



EXAMINERS' REPORTS

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

SUMMER 2023

Grade boundary information for this subject is available on the WJEC public website at:
<https://www.wjecservices.co.uk/MarkToUMS/default.aspx?l=en>

Online Results Analysis

WJEC provides information to examination centres via the WJEC secure website. This is restricted to centre staff only. Access is granted to centre staff by the Examinations Officer at the centre.

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 the 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 syllabus had been covered. Many candidates used subject specific terminology with confidence in their answers.

Many candidates were restricted from achieving the higher mark bands by not responding to key commands and not writing in enough detail and depth to show a comprehensive understanding of the question being asked.

Most candidates were fairly concise in their answers and did not write excessively long answers. Where continuation sheets have been used candidates should be encouraged to clearly indicate this by their answer.

Comments on individual questions/sections

- Q.1**
- (a)** **(i)/(ii)** Candidates were able to interpret the data shown in the graph and the question was answered accurately.
 - (b)** Candidates were asked to explain a possible reason for one of the peaks in unemployment shown in the graph, some candidates answers did not refer to unemployment.
 - (c)** Most candidates answered this question well and could describe, with examples, how the roles of men and women have changed over the last 20 years.
 - (d)** Candidates were asked to assess the impact unemployment could have on the family and for full marks should have considered both positive and negative impacts. Many candidates only included negative impacts of unemployment. Where full marks were awarded candidates not only included positive and negative impacts, but structures their answer to cover all aspects of PIES.
 - (e)** Candidates showed a good understanding of demographic data in general, but the question specifically asked how demographic data on *unemployment* could be used to plan for the needs of the population and so responses sometimes lacked focus and were rather vague.

- Q.2**
- (a)** **(i)/(ii)** Some candidates limited the marks they received for this question by using the same example twice, examples could have included, for example: sexual orientation, social class, unseen disability, age or mental health issues. The two reasons given need to be different to gain full marks.
 - (b)** All candidates were able to provide a clear description of the contemporary view of sexuality and the question was answered well.
 - (c)** Candidates showed a good grasp of the influence social media can have on society's attitudes to sexual orientation. The responses included relevant examples and showed how social media can have both a positive and negative influence. This question was answered very well by the majority of candidates.
 - (d)** It was evident that not all candidates had a clear understanding of current legislation and were sometimes unable to show how legislation could support the individuals in the scenario. This question was not attempted by some candidates and perhaps more time needs to be spent covering this section of the specification by some centres. However, some candidates achieved full marks where it was evident that legislation had been taught and learnt.
- Q.3**
- (a)** Candidate's definitions of ethnicity tended to be weak, but appropriate examples were drawn from the scenario.
 - (b)** Candidates were again able to use relevant examples from the scenario to suggest why Abdul and his family may experience stereotyping and the question was answered well by most candidates.
 - (c)** Candidates did not always answer this question very well, many concentrated on how the roles of men and women had changed in general, rather than explaining the ways in which Shadia and her mother's *view* of the role of women may differ. Answers should relate to the information given in the scenario. Some candidates did not refer to the scenario at all and answers lacked detail and focus.
 - (d)** Descriptions of how ethnic minorities may *experience* racism were generally accurate, but were not always accompanied by examples. The question specifies ethnic minorities *living in the UK* and several candidates used examples from other countries which were not appropriate and did not gain marks.
 - (e)** Again, many candidates did not *assess* the impact of living in an extended family and some did not seem to know what the term 'extended family' meant. Both positive and negative impacts could be included to fully assess the impact of living in an extended family on the family as a whole and/or individual family members.

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 more detail, depth and exemplification, where appropriate, are required.
- Knowledge should be applied to the scenario or data supplied in the question.
- Candidates need to check 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

Most 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 task sheets and candidates' notes do not need to be submitted. Some centres had submitted several pages of unnecessary notes and research.

The annotation of candidates work aids the moderation process, but not all centres had annotated work or had only partially done so. Some centres had incorrectly identified the criteria on the candidates work.

Assessors had generally made comments on the mark sheets which also aids in the moderation process.

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

Comments on individual questions/sections

Learning Objective 1: Understand the principles that underpin care provision.
AC 1.1, AC 1.2

Candidates were able to describe the principles of care and give some examples. For mark band 1 candidates are still 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. The 6C's were identified and explained well by many candidates, but examples were limited. To gain the higher marks the 6C's should be explained using examples from within nursing and other NHS roles.

Learning Objective 2: Explain how services and practitioners meet individual needs throughout the life stages.
AC 2.1, AC 2.2

Unfortunately, not all candidates seemed to know the four approaches to care planning and sometimes work was vague and lacked detail. Many candidates also 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 again 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. Most candidates had attempted to produce a care plan for an individual and in many cases, these were detailed and well presented, using an appropriate format.

Learning Objective 3: Understand the role of legislation and policies.
AC 3.1, AC 3.2

This learning objective was completed much better this year, with candidates identifying key policies and legislation which were up to date and relevant. This was either included in task 1 or completed as a separate section which allowed for a much more in-depth approach. 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.

Learning Objective 4: 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. Some candidates made no distinction between AC4.1 and AC4.2. 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 again very generous, particularly within the higher mark bands, centres should refer to their own centre specific moderators 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 or include research notes.
- Candidates should proof read their work and check spelling and grammar carefully. Subject specific terminology should be correctly spelt.
- Candidates should be encouraged to reference all their sources of information and use an appropriate format for their bibliography.
- 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.
- Centres should prepare candidates for the assessment tasks and give sufficient time for research and preparation before beginning the tasks. Candidates who were well prepared achieved significantly higher marks.

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UNIT 3 EMPLOYMENT WITHIN THE SECTORS

General Comments

No candidates were entered for this unit in the Summer 2023 series.

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UNIT 4 EXPERIENCE OF DISEASE, ILLNESS AND DISABILITY

General Comments

Centres generally 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. Occasionally assessors had incorrectly identified the AC's on candidates work.

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, but candidates should be encouraged to use the speaker notes section on PowerPoint so that the slide and corresponding speaker notes are printed together.

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

Comments on individual questions/sections

LO1: Understand different types of common disorders.
AC 1.1, AC 1.2, AC 1.3

All candidates had described the causes, signs and symptoms of a disease, illness or disability, however some of the disorders chosen 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.
AC 2.1, AC 2.2

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.

AC 3.1, AC 3.2, AC 3.3, AC 3.4

Most candidates had attempted to research two services within their local community and had explained concepts of research, although justification of these was sometimes weak. Candidates had chosen a variety of methods for data collection and these were generally suitable, although sometimes the method used limited the amount of data collected. This then made it difficult for the candidate to draw any meaningful conclusions. Presentation of data was also varied, with some candidates using a variety of methods to display their findings and others using only one. Many candidates did not analyse the data very well and made very general observations, this limited the marks achieved. Again, the evaluation of the research methods lacked detail for many candidates and the effectiveness of the research methods used should be included to achieve the higher mark bands.

Summary of key points

- Marking of this unit by centres was generally in line with national standards, although some centre marks were slightly generous. Centres should refer to their own centre specific moderators report for guidance.
- Some candidates still had repetition within their work, with the same information included on 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 sampled 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.



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