engaging.

The higher achieving candidates had referenced their sources of information very well.

Comments on individual questions/sections

LO1: Understand different types of common disorders

AC1.1, AC1.2, AC1.3

All candidates had described the causes, signs and symptoms of a disease, illness or disability; however, some of the choices made it difficult for candidates to access full marks. Most had also considered other causes such as inheritance, lifestyle and the environment. Investigative and diagnostic procedures for the condition were described and some candidates made reference to the different types of referral. However very few candidates described general measures of health. Treatments relevant to the condition were described, but the majority of candidates did not include how these treatments might be perceived by society, which limited marks to mid-mark band 2.

LO2: Explain the care management for an individual with a common disorder

AC2.1, AC2.2

The seven stages of the care management process were described, and most candidates made some reference to the PIES of the individual with the chosen condition. Higher-achieving candidates included the roles and responsibilities of professionals involved in the process. Safeguarding was generally explained well, and many candidates included pre-employment checks. Ways in which safeguarding can be promoted, including toolkits, codes of practice and whistle blowing, were not always included and candidates were limited in their discussion of safeguarding by not referring to a wider range of care settings.

LO3: Design research to investigate how far the needs of individuals are met by local services
AC3.1, AC3.2, AC3.3, AC3.4

Most candidates had attempted to research two services within their local community and had explained concepts of research, although justification of these was weak. Some had only researched one service, which limited their marks throughout the learning objective. Candidates had chosen a variety of methods for data collection, and these were generally suitable. Centres and candidates should be commended on their diligence in collecting primary data during the Covid-19 pandemic. Many candidates had adapted their method of collection due to the imposed restrictions. The presentation of data was good, but many candidates did not analyse the data very well and made very general observations, which limited the marks achieved. Again, many candidates' evaluations of the research methods lacked detail, and, to achieve the higher mark bands, the effectiveness of the research methods used should be included.

Summary of key points

- Marking of this unit by centres was generally in line with national standards and this was pleasing to see. Centres should refer to their own centre-specific moderator's report for guidance.
- Some candidates had repetition within their work, with the same information included in the PowerPoint, in a leaflet and in the write-up. This should be avoided.
- It is good practice to allow candidates to research an appropriate disease of their own choice. Some centres' candidates had all studied the same disease.
- Candidates should be encouraged to use the speaker notes section on PowerPoint presentations and keep information on each slide succinct.
- The use of bullet points can restrict candidates from achieving the top mark bands unless sufficient explanation and discussion is also included.

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UNIT 5: HUMAN BEHAVIOUR AND DEVELOPMENT

General Comments

This is the first cohort to sit Unit 5. It was pleasing to see that most candidates attempted all the questions and gained some credit, with very few attempts being completely incorrect. Candidates' responses suggest that they were prepared for the exam and had knowledge across the specification. The advance notice for this examination had been effectively used in the preparation.

Effective time management was evident, with candidates completing all answers fully, indicating that they did not run out of time.

Continuation booklets were used by some candidates, and the responses from these candidates generally lacked focus on the demands of the question. Good knowledge of psychological theories and terms was often seen; however, there was a lack of thorough application to the scenarios. Candidates would benefit from reading questions more carefully and focusing their responses on the command words of the question.

Good spelling, grammar and punctuation was evident in most candidates' work, in line with expectations for Level 3.

Comments on individual questions/sections

- Q.1**
- (a)** Candidates were able to describe why Finn may be feeling anxious. Maximum marks were awarded for detailed descriptions of a range of possible causes linked to the scenario.
 - (b)**
 - (i), (ii)** Candidates gained full marks for suggesting two ways psychological factors may impact on recovery. Some lost marks for repetitive responses.
 - (c)** Most candidates responded with knowledge of the humanistic approach, but reference was made to Maslow and not Rogers in many cases. To gain access to the higher mark bands, candidates were required to apply their knowledge to the hospital setting and support for Finn. Credit was given for referring to examples of humanist therapies.
 - (d)** The meaning of 'holistic' was not clearly explained in many responses, with some candidates explaining features of a care plan. Candidates who explained with detailed examples of ways that supported Finn as a whole person, not merely focusing on his heart condition, were awarded the higher mark band.

- (e) Candidates were required to describe ways that the family may support Finn's behaviours and development in the long term. To access higher marks, responses suggested support that would be appropriate for an adult, and the importance of the whole family adopting and modelling a holistic view of health. Responses that suggested activities more suitable when caring for a child were not given credit.
- Q.2**
- (a) (i), (ii) Most reasonable answers were accepted for key factors influencing Arla's development, including her behaviour and specific learning needs. Full marks were awarded for answers that described in detail two different key factors without repetition.
- (b) The most popular theorist identified was Bandura, with most candidates gaining one mark.
- (c) It was pleasing to see that most candidates were able to explain the main assumptions of the behaviourist approach, with reference to classical and operant conditioning to access the higher mark band.
- (d) Whilst candidates had knowledge of social learning theory, many responses were brief, explaining the use of rewards. To access the higher mark bands, social learning theory was required to be applied to a range of methods used by the staff, such as role modelling, positive relationships, growth mindset, positive environment, vicarious reinforcement.
- (e) Most candidates explained the token economy strategy, but misread/ misunderstood the command verb. Responses were often brief and lacked assessment, limiting responses to the lower band marks.
- Q.3**
- (a) Candidates were required to explain how the family structure/changes may impact Joel's development. Candidates using the acronym PIES wrote more detailed responses and gained credit in the top mark band. There was evidence of misreading the question. Some candidates gave a detailed explanation of Joel's likely behaviour since living with his grandmother which limited the marks awarded.
- (b) (i) Candidates who provided a clear outline of the purpose of play therapy to support a child's emotional development and understanding of their circumstances were credited top marks.
- (ii) The question required candidates to apply their knowledge of psychodynamic theories. Top mark bands were awarded for responses that explained examples of activities and their purpose, such as the use of puppets to aid communication.
- (c) Candidates were able to explain a possible impact of play therapy, but answers that lacked detail and discussion were limited to lower mark bands.
- (d) Overall, responses were positive for this question. Candidates showed knowledge of Erikson's stages of psychosocial development theory. Answers that recalled the stages were limited to the lower mark band. Candidates who explained the impact of early childhood experiences on later life were credited in the higher mark band.

Summary of key points

Candidates demonstrated good knowledge of psychological theories/theorists. It is recommended that candidates need more practice in evaluating and applying the theories, strategies, and treatment in a range of care settings.

It is important that candidates understand the requirements of the different command verbs used in the question paper. It was evident that some candidates misunderstood the command verbs 'discuss' and 'assess' which limited their ability to respond to these questions.

It is recommended that candidates should practise using the correct terminology and subject-specific vocabulary to achieve the higher band marks.

To conclude: in most cases, candidates' performance on this first exam was positive, and credit should be given to centres for their guidance through this unit in a learning environment that is continually challenging due to the pandemic.



WJEC
245 Western Avenue
Cardiff CF5 2YX
Tel No 029 2026 5000
Fax 029 2057 5994
E-mail: exams@wjec.co.uk
website: www.wjec.co.uk