



Level 3 Examiners' Report



Health and Social Care: Principles and Contexts
Level 3

Summer 2024

Introduction

Our Principal Examiners' report provides valuable feedback on the recent assessment series. It has been written by our Principal Examiners and Principal Moderators after the completion of marking and moderation, and details how candidates have performed in each unit.

This report opens with a summary of candidates' performance, including the assessment objectives/skills/topics/themes being tested, and highlights the characteristics of successful performance and where performance could be improved. It then looks in detail at each unit, pinpointing aspects that proved challenging to some candidates and suggesting some reasons as to why that might be.¹

The information found in this report provides valuable insight for practitioners to support their teaching and learning activity. We would also encourage practitioners to share this document – in its entirety or in part – with their learners to help with exam preparation, to understand how to avoid pitfalls and to add to their revision toolbox.

Further support

Document	Description	Link
Professional Learning / CPD	WJEC offers an extensive programme of online and face-to-face Professional Learning events. Access interactive feedback, review example candidate responses, gain practical ideas for the classroom and put questions to our dedicated team by registering for one of our events here.	https://www.wjec.co.uk/home/professional-learning/
Past papers	Access the bank of past papers for this qualification, including the most recent assessments. Please note that we do not make past papers available on the public website until 12 months after the examination.	Portal by WJEC or on the WJEC subject page
Grade boundary information	Grade boundaries are the minimum number of marks needed to achieve each grade. For unitised specifications grade boundaries are expressed on a Uniform Mark Scale (UMS). UMS grade boundaries remain the same every year as the range of UMS mark percentages allocated to a particular grade does not change. UMS grade boundaries are published at overall subject and unit level. For linear specifications, a single grade is awarded for the subject, rather than for each unit that contributes towards the overall grade. Grade boundaries are published on results day.	For unitised specifications click here: Results, Grade Boundaries and PRS (wjec.co.uk)

¹ Please note that where overall performance on a question/question part was considered good, with no particular areas to highlight, these questions have not been included in the report.

Exam Results Analysis	WJEC provides information to examination centres via the WJEC Portal. This is restricted to centre staff only. Access is granted to centre staff by the Examinations Officer at the centre.	Portal by WJEC
Classroom Resources	Access our extensive range of FREE classroom resources, including blended learning materials, exam walk-throughs and knowledge organisers to support teaching and learning.	https://resources.wjec.co.uk/
Bank of Professional Learning materials	Access our bank of Professional Learning materials from previous events from our secure website and additional pre-recorded materials available in the public domain.	Portal by WJEC or on the WJEC subject page.
Become an examiner with WJEC.	We are always looking to recruit new examiners or moderators. These opportunities can provide you with valuable insight into the assessment process, enhance your skill set, increase your understanding of your subject and inform your teaching.	Become an Examiner WJEC

Contents

	Page
Executive summary	5
Unit 1	7
Unit 2	16
Unit 3	22
Unit 4	24
Unit 5	29
Unit 6	32
Unit 7	37
Unit 8	40
Unit 9	43
Supporting you – useful contacts and links	47

Executive Summary

This was the first year of the Level 3 Extended Diploma, seeing two new NEA units for first submission and some minor amendments to other units. Submission of work for both new and existing internally assessed units has generally been straightforward this series through electronic upload. Both externally assessed units were available for candidates online and on paper.

Externally assessed units (2 and 7)

The overall standard of responses for both papers was good with candidates showing good knowledge and understanding of the content of the specification. Good application of knowledge was seen through valid responses, some of which demonstrated an effective understanding of the AO3 command verbs; developed, balanced and reasoned arguments were evident in many cases when answering 'evaluate', 'assess' and 'consider' questions.

Familiarity with the command verbs would be beneficial through examination practice and encouraging candidates to develop their answers fully to ensure that the higher mark bands are reached. Likewise, highlighting key terms to ensure that each question is fully understood reduces the likelihood of candidates making rubric errors or only partially answering the question. The examination walk through on the WJEC website stresses the importance of this alongside other examination tips.

The attempt rate for questions in both Unit 2 and Unit 7 was good this year, demonstrating that candidates had been well prepared by centres.

Knowledge of the main theorists should be interwoven within the teaching of the Unit 2 specification to enable candidates to observe how theories are applied to practical scenarios; a basic knowledge of each theorist is essential to access questions on theory.

Some answers on the Unit 7 paper required a greater level of detail to reach the higher mark band, particularly for the higher assessment objectives. Explanations should show a developed response with facts presented in some depth.

Internally assessed units (1, 3, 4, 5, 6, 8 and 9)

In most cases, tasks were in order and presented appropriately with evidence well documented and referenced throughout. For tasks where the internet is not permitted, class notes should be uploaded to support the work.

Candidates' work must adhere to the awarding body assessment objectives and centres should ensure that there is full coverage before awarding the higher mark bands. Candidates' work should be in their own words and any direct quotations referenced.

Centres should take note of recommendations regarding individual groups, settings and research topics (Units 3, 6 and 9) to ensure that candidates have the opportunity to reach the full range of marks available.

It was pleasing to note that, for units where case studies and scenarios change annually, all centres used the correct information.

Work should be uploaded in concise formats to enable straightforward moderation to take place, in other words, there should not be multiple files uploaded for each question within a task. Additionally, compressed files should be checked for accurate upload to avoid symbols appearing in candidates' responses. It is useful to run candidates' work through a checker for plagiarism prior to candidates signing to authenticate their work as their own.

Areas for improvement	Classroom resources	Brief description of resource
Examination question practice	HTTPS://WWW.HEALTHANDCARELEARNING.WALES/RESOURCES	ONLINE EXAM REVIEWS EXAM WALK THROUGHS PRACTICE PAPERS AND MARK SCHEMES
Consolidation of learning/ knowledge	HTTPS://WWW.HEALTHANDCARELEARNING.WALES/RESOURCES	Sample Assessment materials Guidance for teachers
NEA structure	WJEC SECURE WEBSITE	Exemplar materials CPD resources

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2024

UNIT 1: PRINCIPLES OF CARE AND SAFE PRACTICE WITHIN OUTCOME-FOCUSED, PERSON-CENTRED CARE

Overview of the Unit

This unit is about the knowledge and understanding of professional roles, responsibilities and accountabilities of practitioners in the health and social care sector. Candidates are given a case study from a choice of two but must not have access to the case study until the start of the assessment.

Case studies will include details for two individuals with varying health and social care needs. Candidates choose one scenario to produce a report based on principles of care and safe practice within outcome-focussed care, investigating how health and social care practitioners apply principles to support individuals in achieving outcomes. For Task 2 candidates produce an information leaflet, blog or presentation demonstrating knowledge of how legislation and policy in Wales drives outcome focussed care.

It is important in Task 2 for candidates to ensure they are aware of the different settings within health and social care and to remember that settings can also include individuals' homes. Task 2 should focus on the settings relevant to the case study chosen.

Assessment objectives are assessed over five questions for Task 1 and two questions for Task 2 with 40% of Unit 1 being assessed for AO1, 36% for AO2 and 26% for AO3.

Unit 1 assessed content relates to principles of care, outcome-focused care, challenges faced by health and social care practitioners, ethical approaches/principles, building trust and effective communication. Furthermore, Task 2 assesses knowledge of legislation and national policies that are relevant to the specific setting within the case study. Candidates should be aware of codes of conduct/professional practice and how they guide the workers specified in the setting.

Overall, performance this year was good, candidates and centres seem to be more familiar with key concepts and how these are applied within health and social care.

Comments on individual questions/sections

This was the third year of assessment for this unit.

Overall, the work for this unit showed some excellent knowledge demonstrated by candidates, although there were some issues across entries which will need addressing before the next series.

There were some excellent examples of an in-depth understanding of principles of care and how to apply these in practice. The majority of candidates gained a reasonable or good mark in the assessment although some candidates' knowledge of applying the principles of care within the context of the case study was limited.

There was a variety of styles of marking and assessment documentation submitted by centres for moderation. Some centres provided excellent annotation on candidates' work which enabled moderators to see how assessment decisions were justified. Other centres' annotation was minimal. Class notes were provided by more centres for this series which was pleasing. It was difficult to establish the authenticity of class notes as many candidates relied too much on the use of the internet. Some responses, particularly for task 2, consisted of text lifted directly from the internet, which is not acceptable as the specification states work must be the candidates' own and it is the responsibility of the assessor/tutor to check the authenticity of class notes.

Page 71 of the qualification specification is a useful reminder here:

“All notes used by candidates must be retained by the centre and must be submitted for review as part of the moderation process.”

The teacher/assessor is responsible for reviewing notes that candidates intend to take into the assessment environment and for making sure that they are in line with the requirements above. If the teacher/assessor has any concerns regarding the authenticity of the notes, they should stop the assessment from taking place and follow their own internal procedures for dealing with cases of suspected malpractice.

“Candidates must understand that, to present material copied directly from books or other sources without acknowledgement will be regarded as deliberate deception. Centres must report suspected malpractice to WJEC if the candidate has signed the declaration of authentication form.”

When submitting candidates' work for moderation, a useful checklist below would be beneficial and would aid the moderation process.

Moderation checklist for Unit 1:	Checklist tick.
Marksheet is fully completed, and marks add up correctly (this should be double checked).	
Work is labelled with correct information e.g., candidate number/candidate name and header and footer added to every page.	
Internal verification records submitted as one file to confirm quality assurance for Unit 1.	
Candidate/assessor declarations signed and dated. Assessor declaration should not be signed and dated before the candidate.	
A log of hours completed for each Task – this may be useful: <u>Log sheet – You can spend approximately 20 hours (14 hours on task 1 and 6 hours on task 2)</u>	

Log of hours spent of NEA.	
Task	Date and time spent.
1 (A)	
1 (B)	
1 (C)	
1 (D)	
1 (E)	
2 (A)	
2 (B)	
Final word count – Task 1:	
Final word count - Task 2:	
Word counts on candidate work after each question.	
Candidates' work submitted as one file for Task 1 and one file for Task 2 or combined into one file (including front assessment sheet with marks and declarations). Do not send individual questions in separate files.	
Class notes included after the log of hours sheet.	
Annotation evident on each question to highlight and justify where marks were awarded.	

On the whole, marking across the unit was appropriate. The ranking of candidates was mainly appropriate, and marks awarded were mainly in the appropriate banding. Some centres overmarked specific questions, in particular Task 1 (b). To achieve the higher band marks for Task 1 (b) candidates should explain how care and support workers in the chosen case study are expected to demonstrate and promote outcome focused person-centred care in their work and how this benefits the individual they are working with. It is important that candidates write clear explanations and include examples from the specific chosen case study in order to attain the higher mark bands. It is important that the explanations are specific to the care and support workers in the chosen case study.

For Task 1 (e) many candidates reflected upon how care and support could develop positive relationships and effective communication. However, the question asked for a reflection on how the methods and skills were used by the care and support workers *in the chosen case study*.

For Task 2, applying the appropriate legislation and codes of practice to the setting in the case study attracted higher marks; some candidates did not use relevant legislation and national policies in relation to the specific settings of the case study chosen.

Task 1

- (a)** Task 1 (a) candidates should read and fully comprehend details within the case study in applying principles of care; it may be useful for candidates to highlight key aspects of the case study to help them structure their response.

All candidates attempted this question and candidates demonstrated good to excellent knowledge of the principles of care. Candidates who were awarded higher marks gave a detailed description of the meaning of the three principles of care and gave examples of how this underpinned outcome-focused, person-centered care. A number of candidates did not outline the specific principles of care and therefore did not give a thorough description demonstrating a lack of thorough knowledge and understanding.

There was less duplication of candidates' examples for each principle of care in this series. Even though principles of care can be interchangeable, it is important for candidates to use a wide range of different examples from the case study.

The candidates who attained lower marks showed a lack of focus in their answers or did not make clear the principles of care they were referring to, some candidates did not give sufficient depth linked to the case study. Some candidates' responses lacked specific examples from the case study. Some candidates who chose case study B mentioned that workers should only 'share on a need to know basis,'; even though this could be added to their description of the principle of care 'maintaining confidentiality,' this was not classed as a specific example. Candidates should add detail by making clear that "Belinda informed Miram of her duty to report the incident and reassured Miram that information would only be shared on a need-to-know basis."

A useful way of addressing this question, would be for candidates to prepare three paragraphs, including in each one, a description of the principle of care, examples from the case study which focus on that specific principle of care and an outline of how each example underpins outcome-focused care.

Please see below an example of a detailed paragraph:

One principle of care featured in the case study was voice, choice and control which is often referred to when the individual makes choices for themselves based on their needs. Voice, choice and control allows the individual to express their needs and requirements to others they trust. Some examples may consist of a care worker, family members, or a close friend. In the case study, the use of voice and control is evident when Belinda asks if “she would like a drink and a snack.” Miram rejects the offer as she is not hungry. This is a good example of voice and control as the care worker is not forcing Miram to consume anything despite the fact that Miram has an eating disorder, demonstrating that Belinda respects Miram’s decision rather than insisting she should consume something. An individual having voice and control over their needs not only improves the trust between the care worker and the individual, but it also enhances the personal care she’s receiving. Another example of this is when Belinda asks Miram of her preferred method of communication, to which she responds that she would like to write down her answers as she is unaware of British sign language. This example demonstrates how empowering Miram promotes her voice, choice and control which is extremely beneficial for the process in care.

- (b) It was pleasing to see that the majority of candidates were able to give ways in which care and support workers can demonstrate outcome focused, person-centred care. However, some candidates lacked depth of **explanation** which was the command word being assessed. Some candidates started their answer with a definition of outcome focused care which was good practice and set the scene for their answer; this was pleasing and directly related to section 1.5 of the specification. The higher mark bands required candidates to explain how care and support workers are expected to demonstrate and promote outcome focused, person centred approaches and how they would benefit the individual they are supporting. Some candidates were able to apply key expectations from legislation such as the five key principles from the Social Services and Well-being (Wales) Act 2014, this was impressive and should be encouraged for future practice. Some candidates did not always focus on the specific workers in the case study which was a key part of this question. Some candidates gave very brief benefits to the individuals, it would have been useful for candidates to state how the specific approach would benefit the health and well-being of individuals.

A useful way for candidates to approach this question would be to focus their response on the following:

- Explain the term ‘quality care’ within the first part of their answer – this sets the scene for their answer.
 - Then separate their answer into 4-5 sections focusing on the following:
 - The way that workers are expected to demonstrate this by explaining the key concept, e.g. safeguarding individuals
 - Explain how the workers demonstrated this within the case study
 - Explain what else the workers could have done and the benefits to individuals’ health and well-being.

If candidates do this consistently throughout their answer, they could meet the detailed and thorough element of Band 4.

- (c) This question was answered fairly although some candidates did not always focus on the challenge that health and social care workers would face and tended to concentrate on the challenges faced by the individual who is being supported. The majority of candidates were able to identify two challenges. Higher awarded responses fully identified the challenge at the beginning of their response and described why this would be a **challenge for the worker**. Some candidates were unable to expand upon their identification of the challenge. For example, for case study A, some candidates identified that Marc's communication ability could be a challenge, however some did not expand upon why this may be a challenge for the worker.

It was pleasing to see some candidates could describe key technologies and digital approaches to support workers overcome the challenges faced by individuals who have hearing impairments, such as Miram in case study B. Some candidates gave specific examples such as amplified telephones, visual call indicators, IPAD amplified and Relay UK. It was good practice for candidates to use their class notes to consider specific strategies the worker could use to overcome hearing and visual impairments (1.4 of the specification – digital communication and 1.5 specification new technologies and digital approaches). **Makaton and Braille** are listed in the specification and as such, it would be useful to explore them in relation to the requirements of some individuals in the case studies. Class notes are extremely important here.

When marking this question, assessors should make clear how many marks have been given for each challenge separately, then a final mark awarded. It was pleasing to see the majority of centres adhering to this.

It was pleasing to see more specialist terms in this series related to ways in which workers could overcome challenges, however some work was generic and some examples unrealistic, for example, the worker could employ more social care workers, the government could fund more nurses/hire more staff. Realistic ways of overcoming the challenge should be realistic to the specific worker in the case study. Some candidates identified fatigue as a challenge for staff in Marc's case study however only gave limited responses to overcome this challenge such as 'hire more staff'. A more relevant response could have been to adopt prudent health care principles, and developing more reflection and accountability within their role.

Examples of a limited responses which only identifies the challenge that the worker may face:

A challenge that the worker may face in the case study is that Marc may have disengaged from society and therefore may have an aggressive personality towards the workers.

Example of a more developed identification and description of the challenge.

A challenge that the worker may face in the case study is that Marc may have disengaged from society and therefore may have an aggressive personality towards the workers. This may pose a challenge for the workers as it could hinder communication as Marc may withdraw from discussing his specific needs and it would be left to health and social care workers to second guess if the care Marc is receiving is right for him. This can be addressed through

- (d) As with last series, this was one of the weakest answers for Unit 1. Candidates are expected to analyse three principles of equality, diversity and choice within the context of the case study. The command word ‘**analysis**’ requires candidates to examine an issue in detail. Some candidates mixed up the terms and wrote one paragraph in which individual principles were not discussed in sufficient detail. It is important that candidates separate the three terms into separate paragraphs. Some candidates missed some of the principles out which resulted in them not being able to access the higher bands. Candidates are also expected to analyse ethical approaches; where the majority of candidates did mention some of the approaches this was generally narrow in scope.

A useful way of differentiating between the health ethical principles and approaches is:

Ethical principles	Ethical approaches
Equality	Duty of care
Diversity	Duty of candour
Choice	Best interest decisions
	Managing confidentiality when sharing information, e.g. following GDPR and WASPI
	Supporting mental and emotional well-being
	Following ethical frameworks
	Managing service and resource allocation (through prudent healthcare principles)

When analysing the principles and approaches, a useful method of ensuring a detailed analysis is for candidates to describe what is meant by the principle or approach, discuss this in terms of how it has been applied in the chosen case study and make a judgement about how it affects person-centred care both positively and negatively.

- (e) On the whole, this question was answered well. The higher bands required candidates to reflect upon effective communication and positive relationships/trust separately. Reports which reflected on these together tended to loss focus and direction and were therefore awarded lower marks. Higher marked responses gave more explicit reflections of the skills and methods used by the workers as illustrated in the chosen case study. Lower banded answers only outlined how effective communication and positive relationships could be demonstrated in the case study and **omitted to discuss the skills/how these were used by workers**. Some candidates misread the question and gave a general description of what was meant by positive relationships/effective communication, without reflecting on how these were used/demonstrated in the chosen case study, therefore not meeting the demands for band 2 'some conclusions' and 'some evaluation' used by the care and support workers in the chosen case study.

It was pleasing to see that some candidates were able to fully meet the demands of the question and reflect upon the methods and skills used. For case study B, some candidates were able to identify that understanding the environment that health and social care workers are communicating in is extremely important when communicating with Miram as she has a hearing impairment. Workers understanding the environment would enable Miram to fully hear what is meant and suggested as outside noise/distractions would be reduced. For case study A, higher band candidates were able to reflect upon the environment that the workers were communicating in by ensuring that everyone sat in a circle therefore eliminating any barriers. Environmental considerations are extremely important for workers when communicating with individuals who receive care and support and this is emphasised in section 1.4 of the specification: 'understand the environment when communicating with individuals to ensure person-centred care'.

Promoting person-centred care by addressing individuals' specific communication needs through the environment could relate to settings within the case studies, for example, room, seating, noise levels, lighting, space, time and temperature. Higher candidate answers were able to reflect upon this in relation to the case study chosen this year.

Task 2

- (a) Higher banded marks were awarded to candidates who showed an excellent understanding of legislation in their own words and could outline how this related to outcome-focused, person-centred care in the case study. It is important that candidates fully define essential key concepts from a range of different legislation and national policies and do not focus solely on legislation. Candidates should reflect on applicable legislation and national policies relevant to their chosen case study, for example, some candidates gave a brief outline of a good range, but not all were relevant to the chosen setting in the case study.

In case study A, emphasis was placed on the residential care home that Marc moved to after discharge from the hospital. As such, it was pleasing to see candidates address the Regulation and Inspection of Social Care (Wales) Act 2016. Some candidates omitted this legislation which was key to the case study. A useful link for this legislation is:- <https://socialcare.wales/resources-guidance/information-and-learning-hub/regulation-and-inspection/overview> Candidates should be given this link and could be encouraged to design a spider-diagram with the reason for its introduction, key concepts from the legislation, how it is applied within specific settings and how it drives person-centered care.

- (b) The majority of candidates were able to score at least half marks for this question. It was pleasing to see some higher candidate responses identify that because Belinda was a manager she would be guided by the Code of Professional Practice for Social Care (Section 7 in particular) or the Code of Practice for NHS Wales Employers or Code of Professional Practice for Social Care Employers.

In case study A, it was pleasing to see higher candidates' responses identify a wide range of codes of professional practice/conduct as the range of workers identified at the setting included a nurse, social worker and doctor. Good practice was seen in some responses that summarised the role of the GMC (General Medical Council), the code set by the NMC (Nursing and Midwifery Council) and the Code of Professional Practice for Social Care, all of which were relevant to this case study. **Candidates should be encouraged to highlight and underline the names of the workers at the setting** and then use reliable sources from the internet to investigate the appropriate codes of professional practice or conduct.

Lower band candidates did not make clear the specific the codes of professional practice or conduct that guide health and care workers in the featured case study, therefore showing a lack of understanding. It is important to put context into the task, which was to provide information for staff who are new to working in Wales, therefore it would be important for new staff to know the exact name of the specific codes of professional practice or conduct relevant in guiding the workers in the chosen case study.

Higher band marks were awarded to candidates who named and outlined the relevant codes of professional practice/conduct relevant to the health and care workers in the chosen case study, registration requirements of these workers, and how these could be applied in practice as guidance. It was pleasing to see an awareness of the regulatory bodies who set the registration requirements for the specific health and social care workers in some candidates' answers.

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2024

UNIT 2: FACTORS AFFECTING INDIVIDUALS' GROWTH AND DEVELOPMENT ACROSS THE LIFESPAN

Overview of the Unit

For 2.1 (factors that affect individuals' growth and development across the lifespan) there was a range of different topics covered, such as the importance of economic status on growth and development, describe changes that occur in males during adolescence. It is important that candidates are aware of the key factors affecting growth and development and their potential positive, negative and long-term impacts. Some candidates struggled to apply some key terms, such as 'economic status.'

For 2.2 (models that relate to factors that affect growth and development across the lifespan) key models that were assessed during this series were: Gesell, Erikson, nature vs nurture, Bowlby and Bandura. When it comes to theories, candidates need to ensure they are aware of the basic concepts for each theory.

For the 2.2 questions, candidates generally provided some knowledge, but lacked development within their answers, e.g. lack of key concepts, or not being able to develop their responses in terms of AO3 questions. It is important that candidates are aware of strengths and weaknesses of the different models.

For 2.3 (approaches to promoting and protecting resilience) the main question was asking candidates to explain one approach, other than community resources, that could be used to promote Fara's resilience. It was important that candidates are aware of the different approaches such as engaging individuals to be responsible for their own physical health and well-being by making lifestyle choices, promoting a positive and problem solving approach and promoting positive environments that are forward-looking promoting strengths and diversity.

Candidates were aware of the benefits of resilience, but often were unable to expand upon the approach.

- Candidates should ensure that they are aware of community resources available to individuals as this is a key section of the 2.1 specification. One useful way for candidates to explore this is by mapping out resources within their own local community and explaining the benefits in terms of support to promote long term growth and development, and resilience.
- It is recommended that teaching of Erikson's Psychosocial Theory is started at the beginning of the unit, alongside teaching the different aspects of development across the lifespan. By doing this, candidates can apply Erikson's theory to different areas across the lifespan. It is highly recommended that candidates are signposted to Chapter 6, Patel, M (WJEC 2022) Course Companion Level 1/2 Vocational Award Health and Social Care (ISBN – 978-1-86085-753-9) pages 118-123 as this provides an overview of Erikson's Theory across the lifespan which breaks down key basic concepts.
- Candidates should be encouraged to consider positive and negative aspects of factors that affect human growth and development across the lifespan (2.1).

- Candidates should be made aware of the difference between the command verbs: for example 'explain' requires a reasoned or justified expansion, following an identification or simple descriptive point.
- Candidates should be encouraged to use a highlighter to pick out key words in the question. This would have benefited candidates in question 7a by highlighting 'discuss', 'benefits', 'individuals in later adulthood' and 'therapeutic and recreational activities.' The exam walk through provided by the WJEC stresses the importance of this alongside other useful tips.

Comments on individual questions/sections

- Q.1 (a)** This question was answered fairly well and the majority of candidates were able to identify Kyle's life stage as childhood. Some candidates did not give the full name of the lifestage and stated 'kids, child, or pre-teen' and a small minority confused childhood with adolescence. It is important that if candidates are asked a 'recall' question on the lifestages that they use the ages and terms from the specification.
- (b)** The majority of candidates were able to state that moving into residential care is an unpredictable life event. Candidates should be encouraged to understand the difference between predictable and unpredictable life events, for example, unpredictable life events are events that happen without warning or events that would not be expected to happen for every individual.
- (c)** This question was answered fairly well by a majority of candidates. A wide range of candidates scored high marks for summarising how an autistic spectrum disorder (ASD) may present itself in an individual. The key reason for why some candidates did not score maximum marks was that they were unable to give a *wide range of different ways*. Candidates did not have to be detailed in their answers but did need to demonstrate a wide range of the main points. Some candidates repeated their points and were not awarded for repetitive points. It was pleasing to note that some candidates used appropriate terminology such as stimming, non-verbal problems, lack of empathy and sensory problems. Where candidates stated that 'behaviour was affected in individuals with ASD', this was deemed too vague; candidates would need to state 'behaviour that challenges.'
- (d)** The majority of candidates were able to score marks for this question. A wide range of candidates described factors that could impact on Kyle's parents having a child with an autistic spectrum disorder (ASD). However, some candidates did not address **the long-term impact**, for example, some candidates identified that due to Kyle needing 24 hour support, this could cause job problems for his parents, but then failed to describe the long-term impact of this on them, e.g. this could lead to potential job losses, resulting in them losing self-confidence or potential debt. Candidates who reached the top bands were able to describe a wide range of factors that could impact the parents of having a child with ASD and the long-term impact of these factors.

- (e) On the whole, candidates struggled to achieve top mark band responses on this question. Some candidates discussed nature vs nurture generically which was not the question. Where candidates identified Gesell's argument that the development of the child was due to nature, a mark was awarded. Candidates who achieved higher marks were able to explore key concepts such as maturation, genetically determined, hereditary and developmental norms. Candidates who were able to discuss the positives and negatives of Gesell's theory were able to fully meet the command word of 'discuss.'
- Q.2**
- (a) Many candidates did not read the question carefully and their responses related to the effects of having an eating disorder or the naming of eating disorders. Candidates should have stated the possible risk factors for developing an eating disorder such as mental health issues or poor self-image.
- (b) The majority of candidates scored some marks for this question. Some candidates explained in detail a range of ways in which reassurance may be used by health professionals and how reassurance may support Fara. Some candidates were unable to explain a range of ways or did not explain their points in any detail, for example, identifying that workers could signpost Fara to counselling services and inform her of the service but not explaining how this would support Fara.
- (c) On the whole, the majority of candidates were able to identify and, in part, explain community resources that could support Fara's long-term development. Some candidates clearly explained community resources but did not focus on the potential benefits to Fara's long-term development. It is important that candidates are aware of community resources available in an individual's local area to support long term development.
- (d) Some candidates explained how protecting resilience would benefit individuals. However, candidates on the whole were not able to develop their explanation **other than community resources**, which meant that candidates had not read the question carefully. It is recommended that candidates should underline key aspects of the question.
- Q.3** In general, this was not a well answered question. The majority of candidates were able to explain to impact of Ceri's situation on her health and well-being. However, some lacked knowledge of Erikson's Psychosocial Theory and were unable to score higher marks as responses lacked knowledge of his theory. Some candidates gave generalised answers such as 'Erikson argues that individuals develop through stages' and lacked clear and direct reference to the stage that Ceri would be at, Generativity vs Stagnation. It is recommended that when candidates are learning about key stages of development, Erikson's theory is brought in to familiarise them with his theory. Candidates who were able to get into the higher bands could consider Generativity vs Stagnation and link this to Ceri's situation. Few candidates were able to consider the virtue that Ceri would achieve if an individual successfully passed through this stage.

- Q.4 (a)** This question was answered well with a range of candidates scoring maximum marks. It was pleasing to see candidates engage with the question and give full responses in line with the assessment verb 'outline.' It was good to see some candidates directly link responses to Jade's situation, such as her potentially going through chemotherapy and the effects such as loss of hair or breast which could create low self-confidence or fear how other individuals would perceive her. A minority of candidates were unable to expand upon their outline and only identify a reason such as 'Jade worrying about the cancer returning', candidates needed to provide brief detail to this answer. A minority of candidates lifted reasons from the stem of the question, without engaging with the assessment verb 'outline,' for example, a minority of candidates would state the reason she may feeling anxious is 'her cancer,' this is not outlining and candidates should be clear that she may be anxious **due to the worry** about the cancer.
- (b)** It was evident that the majority of candidates were aware of what was meant by emotional and social development. Some candidates used the terms together, even though they can be interchangeable. It was important that candidates differentiated terms within their answer to show detailed knowledge and understanding of how Jade's anxiety may impact on her long-term social **and** emotional development. Most candidates correctly identified that Jade may become depressed, however, some candidates did not explain this point or how it could impact on her long-term social and emotional development. Candidates who scored higher marks were able to give a wide range of concepts when explaining their answer such as social isolation, communication difficulties, dependence on others, depression, lower-self-esteem, better emotional resilience, emotional intelligence.
- (c)** On the whole, most candidates scored marks for this question but responses lacked explanation in relation to the importance of economic status on growth and development in adulthood. The three key terms were economic status 'growth/development' and 'adulthood.' Some candidate misread the question and linked their response to the impact of economic status on childhood. Many candidates paid lip-service to adulthood and economic status and wrote only about development. It was important for candidates to make the link, for example, candidates who focused on a range of areas such as housing, diet and access to health services were able to explain their points in relation to adulthood and the impact of economic status on growth and development. It was also important for candidates reaching the top band to focus on **both** growth and development.

An example of a developed explanation focusing on the growth and physical aspect of development is the following:

Good income such as a high paying salary in adulthood can result in a **more balanced, healthy diet** as the individuals can afford to cook meals from scratch as can afford the prices of high quality ingredients which generally cost more, this means that they are less likely to get diabetes or obesity which could have a negative impact upon their physical growth.

Some candidates would miss out the underlined points, having some knowledge of a high paying salary and the link between a more balanced, healthy diet but not explaining the link in any detail. Responses to explain questions should provide details and reasons for how and why something is the way it is. The mark scheme is a useful guide here for future questions on economic factors.

- Q.5 (a)** The majority of candidates could differentiate between the terms nature and nurture in this question, however, some candidates copied from stem of the question and therefore were not able to describe key features of nature and nurture using the information above, which was required. A minority of candidates confused the terms nature and nurture. Candidates who scored higher marks were able to define key terms correctly and apply knowledge using the information provided. Some candidates **did not use** any information from the stem which was asked of them in the question.
- (b)** The majority of candidates gave a wide range of physical changes that occur in males during adolescence although the question was asking for a description and, as such, it was important that candidates expanded on the physical changes, for example, some candidates stated that males voices would change and then did not explain their point that male voices may become deeper because of the changes in the larynx. A small minority of candidates did not read the question and answered the question based on males in later adulthood or females.
- (c)** Generally, most candidates could state that early childhood relationships between child and caregiver were extremely important, some referring to the importance of the relationship between the twins with reference to Bowlby's Attachment Theory. Some candidates wrote an examined responses using Bowlby's key concepts such as 'critical period', 'monotropy' and 'affectionless psychopathy.' It was also pleasing to see some candidates refer to the 44 Thieves study to emphasise the importance of early childhood relationships according to Bowlby. Candidates who scored higher in the bands were the ones who were able to examine using a range of key concepts from Bowlby's Theory and also bring in strengths and weakness of Bowlby's theory; this would fully meet the assessment command word 'examine.'
- Q.6 (a)** A wide range of candidates scored marks for the question, with the majority of candidates having a basic awareness of the term 'social skills training,' (**SST**). However, as the question was 3 marks, candidates were expected to expand upon the meaning and fully meet the describe assessment command word to describe the main features of SST training. Candidates who gave a core meaning such as 'training to support individuals in social situations' were awarded a mark; candidates who went on to expand on this by describing two other features such as, for example, benefits of SST training, where SST may be delivered or individuals who may need SST training, were then able to achieve maximum marks.

- (b) The majority of candidates described and explained the positive impact of being part of a family on a child's social development. Some candidates omitted to explain the positive impact on the child's social development. It was pleasing to see some candidates making synoptic and implicit links to psychological models such as Bandura, Maslow and Bronfenbrenner even though this was not required; this showed further knowledge and understanding in their responses. Few candidates were able to fully explain a range of positive impacts on a child's social development; the key for this question was detailed explanation, providing reasons why a family would be positive for the child's social development. Some candidates stated that parents would be a role model, but failed to explain why this would support the child's social development, or made a statement such as 'children are likely to better in social situations as they may have siblings' without explaining 'why,' which is a key aspect in a response to an explain question.
- (c) It was pleasing to see that most candidates were aware that children's behaviour is acquired from their environment, showing some knowledge of Bandura's social learning theory. It was pleasing to see that candidates could illustrate their responses by using some examples to back up their points. Candidates reaching the higher bands used key concepts from Bandura's theory in discussing how behaviour is acquired, such as bobo doll experiment, reinforcement, vicarious reinforcement, role modeling, imitation, observation, retention, reproduction; all of which were credited. It is important for a discuss question, that candidates do more than list points; some candidates identified that children learn from their environment and this was seen in the bobo doll experiment but did not go on to discuss what Bandura's experiment was about; it is encouraged that candidates learn the important basic key concepts from psychological models.

- Q.7 (a) Some candidates demonstrated some knowledge and understanding of the benefits of encouraging individuals in later adulthood to take part in a range of therapeutic and recreational activities. The key to this question was to focus on the benefits to individuals in **later adulthood**. Some responses were limited in discussion as they gave a list or basic description of benefits, without discussing them in relation to individuals **in later adulthood**. It was pleasing to see that some candidates gave appropriate examples of therapeutic and recreational activities that individuals in later adulthood could undertake and why these would be beneficial. Some candidates were able to bring in Cumming and Henry's disengagement theory and discuss this theory in relation to why encouraging activities in later adulthood would prevent disengagement in later adulthood. Candidates who discussed a range of different benefits of therapeutic and recreational activities suitable for individuals in later adulthood were able to score marks in the higher bands. It should be encouraged in future series for candidates to highlight key words in the question to enable the candidate to focus their answer in a structured way, which is a key aspect of any discuss question.

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2024

UNIT 3: PROMOTING THE RIGHTS OF INDIVIDUALS ACROSS THE LIFESPAN

Overview of the Unit

- In this Unit 3 series, both Centres and candidates demonstrated confidence and clarity in their approach to the NEA task. Candidates created and submitted well-presented presentations; inputting images, transitions between slides, producing voiceovers, as well as focusing on the slide design, which was impressive.
- Many candidates selected groups of individuals directly from the specification. This approach provided candidates with the opportunity to focus on the assessment objectives and fully address the task, enabling them to meet the AO criteria and access higher mark bands. Centres awarded marks that reflected the clear distinction between well-prepared candidates and those who needed further preparation to fully attempt and complete the task.
- Presentations were delivered in a variety of different formats and combinations; PowerPoint slides and voiceovers which tended to be recorded directly onto PowerPoint, as well as typed scripts and videos of presentations. All of these formats and combinations were welcomed by moderators as they fulfilled the brief of 'produce a podcast, presentation or video'.
- If Centres are awarding higher marks, it is expected that there is sufficient evidence to support this, as it is difficult for moderation to take place when the work does not support marks awarded. For example, there were instances when comments were made on candidate work stating that a point a candidate made was discussed further within the presentation in the classroom. It would be expected by the moderator that a video or voiceover of the presentation would be included into the candidate's unit 3 portfolio to further support marks awarded.
- In terms of administration, Centres typically completed and uploaded the work accurately. However, it is recommended to consolidate the files and upload them in as few documents as possible to facilitate the moderation process. Additionally, before uploading work to Surpass, it's essential to indicate the mark distribution for questions (b and e) on the front sheet and within the candidate's work. This signposts the moderator to where the marks have been awarded and the reasons behind them.

Comments on individual questions/sections

- a. Most candidates responded effectively to this question, skilfully balancing the discussion of main needs and rights alongside the care and support requirements of the chosen group. Their responses were well-researched and highlighted a diverse range of needs and rights, emphasizing the practical aspects of supporting individuals. Some candidates even incorporated various theorists into their work, which received credit from the Centre. However, it's important to note that this specific component of the question has been eliminated and cannot be credited.

- b. Question B, the largest marked question in the NEA task, carries 22 available marks and is divided into two parts. AO1 accounts for a maximum of six marks, and overall, this section was well-completed. While some Centres approached AO1 holistically, the majority addressed this section separately, succinctly summarizing health and well-being in relation to their chosen group. It is advisable for Centres to address this question in two distinct sections to align with the assessment objectives (AOs) and the specification. Additionally, assessors should clearly highlight and annotate where AOs have been identified and how they have been marked for moderation clarity. In cases where annotations were absent, it was challenging to discern where marks were awarded. Nevertheless, candidates demonstrated thorough engagement with this question, particularly within AO3, and explored factors directly relevant to the chosen group through comprehensive research.
- c. Candidates provided insights into a diverse array of barriers, consistently relevant to their chosen group, showcasing their knowledge and understanding. Although some candidates discussed strategies for overcoming these barriers, it's important to note that this component has been removed and will no longer be credited as part of question C
- d. Candidates demonstrated an understanding of legislation and its role in upholding the rights of their chosen group. Although the candidates considered legislation that wasn't explicitly mentioned in the specification, it was directly relevant to the selected group.
- e. Candidates conducted thorough research for this question, identifying a range of initiatives and strategies relevant to their chosen group for AO1. However, there were instances where both Centres and candidates confused initiatives and strategies with recommendations for promoting the rights of the selected group. Going forward, centres should consult the specified initiatives and strategies in the specification as guidance for future series. For example, Public Health Wales: Working to Achieve a Healthier Wales is the initiative, which sits within the strategic framework of achieving a healthier future for Wales. Strong responses were able to identify the initiative and the strategy, whilst recommending how these promoted individual rights for their chosen group for AO3.

Summary of key points

- It is advisable for future cohorts to submit sufficient evidence and annotations to support the awarded marks.
- Centres should continue highlighting the Assessment Objectives (AOs), especially in sections (b) and (e), both on the front sheet and throughout candidate work. Annotations can assist with the moderation process.
- Note that theorists have been removed from question A, and overcoming barriers has been removed from question C.
- Be mindful of identifying initiatives and strategies within question E. For instance, consider “Public Health Wales: Working to Achieve a Healthier Wales” as an initiative that aligns with the strategic framework for a healthier future in Wales.
- Strong responses successfully identified both the initiative and the strategy, while also recommending how these initiatives promote individual rights for the chosen group.
- Congratulations to all Centres and candidates for their hard work.
- Please visit the following document for guidance on questions A and C, in light of the recent amendments: [3-hsc-pc-ext-dip-unit-3-abridged-sams-e-050124.pdf](https://www.healthandcarelearning.wales/3-hsc-pc-ext-dip-unit-3-abridged-sams-e-050124.pdf) ([healthandcarelearning.wales](https://www.healthandcarelearning.wales/))

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2024

UNIT 4: UNDERSTANDING HOW THE HUMAN BODY IS AFFECTED BY COMMON CONDITIONS

Overview of the Unit

All centres must be commended on submitting marks and uploading correct samples to meet the WJEC deadline for required work. Where needed, exam officers resolved any issues and ensured that subsequent samples were promptly made available to satisfy the moderation process.

Some centres made clerical errors in marks submitted on IAMIS compared to mark sheets, and some candidates' front sheet marks did not match annotation marks on the work. Most candidate authenticity and assessor declaration forms were completed and signed appropriately.

Most of the work sampled was in order and in the appropriate format. Some candidate work was not scanned in the correct page order, requiring the moderator to search the document for each question. Most, but not all, centres annotated on the candidates' work, which aids the moderation process.

The assessment for Unit 4 involves a non-exam assessment (NEA) that requires candidates to demonstrate their understanding of how common conditions affect the human body.

The assessment is structured into four main tasks:

Question (a): This question, worth 22 marks, requires candidates to explain the possible causes and effects of Multiple Sclerosis, referencing causes, signs, symptoms, and both short-term and long-term effects, as well as the impact on daily living. The question aligns with the specification content areas 4.1, 4.2, and 4.3 and focuses on AO2 (Application of Knowledge and Understanding).

Question (b): Worth 10 marks, this question asks candidates to describe risk reduction strategies to support health and well-being, referencing specific strategies relevant to Multiple Sclerosis. It corresponds with content area 4.5 and emphasizes AO1 (Knowledge and Understanding).

Question (c): This question, worth 18 marks, involves assessing the care and support needs of individuals and their networks, including relevant models of health and well-being. This question matches content area 4.4 and focuses on AO3 (Analysis and Evaluation).

Question (d): Another 10-mark question, candidates must produce an infographic on *Clostridium Difficile* explaining the type of infection, its causes, transmission cycle, and long-term damage. It relates to content area 4.1 and emphasizes AO1.

Tasks

Comments on tasks/questions relating to candidate performance/meeting assessment criteria

Most candidates completed some detailed work for most sections, showing evidence of further and up-to-date research and a deeper understanding of the conditions in the stimuli. However, this was not always appropriately referenced. Candidates are permitted access to the internet to research the conditions in the stimuli, and therefore, it is good practice to encourage candidates to develop their referencing skills. Candidates should also be reminded that they and the assessor are signing to confirm that they have clearly referenced any sources used in their work on the candidate and teacher declaration sheet. Whilst no significant plagiarism was detected, it was noted that some candidates' work submitted was very close to the original source, particularly for question (d), the infographic.

The work submitted for sampling, overall, demonstrated some excellent digital skills from candidates who produced very good article and infographic layouts. Centres are reminded that work for questions (a) to (c) should be submitted laid out as one article suitable for a health and social care magazine and not as an essay, report or individual mini essays. Similarly, to meet the requirements of writing an article suitable for the sector, candidates at this level should be encouraged to use formal terminology (e.g. "faeces" instead of "poo") throughout, including the use of contemporary phrases such as "living with..." instead of "suffering with...". Most candidates produced an article and infographics written in the first person; candidates should be reminded that as they are producing work suitable for a sector magazine, they should write in the third person.

A maximum word count is designed to develop the candidate's concise writing style and critical thinking skills, with a need to focus on the most important points asked of the question. While adhering to word counts may be challenging for some higher-achieving candidates, the maximum word count should be enforced to ensure fairness to each candidate. This NEA requires a maximum of 3,000 words to include both the article and the infographic. Some candidates exceeded this maximum word count - in some cases, by up to 2,000 words above the maximum word count. Lower-achieving candidates, in contrast, did not make use of the maximum word count that was permissible for this NEA. It would be good practice for all candidates to provide a word count at the end of their article to assist in maintaining focus during the time allowed to complete the NEA.

The work submitted for sampling generally showed logical progression for questions (a) to (c).

Comments on individual questions/sections

Most candidates completed some detailed work for most sections, showing evidence of further and up-to-date research and a deeper understanding of the conditions in the stimuli. However, this was not always appropriately referenced. Candidates are permitted access to the internet to research the conditions in the stimuli, and therefore, it is good practice to encourage candidates to develop their referencing skills. Candidates should also be reminded that they and the assessor are signing to confirm that they have clearly referenced any sources used in their work on the candidate and teacher declaration sheet. Whilst no significant plagiarism was detected, it was noted that some candidates' work submitted was very close to the original source, particularly for question (d), the infographic.

The work submitted for sampling, overall, demonstrated some excellent digital skills from candidates who produced very good article and infographic layouts. Centres are reminded that work for questions (a) to (c) should be submitted laid out as one article suitable for a health and social care magazine and not as an essay, report or individual mini essays. Similarly, to meet the requirements of writing an article suitable for the sector, candidates at this level should be encouraged to use formal terminology (e.g. “faeces” instead of “poo”) throughout, including the use of contemporary phrases such as “living with...” instead of “suffering with...”. Most candidates produced an article and infographics written in the first person; candidates should be reminded that as they are producing work suitable for a sector magazine, they should write in the third person.

A maximum word count is designed to develop the candidate's concise writing style and critical thinking skills, with a need to focus on the most important points asked of the question. While adhering to word counts may be challenging for some higher-achieving candidates, the maximum word count should be enforced to ensure fairness to each candidate. This NEA requires a maximum of 3,000 words to include both the article and the infographic. Some candidates exceeded this maximum word count - in some cases, by up to 2,000 words above the maximum word count. Lower-achieving candidates, in contrast, did not make use of the maximum word count that was permissible for this NEA. It would be good practice for all candidates to provide a word count at the end of their article to assist in maintaining focus during the time allowed to complete the NEA.

The work submitted for sampling generally showed logical progression for questions (a) to (c).

Question (a): Most candidates demonstrated some understanding of the possible causes and effects of MS, giving accurate and up-to-date information. Candidates who lost marks in this section and fell short of the higher bands in this question failed to differentiate between the short-term and long-term effects on the human body and did not apply their knowledge of the condition to the impact on daily living. Most candidates who were seen to be over the maximum word count overall for this NEA had gone into great detail in this section on the treatment of MS; this is not a requirement of the question and hence wastes valuable word count and time unnecessarily. Several candidates inappropriately cited and referenced Wikipedia in this section.

Question (b): There tended to be an imbalance in candidates' responses to risk reduction strategies that can be implemented to support the health and well-being of individuals living with the condition. Candidates who did not reach the higher mark bands in this section did not consider increasing public awareness of the condition and how individuals can be supported to overcome barriers to support health and well-being, such as a strength-based model of care and support, inclusion and building on an individual's strengths, abilities, and skills. Similarly to the previous series, some candidates concentrated on health promotion models in this section. Whilst educating individuals is essential in symptom reduction, much of the word count may be taken up unnecessarily. Several candidates inappropriately advised the reader to “Google” some risk-reduction strategies.

Question (c): Higher-achieving candidates met the 'assess' command word and successfully assessed in detail the type of care and support individuals, their family, friends, and wider circle may need when living with MS. It was pleasing to see some candidates making a link to content from units 1, 3, 5 or 8 in this section and using the Social Services and Well-being (Wales) Act 2014 to show deeper understanding across units in the qualification and appropriate legislation. Candidates should be reminded that the question for this section requires them to assess the care and support needs of family, friends, and wider circle, and not just the care and support needs of the individual living with the condition. Most candidates focussed on the care and support needs of the individual living with the condition and failed to include the care and support needs of family, friends and wider circle. Most candidates showed a good understanding of the medical, social, and biopsychosocial models of health and well-being; however, some candidates showed a limited application of the models of health and well-being to the care and support of individuals living specifically with MS. Some candidates did not reference the models of health and well-being at all and, as a result, missed out on the higher band marks for this task.

Question (d): Most infographics produced by candidates outlined some good understanding of *C. Difficile*, and some candidate responses were worthy of higher marks in this task. A few candidates used Stimulus 1 (MS) as the condition for this question and, therefore, did not achieve any marks. The production of an infographic is intended to develop candidate creativity and innovation in the design and presentation of an infographic. A Word document is, therefore, not deemed a suitable method of producing an infographic. Instead, centres could encourage candidates to use a single PowerPoint slide, a Google Slide, Microsoft Publisher or an application such as Canva to produce their infographic to be downloaded as a single PDF file for sampling. Candidates should ensure that the infographic can be read through dark background colours, especially if the infographic is to be copied/scanned in black and white to be submitted for moderation. Candidates who lost marks in this section did not fully consider the six links in the chain of the transmission cycle of infection or the long-term damage that may occur due to *C. Difficile*. Some candidates either only briefly listed some potential long-term damage that may occur due to *C. Difficile* or failed to answer this section. Candidates should aim to produce their own version of a diagram of the transmission cycle to demonstrate their understanding and not just copy an image from the internet. Some candidates went into considerable detail in this section on the treatment of *C. Difficile*. This is not a requirement of the question and hence may have wasted valuable word count and time unnecessarily.

Task marking

Comments on approaches to internal marking

It may be useful for centres to revise the requirements of the command words with future candidates, particularly the “assess” verb to meet question (c).

On balance, most candidates' work was marked accurately by centres. The marking scheme uses a 'best fit' approach, and all marking points in a marked band should be covered for a band to be awarded. For example, work with most points at Band 3, but a couple at Band 4 would be marked at the top end of Band 3.

Evidence of internal verification is not a requirement for this qualification, but it is pleasing to see. Centres with more than one assessor delivering on this qualification are encouraged to verify NEAs internally before entering marks to IAMIS.

A few candidates produced some of their work through the medium of Welsh and some in English. Whilst the qualification has bilingual moderators able to moderate Welsh and English samples, centres are reminded that there are different entry codes for Welsh medium and English medium candidates.

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2024

UNIT 5: SUPPORTING INDIVIDUALS AT RISK TO ACHIEVE THEIR DESIRED OUTCOMES

Overview of the Unit

This is the first year that the unit has been assessed by an NEA and candidates and centres worked well to use a variety of ways and methods to respond to the task. Overall the level of work and understanding was a good standard and they were able to demonstrate clear understanding and knowledge of the different learning outcomes.

- Overall, there was a good level of knowledge and understanding and the candidates were able to relate that to their chosen individual.
- The NEA comprised of 2 tasks, the first relating to presenting case notes on a chosen individual and this assessed 5.1,5.2 and 5.5. For this task learners worked in controlled conditions, without access to the internet and were able to use pre prepared notes. These notes should be included on any upload to surpass, along with candidate work, assessment documentation, learner declaration and timesheet.
- There was a wide variety of formats for this question ranging from a report style, traditional case notes format to presentation style. It should be noted however that when using a presentation style, using the notes section in the majority of cases did not seem to encourage the candidate to give sufficient development. It is therefore advised that if additional notes are required to supplement their work, these are on a separate document, rather than on the notes on the slides.
- The second task relates to 5.3 and 5.4 and internet access is permitted for this task in order to assist the learners to create a care plan for their chosen individual. Again, there was a range of formats in the question and while it is fine to use a grid format, it is advised that candidates are advised that a grid format should not be developed in a way which would restrict them achieving the A03, therefore the grid would need to have sufficient expansion. In question 2a there were also a number of candidates who focussed only on legislation, not codes of practice or conduct, thus limiting their grade on that question.
- There was a variety of styles of marking and assessment documentation submitted by the Centres. Good practice was seen where there was clear annotation of scripts giving mark band and relevant assessment outcome, as well as clear and evidenced justification of the assessment band on the front sheet. While it is not mandatory, annotation on candidates' scripts enables moderators to see the justification for the grades awarded.
- The majority of scripts were uploaded fully on time, but Centres do need to check that they have uploaded all their samples, as delays in contacting can result in delaying in qualification.
- Again the majority of Centres did have the paperwork in order, but it is essential that the learner declarations are signed and included along with the notes which candidates have used.

Comments on individual questions/sections

Question 1 a

Most candidates showed a good level of knowledge in this section and were able to draw on a range of factors contributing to the risks faced by the individuals. Many candidates scored well on this question giving a clear explanation, whereas the candidates scoring on the lower mark bands, focussed on identifying or describing the factors without any explanation. It is also important that these factors are clearly linked to the individual and that they are factors in the past. A minority of candidates approached this question by giving an overview of potential factors, without making reference to their chosen individual.

Question 1b

The majority of candidates responded well to this question and were able to clearly outline current risks. Some candidates gave detailed answers, but because they only focussed on 2 factors, they were limited for achieving mark band 3, as it states that the response should, 'demonstrate a range of accurate knowledge and understanding' therefore it would be expected that 3 or more risks would be discussed. However overall, this question was addressed very well.

Question 1c

There were some good responses for this question which showed clear understanding and description of different factors which can affect the rights of service users and they were able to link to their chosen individual. There were some candidates however, who focussed more on what rights the individual should have, not factors which affect their rights. While understanding what rights the individual should have an important part of the answer, the focus should have been on the factors which affect those rights. There were also a minority of candidates who responded to this question as relating to factors which put them at risk, with little discussion of rights, therefore apparently misunderstanding the focus of the question. It was also important for the higher bands that these factors refer to the chosen individual in the past, rather than general points about factors which can affect rights. Some candidates were however able to link this knowledge very well to the individuals and some excellent responses were seen.

Question 1d

There were a variety of responses to this question with some candidates giving an excellent response, however, some candidates were not able to apply the knowledge as effectively to their chosen individual. This is an A02 focussing on applying knowledge and understanding, therefore the higher band candidates had explained the factors and applied them clearly to their chosen individual in the present. Some candidates were able to discuss possible factors but did not link and apply to the individual in the case study.

Question 1e

There was a wide variety of responses to this question also. Some excellent responses were able to identify specific health and social care workers relevant to their individual and were able to discuss different methods which could be used to promote inclusion, demonstrating clear knowledge and understanding. Others however gave rather general overviews of what workers could do in a generic way and therefore gave a rather generalised response.

Task 2

Question 2a

While there were some excellent responses seen on this question which covered the range of legislation, codes of practice and codes of conduct, there were a number of candidates who limited the grade they could achieve by not discussing codes of practice or conduct. In order to be awarded mark band 2 or above, the candidate should, 'make some reference to both legislation and codes of practice/codes of conduct' Therefore candidates who do not refer to codes of practice/conduct are limited to being awarded no higher than mark band 1. Some candidates have written in a detailed way about only legislation and had been awarded a high band by the Centre, therefore it is important that Centres regularly reflect on the different criteria for the mark bands and make candidates also aware, especially in occasions where an omission of a certain section can limit the grades awarded.

Question 2b

Many candidates gave a detailed assessment of the different health and social care practices and how they can safeguard their individual. They were able to give analysis to understanding how effective the practices were and gave clear examples. Overall candidates did appear to engage well with this question with many learners achieving mark band 5 and 4. Where the higher bands were not achieved, the majority of work still was in the satisfactory range and gave a clear understanding of how health and social care services could safeguard their chosen individual and protect from risk. A minority of candidates did not score well as they made no reference to their individual.

Summary of key points

- In summary, there was a good range of approaches to this question and some excellent work was seen by some candidates, with the majority of candidates showing a good level of understanding and knowledge.

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2024

UNIT 6: WORKING IN THE HEALTH AND SOCIAL CARE SECTOR

Overview of the Unit

This is the second report for this programme, and the majority of centres have followed WJEC guidance requirements. Overall, candidates applied their knowledge and understanding gained from their sector engagement (100 hours) to complete the controlled assessment successfully. Some centres encouraged their learners to undertake two work experience placements, which was good practice. Also, candidates were provided with a range of relevant health and social care engagement experiences such as first aid training, information about different careers in the sector, and visits to different settings and services.

Most candidates participated in appropriate work placement settings/services, such as residential care homes, adult day care services, hospital wards and domiciliary care services. However, a number of candidates were placed in additional learning departments within mainstream schools, colleges and nurseries, which are not acceptable placements for this programme. This health and social care qualification specification outlines the appropriate settings/services within the WJEC guidance for this unit. The appropriate health and social care frontline and support function roles are stated in section 6.1 of the specification, which does not include headteachers, teachers or teaching assistants. Candidates placed within incorrect settings/services were often unable to access the top mark bands, since they were unable to provide appropriate health and social care exemplars in their responses.

Most centres submitted their learner sample evidence to meet the 11/06/2024 deadline. However, a few centres sent in late evidence, and some centres sent in incomplete evidence. Centres must ensure that all the required evidence is presented, to include the Reflective Dairy, the Work Placement(s)/ Sector Engagement Log (signed and dated by the candidate to confirm that 100 hours has been undertaken) and the Mark Sheet (authenticated with Teacher and Candidate signatures and dates). There were a small number of administrative errors noted such as incorrect totals on the Mark Sheet, and occasionally there was a difference between the Mark Sheet mark and the candidate's online submitted mark.

Most candidates presented their Non-Examination Assessment (NEA) reports effectively, using a clear and well-organised written format, and usually addressing each task in a logical order using subheading titles. The assessors generally provided clear and detailed feedback on learner work, which supported internal quality assurance checks, and the overall standardisation process. Most centres with more than one assessor used internal quality assurance moderation checks to ensure that the marks awarded had been standardised across the Centre. If centres have more than one assessor involved, there must be internal quality assurance sampling checks to confirm that marks have been standardised across the Centre.

Some candidates presented evidence which had been generated from other sources and there were some incidents of suspected plagiarism, which had not been identified by the Centre. A few candidates directly copied and pasted information which was sourced but not identified as being a direct lift from a secondary source. Candidates may need to refer to information from secondary sources, but the source must be cited, and the use of the same wording from the source must be placed within quotation marks. When there was so much information directly taken from secondary sources, it became difficult to identify what written work had been produced solely by the candidate. A small number of candidates also copied and pasted information directly from the specification, which had not been identified by the assessor. Some centres put their candidate work through a 'plagiarism checker', which is good practice, to support both internal and external quality assurance processes. Assessors do have to sign the Mark Sheet Declaration to confirm that, to the best of their knowledge, the work presented has been produced solely by the candidate.

Comments on individual questions/sections

A (i) Candidates were required to outline the main purpose of the chosen setting/service and the role of the employer in promoting and protecting the rights of employees working in the setting/service. This task was generally, well- answered. Marks were lost where candidates did not outline the role of the employer, or make appropriate reference to the sector/setting. Candidates could have referred to specific policies and procedures to promote equality and anti-discrimination, various health and safety policies, the organisational culture and reference to data protection and confidentiality procedures for both staff and service users.

A (ii) Candidates had to outline two job roles within, or related to, the setting/service directly experienced as part of sector engagement to include:

- the main purpose of the role
- specific skills required
- qualification requirements
- professional regulation as appropriate to the role

Most candidates outlined two appropriate job roles from their placement well and those who had experience in the WJEC recommended setting/service tended to achieve higher mark band outcomes. Candidates identified specific skills required and qualification requirements, but some candidates referred more generically to UK rather than to specific Welsh training requirements.

A (iii) Candidates who referred to specific Welsh legislation and regulatory practices outlined in the specification achieved higher mark band outcomes. Candidates lost marks for not relating legislation and practice to their sector/setting. Reference should be made to legislation specific to Wales, such as the SSWB (Wales) Act 2014, and practices such as Active Offer, as opposed to general legislation such as the Human Rights Act or the Equality Act. Several candidates referenced educational settings/services in the context of legislation and regulatory practice. A number of candidates did not refer to professional regulation, or had researched and presented English examples, instead of Welsh requirements such as the CIW (for care services) and the HIW (for health services).

B Most candidates provided a clear detailed examination of three selected practices to demonstrate effective communication, co-production, collaboration, teamwork and/or professionalism with reference to their chosen setting/sector placement. Some candidates did not make specific references to their work experience setting/service and were unable to access the higher mark bands.

- C (i) Candidates had to consider how Welsh legislation, regulations and frameworks have influenced practices in the setting/service to:
- improve outcome focused person-centred care
 - inform policy and practice to achieve desired outcomes for health and social care workers and individuals accessing the care.

To reach the higher mark bands, candidates should provide examples from their placement to support their safeguarding information. In some cases, vital components of safeguarding were omitted. Answers could have referred to ensuring that safeguarding is at the centre of the practice in the setting/service, with reference to induction and ongoing training, updated accurate records, safe staff/service user ratios, using DBS checks and encouraging regular review feedback to make the complaints system effective.

D Candidates had to analyse how codes of professional conduct/practice are adhered to and applied within the health and social care sector, using examples from their sector engagement. Candidates completing the recommended WJEC placements performed better in relation to the codes of conducts and were able to provide an analysis of how they were followed in their chosen sector. Candidates could have referred to how information is communicated to all staff, offering training to ensure understanding, quality assurance performance management processes and providing complaints and compliments services. Again, some candidates incorrectly referred to English/UK practices regarding the registration and workforce regulation, and the regulation and inspection services used to inspect codes of professional conduct/practice. Some candidates described, as opposed to analysed the information required to address this task.

E Candidates were required to explain how different approaches could be used in the setting/service to meet individuals' needs and requirements. Those candidates who explained the different types of approach seen in their placement related theory well to practice to gain higher marks. Some candidates provided observation descriptions, without reference to formal theory and tended to be awarded lower marks. Some candidates, however, provided clear and detailed descriptions making reference to activity-based approaches, CBT, behaviour therapy and positive behavioural support. A number of candidates provided more generic accounts, which were taken directly from secondary sources, and not based in the context of their setting/service.

- F (ii) Candidates were required to explain how reflective practice supports the professional development of health and social care workers within the setting/service. Candidates using their reflective diaries to apply knowledge and understanding of theories such as Kolb, Honey, and Mumford and Schon achieved higher marks.

Some candidates referred to the benefits of a written record in their reflective diaries, encouraging personal reflection and improving practice. Some reference was made to the value of 'individual, more personalised' action planning, team meetings and performance management in the chosen setting. Often, candidates had observed regular team meetings and discussions to inform, raise awareness and improve the effectiveness of the services provided by the organisation.

Some candidates showed an awareness of how these quality assurance practices improved outcome-focused care, based on workforce satisfaction within their chosen setting.

Some candidates presented detailed overall bibliographies to evidence their extensive secondary source research, which is good practice. A few candidates included in-text referencing within their reports and acknowledged direct quotes by using quotation marks and citing their source.

Summary of key action points:

1. **Centres must ensure that their candidates are placed in health and social care settings/services for their work experience placement.** This unit is called 'Working in Health and Social Care. This year, a significant number of candidates were placed in educational settings such as additional needs departments within mainstream schools or colleges. The guidance for unit 6 states the possible health and social care settings/services available to meet placement requirements. Also, please note that charity shops and sports centre placements are not health and social care settings.
2. **Centres must ensure that all the required documentary evidence is uploaded and submitted** for moderation by the deadline date of the 11th of June. The submission requested for sampling by WJEC should include:
 - **The Candidate's NEA work** (ideally annotated by the Teacher, and internally moderated if there are two or more assessors, to ensure IQA processes have taken place to standardise marks for the Cohort).
 - **The Reflective Diary** (which should include placement details, and reflective comments to support the Candidate's use of examples from the setting/service to address the NEA tasks).
 - **The Sector Engagement Log** (to include the Declaration by the Candidate that at least 100 hours, including their participation in 60 hours on work experience has taken place).
 - **The completed NEA Mark Sheet** - it has been signed and dated by the Teacher and by the Candidate, to confirm that the work is solely that of the candidate and plagiarism has not taken place.
 - **Optional additional notes** (up to 2 pages of A4 used by the Candidate which have been checked for authenticity by the Centre).

3. **The Centre is responsible for checking that their candidates have not undertaken malpractice, by plagiarising information from secondary sources.** There are numerous software packages available for schools and colleges to use when undertaking plagiarism checks.
4. **Teachers should annotate candidate NEA work, to justify where, and why marks have been awarded.** The Mark Sheet comments for each candidate should also provide summative statements, explaining the awarding of marks per assessment task.
5. **Candidates should be encouraged to cite their sources used within their NEA accounts and to present overall bibliographies, evidencing their secondary source research.**
6. **Centres should refer to the resources and training opportunities, which are available on the WJEC website, and are regularly being updated to support both teachers and their candidates.**

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2024

UNIT 7: ANATOMY AND PHYSIOLOGY FOR HEALTH AND SOCIAL CARE

Overview of the Unit

This is the second series of this unit being awarded and, in comparison to last series fewer candidates left questions not attempted and generally showed better knowledge and understanding of the specification. The majority of candidates attempted all questions, and the full range of marks was achieved for each question. Responses showed evidence that candidates had been well prepared and could fully demonstrate their knowledge and understanding of the specification for this unit through the paper. Candidates should be encouraged not to repeat the question in their answers as this can limit their responses in terms of content.

It is important for centres to consider whether candidate handwriting is legible, if candidates handwriting is not legible, these candidates should be encouraged to be entered for the on-screen version of the exam.

Candidates who performed well on this paper could generally:

- Identify and describe the human physiological systems accurately.
- Show clear understanding of how to apply their knowledge of the human physiological systems to the wellbeing and health of people.
- Demonstrate good knowledge of the specification and were able to apply the content of the specification to the wellbeing and health of humans.

Candidates who did less well on this paper generally:

- Lacked precision in their responses, giving generalised responses on the physiological systems in terms of the effects of substance misuse
- Lacked the level of detail required for the higher order assessment objective questions such as the function of skin cells and the role of the hypothalamus in the human brain.

Comments on individual questions/sections

- Q.1** This question had two parts (a) and (b). Both parts required candidates to identify bones from the axial and appendicular skeleton respectively. Many candidates successfully identified two of the three bones required for both. Some candidates incorrectly identified the types of bones, not the axial and appendicular skeletal bones. The majority of candidates showed knowledge of a wide range of bones for both questions.
- Q.2** Similarly, this question was divided in to two parts, (a) and (b). Candidates were required to provide a description of external respiration in section A and internal respiration for section B. Many candidates described the process of respiration fairly well and were able to describe in detail gaseous exchange in the alveoli. A minority of candidates described the way in which carbon monoxide leaves the body when they should have discussed the role of carbon dioxide.

- Q.3** This question required candidates to describe the role of the diaphragm in the human body. Candidates who achieved the higher band mark accurately described the role of the diaphragm showing thorough knowledge and understanding. Many candidates discussed its role in breathing and the way in which it supports posture. Some candidates were able to describe the inhalation and exhalation process with good effect. The least effective responses simply stated that the diaphragm played a role in breathing, lacking further development.
- Q.4** This was the least successfully answered by the candidates with some explaining the function of skin and not skin cells. Skin cells play a crucial role in terms of protection, thermoregulation, barrier, repair and regeneration. Some candidates were effective in their explanations, but the majority lacked an accurate explanation of the function of skin cells.
- Q.5** There was a range of responses to this question. The most effective answers detailed the effects of alcohol as a substance on both the digestive and immune system. Candidates effectively discussed a range of diseases that would affect the systems and confidently named a range of organs within both systems. Where candidates achieved lower band marks they had simply discussed one system and not both as the question required.
- Q.6** The first part of this question required candidates to identify two potential risks of unprotected sex. Nearly all candidates achieved full marks for this part of the question and confidently went on to discuss the potential risks of unprotected sex on an individual's health and wellbeing. It was pleasing to note that candidates made use of their skills, knowledge and understanding from Unit 2 in the specification and discussed wider impacts and implication on an individual's PILES. There was evidence of masterful consideration for this question.
- Q.7** Many excellent responses were seen in this question with candidates giving full answers to explain how stress and depression affected both the cardio-vascular and respiratory system. Many candidates discussed the effects of stress and linked this to overeating in particular and how this may impact on the heart and the arteries.
- Q.8** This question required an evaluation of the use of smart devices to monitor health and well-being. In some cases, candidates explained what smart devices do and many incorrectly identified physical measurement tools such as a blood pressure device. Many candidates discussed the benefits of real time monitoring and the way in which this links to a healthcare professional. Some candidates effectively discussed the data element of these devices in terms of accuracy, analysis and early detection. On the whole this question was effectively answered.
- Q.9** This question required candidates to explain the role of the kidneys and why high blood pressure effected their role. A large proportion of candidates discussed the way in which the vessels will damage and harden under sustained high blood pressure. Candidates also discussed the way in which the kidneys become less efficient in delivering oxygen and nutrients to the kidney tissues. Many candidates confidently and accurately identified that the primary role was to filter blood and that damage from high blood pressure would affect this function.

- Q.10** Many candidates identified the role of the hypothalamus and were able to explain that it acts as the primary server for the hormones in the body. The more able candidates listed and explained many functions such as sleep, endocrine function and emotional responses. However, not many candidates discussed the wider function in terms of thermoregulation and water balance.
- Q.11** The question had two parts: a description of the bowel screening programme and the importance of the bowel screening programme in maintaining an individual's health and wellbeing. Most candidates knew what the process of the bowel screening programme involved and although some confused this with cervical cancer screening. For part (a), many candidates correctly described the postal sample and some referred to clinical scans carried out in a hospital. For the second part of the question, candidates assessed to some effect, the importance of bowel screening on health and wellbeing. Responses ranged from piece of mind to early detection, and many discussed the role of health care practitioners in supporting diagnosis and the testing process. Many candidates discussed its purpose in early detection of cancer and explained that it would prevent the condition from becoming worse.

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2024

UNIT 8: SUPPORTING THE HEALTH AND WELL-BEING OF ADULTS IN WALES TO ACHIEVE POSITIVE OUTCOMES

Overview of the Unit

This is the first time for this unit to be assessed in this series. It was pleasing to see that centres on the whole had submitted logs and notes that the candidates had produced. There is a regulatory requirement for WJEC to ensure that NEA work submitted for assessment can be authenticated as the candidate's own unaided work. Candidates and teachers must sign a declaration to confirm that the work they submit for final assessment is the candidates own unaided work. Centre comments on declaration forms are beneficial to justify marks awarded and to highlight where marks have been split with AOs. Annotations on work or the inclusion of marksheets showing where marks had been awarded, assisted with moderation to justify marks awarded. Accurate assessment by most centres was seen, it should be noted that, in order to achieve higher mark bands, candidates must provide evidence in more detail that matches the specification requirements, assessment objectives and command words.

Tasks

Comments on tasks/questions relating to candidate performance/meeting assessment criteria

Task 1

The tasks were in order and were clearly labelled in sections by the majority of candidates. It was pleasing to note that candidates had given a word count and the work was assessed accurately by the assessors.

A) AO2

This section required an explanation of the possible health and social care provision available in Wales in supporting the individual's personal wellbeing outcomes. It is recommended for Task 1 (a) that the explanation of provision/delivery of provision is combined and ways in which individual needs could be assessed separated. This helps candidates structure their answer better.

It was pleasing to see candidates were aware of the different provision available in Wales. Candidates who scored higher marks were able to set out their answer appropriately, for example, it was good to see candidates join up their explanations of provision with the delivery of the provision. For example, if a candidate explained statutory provision, they went on to explain how Jason would access this provision and linked examples to Jason's well-being outcomes; this sets the scene about how provision could be delivered to support Jason.

Higher marked candidates were able to give a range of different provisions which demonstrated a detailed and confident grasp, including reference to a range of statutory, independent and third sector provision. It was encouraging to see some candidates differentiate between routine and non-routine, and early intervention/preventative services. Unpaid provision was also seen in candidate answers which linked directly to Jason's case study as his mum would be considered an unpaid carer.

It is important that candidates are aware of specific health professions/therapy/services as listed in the specification (e.g. dieticians, physiotherapists, occupational therapy and day care services) as some candidates confused their roles in supporting Jason or lacked detailed explanation on the care and support delivery. In particular, a dietician would have been really useful for Jason due to his BMI and diabetes. Some candidates did not explain this clearly. In some cases, candidates assumed all these provisions would be statutory which is not the case in Wales.

In terms of the assessment for Task 1, candidates generally showed some knowledge of the assessment process, but the important aspect here is demonstrating 'how' Jason's needs would be assessed. Detailed responses set the scene by explaining how Jason would have been diagnosed with his conditions, then considered how a social care needs assessment would be carried out due to his care/support needs. The key for this section is 'how' a needs assessment would be carried out in Wales. Candidates who demonstrated a confident grasp could use specific terms such as 'proportionate assessments "strength-based approach', 'abuse/neglect'.

B) AO1

Candidates were required to describe the different health approaches that may be used in promoting and protecting the individual's mental health and wellbeing. It was pleasing to see candidates aware of a wide range of different health approaches that may be used in promoting and protecting the named individual's mental health and well-being. Some candidates were unable to give a description of these approaches and only listed them. It is important for candidates to consider how the approach could promote and protect Jason's mental health and well-being.

Higher candidate responses focused directly on the approaches and applied them directly to Jason (by considering Jason throughout candidates are meeting the good or excellent reference aspect of band 3).

There is no rule to how many approaches are required, however this needs to be wide ranging; some candidates gave a wide range of different apps which could be used, although this was good to see, it would only count as one approach under social media or mass media.

Lots of candidates considered the following approaches:
Behavioural change, medical, educational, mass media examples and partnership working; if they used the above formula, they would be able to score maximum marks.

C) AO3

This section required analysis and evaluation of the appropriate named approach. This section was the least successful in terms of responses. It is important that candidates are made fully aware of the term 'examine' as responses are required to consider both strengths and weaknesses. To demonstrate detailed and thorough examination, candidates were required to fully consider ethical issues, personal traits, supporting evidence (as stated in the specification).

The named approach was 'humanistic', this was answered fairly well, however, again the key to the higher mark bands was the strengths and limitations. It was pleasing to see some reference to Maslow/Roger's theories in some candidates' responses.

Candidates should focus on the different approaches/techniques that may be used – by linking the approach with the technique as this could help them discuss alternative approaches to either accept or reject this.

It should also be noted that candidates cannot get into band 3 if they have not considered the approach (humanistic) and a further technique.

Task 2

AO1

It was pleasing to see the candidates being able to demonstrate their knowledge by following the assignment brief and producing an information booklet, including creative approaches using borders, different fonts, and colours. It was also pleasing to note that candidates used a variety of presentation methods to present their information booklet.

In terms of the Task itself, developed responses outlined a wide range of strategies and approaches and were clear on how they would support positive behavioural patterns and achieve Jason's well-being goals. The key for the higher bands is the focus on Jason. Some candidates omitted to give a brief outline of the approach or strategy which would mean when Jason picks up the information booklet he would not understand what the approach or strategy was about.

A useful way for candidates to give the main points when outlining is:

1. Give the approach or strategy (ensure this is appropriate to Jason)
2. Briefly describe this and what would Jason expect to happen
3. How this approach or strategy would help directly with Jason's behaviour and achieve his well-being goals.

Candidates able to do this for a wide range of approaches/strategies, would be able to access the higher bands.

Some candidates focused on reminiscence therapy/butterfly scheme which was not relevant to Jason and therefore not credited. Some candidates at the lower end just described a small range of approaches without giving any reference to Jason or his well-being goals.

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 3

Summer 2024

UNIT 9: INVESTIGATING CONTEMPORARY ISSUES IN HEALTH AND SOCIAL CARE IN WALES

Overview of the Unit

Accurate assessment by most centres was seen, it should be noted that, in order to achieve higher mark bands, candidates must provide evidence in more detail that matches the specification requirements, assessment objectives and command words.

Candidates work adhered to awarding body assessment objectives, and tasks were related to these objectives. Evidence of research conducted was well documented through references. The assessment should follow the structure of the assessment (Task 1, Task 2, section A, B, C etc) and these sections should be used as titles, this would then produce work of a coherent nature.

Centre comments on declaration forms are beneficial to justify marks awarded and where marks have been split with AOs. Annotations on work or the inclusion of marksheets, highlighting where marks had been awarded, assisted with moderation to justify marks awarded.

There is a regulatory requirement for WJEC to ensure that NEA work submitted for assessment can be authenticated as the candidate's own unaided work. Candidates and teachers must sign a declaration to confirm that the work they submit for final assessment is the candidates own unaided work.

Reminder that resources to support delivery can be found on Health and care learning Wales website.

Tasks

Comments on tasks/questions relating to candidate performance/meeting assessment criteria

Task 1

Candidates were able to outline how they would carry out their investigation into the contemporary issue. There was good knowledge and coverage of the different aspects of their rationale.

The task was completed in an appropriate format of a report. The majority of candidates chose appropriate contemporary issues which allowed for them to meet the assessment objectives and access the higher mark bands. It is important that candidates research the contemporary issue prior to starting Task 2 to ensure that there is enough scope to meet the assessment objectives. Evidence of research conducted prior to NEA starting was well documented and referenced for most candidates.

Coverage of assessment objectives was very good from most candidates. Some candidates need to ensure that they cover all achievement criteria stated in the specification (assessment) in detail and depth for the higher band of marks. Content needs to have more depth and detail in order to achieve a higher mark band. Full coverage of the assessment criteria must be met before awarding higher marks.

- Identifying aims and objectives
- Showing clear and detailed knowledge of carrying out an investigation
- Defining priorities and success criteria
- Outlining of timescales
- Accurate identification of risks and how they will be managed
- A range of sources including books, journals and websites identified and their use accurately exemplified
- Identifying ethical considerations

Research was relevant and applied appropriately, candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced.

Task2

Task 2 was completed in an appropriate format of a report. Candidates should follow the structure of the assessment (Section A, B, C etc) and these sections should be used as titles, this would help to produce work of a coherent nature. Evidence of research conducted prior to NEA starting was well documented and referenced for most candidates.

Section A

Good knowledge and understanding of how the contemporary issue affects the health and well-being of individuals and the services in Wales.

Research was relevant and applied appropriately and majority of research/resources was referenced. Candidates must ensure that the content has more depth and detail in order to achieve a higher mark band.

Full coverage of the assessment criteria must be met before awarding higher marks.

- Explanation of the contemporary issue
- Effects of the contemporary issue on the health and well-being of individuals
- Effects of the contemporary issue on the health and well-being services in Wales
- Understanding of Physical, Intellectual, Language, Emotional and Social needs, and the impact on daily lives
- Facts and statistics are provided to support a description of effects to services.

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced.

Section B

Candidates showed a good level of knowledge of the suitability of published research into their chosen contemporary issue, including the types of research published, and the reliability, validity and credibility of the research and the organisations involved in its production and publication. Content needs to have more depth and detail in order to achieve a higher mark band. Full coverage of the assessment criteria must be met before awarding higher marks.

- Evaluation of published research used in health and social care, in relation to the contemporary issue
- Primary and/or secondary research
- Qualitative and/or quantitative data
- The research methodologies used by organisations who have published data
- Reliability, credibility and validity
- Response demonstrates consistent and appropriate analysis and evaluation skills used in an effective way.

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced.

Section C

Candidates showed a good level of knowledge when it came to the analysis of selected research and data, including patterns and trends and making connections between different sources. For some candidates, content needs to have more depth and detail in order to achieve a higher mark band. Full coverage of the assessment criteria must be met before awarding higher marks.

- Analysis of patterns and trends with excellent connections between different sources
- Identified any limitations of the research
- Interpretation and analysis of relevant information and data
- Understanding of any relevant ethical issues
- Response demonstrates consistent and appropriate analysis/evaluation skills used in an effective way.

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced.

Section D

Candidates showed a good knowledge and understanding of how research into your chosen contemporary issue is being, or has been, used to inform the development of new and revised legislation, policies and strategies, and/or influence health and social care provision.

For some candidates, content needs to have more depth and detail in order to achieve a higher mark band. Full coverage of the assessment criteria must be met before awarding higher marks.

- Explanation of how research is used to inform the development of new and revised legislation, policies and strategies, and/or influences health and social care provision
- Knowledge and understanding of legislation, policies and strategies

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced.

Section E

Candidates showed good knowledge and understanding when making recommendations on what further research could be undertaken in the future and explaining including why such research would be beneficial.

For some candidates, content needs to have more depth and detail in order to achieve a higher mark band. Full coverage of the assessment criteria must be met before awarding higher marks.

- What further research could be undertaken and makes valid and justified recommendations

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced.

Summary of key points

Candidates work needs to adhere to awarding body assessment objectives and ensure that there is full coverage of these before awarding higher mark bands. This information can be found on pages 61-64 in the specification.

Candidates must ensure that the report is completed in their own words and where candidates have used research and resources, these must be referenced. Evidence of research conducted prior to NEA starting was well documented throughout and referenced after each section. Candidates must ensure that work is referenced as stated in the specification.

The use of headings (Section a, b, c etc.) is encouraged to support candidates in presentation of work.

Reminder that resources to support delivery can be found on Health and care learning Wales website.

Supporting you

Useful contacts and links

Our friendly subject team is on hand to support you between 8.30am and 5.00pm, Monday to Friday.

Tel: 029 2240 4262

Email: hscpandc@wjec.co.uk

Qualification webpage: [Level 3 Health and Social Care: Principles and Contexts \(First Assessment 2024\) \(healthandcarelearning.wales\)](#)

See other useful contacts here: [Contact us | Health and Care Learning Wales](#)

CPD Training / Professional Learning

Access our popular, free online CPD/PL courses to receive exam feedback and put questions to our subject team, and attend one of our face-to-face events, focused on enhancing teaching and learning, providing practical classroom ideas and developing understanding of marking and assessment.

Please find details for all our courses here: [Upcoming Training and Events | Health and Care Learning Wales](#) <https://www.wjec.co.uk/home/professional-learning/>

WJEC Qualifications

As Wales' largest awarding body, WJEC supports its education community by providing trusted bilingual qualifications, specialist support, and reliable assessment to schools and colleges across the country. This allows our learners to reach their full potential.

With more than 70 years' experience, we are also amongst the leading providers in both England and Northern Ireland.



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