



June 2018

**Level 3 National in Health and Social
Care Unit 2: Working in Health and
Social Care (31491)**

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What is a grade boundary?

A grade boundary is where we set the level of achievement required to obtain a certain grade for the externally assessed unit. We set grade boundaries for each grade, at Distinction, Merit and Pass.

Setting grade boundaries

When we set grade boundaries, we look at the performance of every learner who took the external assessment. When we can see the full picture of performance, our experts are then able to decide where best to place the grade boundaries – this means that they decide what the lowest possible mark is for a particular grade.

When our experts set the grade boundaries, they make sure that learners receive grades which reflect their ability. Awarding grade boundaries is conducted to ensure learners achieve the grade they deserve to achieve, irrespective of variation in the external assessment.

Variations in external assessments

Each external assessment we set asks different questions and may assess different parts of the unit content outlined in the specification. It would be unfair to learners if we set the same grade boundaries for each assessment, because then it would not take accessibility into account.

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Working in Health and Social Care (31491)

Grade	Unclassified	Level 3			
		N	P	M	D
Boundary Mark	0	14	26	37	49

Introduction

This paper was the third in the series to be sat by learners. It was pleasing to see that most learners were able to answer all the questions within the allocated time. The examination paper addressed sections A, B and C from the specification content regarding working in the health and social care sector. Overall, learners appeared to well-prepared on many of the specification topics covered by this external assessment. Learners with vocational experience were noticeably more confident and adept in presenting their knowledge understanding of the working requirements within this employment sector.

Each of the extended response questions (responses c and d) were marked on criterion levels where the overall responses were assessed, as opposed to awarding points per factual point stated. Learners achieving the higher levels 2 and 3 focused on the question asked, they addressed the correct command verb and presented balanced and detailed evidence. The remainder of the questions (responses a and b) were assessed using a traditional points based approach where each mark was given for reach appropriate point and /or expansion. More detail can be found in the following individual question section of the report.

Introduction to the Overall Performance of the Unit

Overall, the learners responded positively to this third series examination paper. There was evidence that learners had an accurate understanding, knowledge and direct experience of working in the health and social care sector. The learners appeared to have sufficient time to complete their answers and there were very few questions that had not been attempted. Learners who had been given mock examination papers using the SAMS 1 and SAMS 2 (available with mark schemes on the Pearson website) and the June 2017 and January 2018 examinations were familiar with the four questions/four scenarios format of this examination paper with a focus on people with ill health, learning disability, physical/sensory disability and age-related needs.

Some learners showed effective examination technique by addressing the command verb in the question. For example, the command verb “identify” usually only required a short answer factual statement, with a value of two marks. However, the command verb “explain” required learners to show they understood the origins or objectives of a subject and its suitability for purpose and could justify an opinion, view or argument. Questions with the command verbs “explain” and “discuss” were assessed by criterion levels within three mark bands.

Learners had a satisfactory knowledge and understanding of some key terms such as “empowerment” and “anti-discrimination”. Many learners also understood equality issues correctly in terms of providing equal access to services and removing potential barriers. It was good to see that learners have improved knowledge and understanding of some key terms such as empowerment. Only a small number of learners incorrectly thought that “equality was all about being treated equally in exactly the same way”.

Some learners were not aware of the meaning of “regulation by professional bodies”. A significant number of learners misunderstood the difference between professional bodies such as the NMC and regulatory organisations such as the CQC. Most learners had a good knowledge about the importance of updating training to promote service user health and safety, but there was often a misunderstanding about the role of the CQC.

Some learners did not read the question carefully and misunderstood what was required in their answer. For example, question 1a required reference to “other health and social care professionals” but some learners still stated “GP/ Doctor” which had been already been provided in this scenario.

Some learners misread the question; for example Q4c required a reference to the responsibilities of the manager towards staff and yet a large number of learners referred to the manager's responsibilities for service users.

Often the command verb was ignored by learners who "described" instead of "explaining" or "discussing".

The best performance came from learners who were able to apply effective examination techniques and could explain and justify their assertions when answering the higher mark criterion levelled questions. Learners who had been well-prepared for writing the extended response questions c and d, often gave clear detailed answers with a balanced discussion of the different views and tended to perform well on this paper. It was good to see that more learners made direct and accurate references to the scenarios which often gained higher marks.

Individual Questions

1a Identify two other health and social care professionals, apart from the GP, who could work with Daniel

Good answer 2/2 marks:

Nurse (1)

Social worker (1)

A range of different appropriate health and social care professionals to include Occupational Therapists, Nutritionists and Psychiatrists were commonly stated. This question was well-answered and should have been an easy start to the examination.

Poor answer 0/2 marks:

Doctor – already given in the scenario

Therapist – too vague

Other incorrect responses included:

Councilor/Counsellor – incorrect/too vague, although an NHS approved counsellor would have been acceptable.

Youth worker – incorrect re age category

Health visitor – incorrect re age category

1b Describe two ways that health and social care staff could work with Daniel's family during his support program (4)

Good answer 4/4 marks:

They could give the family advice and information on how best to manage his condition so they are able to understand his treatment and give him best care whilst at home. (2)

They could support the family emotionally as caring for him is likely to be stressful.

Caring for Daniel could cause them emotional or psychological problems so they should get counselling and perhaps some preparation for any future bereavement situation. (2)

Poorer answer 2/4 marks: two key points are given but no expansion is provided.

The family can be given lots of information about Daniel's progress. (1) This means that they feel involved in his care plan (1)

1c Explain how staff could empower Daniel to promote his rights, choices and wellbeing (6)

Good answer (level 3) showing detailed and accurate knowledge and understanding with comprehensive linkages:

The staff could ensure that Daniel is present during care meetings so that he has the opportunity to share his own feelings and wishes about his treatment. This give Daniel the opportunity to be involved in his support program and can make informed choices about his own care so he will feel more in control about how he is treated.

They could also provide him with an advocate who can help Daniel to express his wishes since it may be difficult for him to do this as an eight year old child. The advocate would allow Daniel's voice to be heard and allow his views to be taken into account during care meetings.

They could also ensure that they treat Daniel with respect and dignity. This would help boost his confidence and help him to feel valued and empowered. This empowerment could then improve his physical and mental health and wellbeing, giving him the confidence to further speak up and express his views to both his family and to his health and social care support team. Daniel will gain some independence and the ability to become an active participant in the management of his cystic fibrosis.

Poorer answer (level 1) showing some isolated unsupported lines of reasoning:

The staff can promote Daniel's choice by allowing him to choose the type of care he wants. It can improve his independence and he feels involved in his care so he gets the right support and equipment he needs.

1d Discuss how personal information about Daniel might be managed by professionals who assess his medical needs.

Good answer level 3 showing accurate and thorough knowledge/understanding with logical reasoning, in reference to Daniel's age and context.

Daniel's personal information must be gathered and shared to help different health and social care professionals provide care tailored to his needs. However, Daniels' personal information must be managed in a confidential manner to meet the requirements of the 1998 Data Protection and the relevant organisations' health and social care confidentiality policies. It is the responsibility of the care manager to ensure that staff are aware of the confidentiality policies and apply them correctly. If confidentiality is broken for Daniel, then as a vulnerable service user, he could be put at risk and safeguarding protection is required.

If information is stored electronically, professionals must ensure that the system is password protected and only the relevant people have access to it. If information is on paper, then again files should not be left lying around so they can be read.

Daniel is only eight years of age so he is too young to give consent and his parents would be confirming consent permission for the disclosure of information. It may be the case that information about Daniel may have to be shared with other professionals if there is a change in his medical situation.

Poorer answer level 1 answer which does relate to the scenario but does not provide an adequate answer to the question and just outlines how to keep information safe and secure:

Daniel's information must be kept confidential and only shown to those professionals who need to be involved. They must keep information in a locked room, with a lock and key so no one can access his records. If the information is on a computer it will need to have a password and be updated every month.

2a Identify two ways that hospital staff could support Finn's rights.

Good answer 2/2 marks:

1. Anti-discrimination (1)
2. Give him an advocate (1)

Poor incorrect answer 1/2 marks: a repetition of the same point re offering Finn choice:

1. Giving Finn choices. (1)
2. Whether he wants a male or a female professional.

2b Describe two ways that services could support Finn's learning disabilities. (4 marks)

Good answer 4/4 marks: The point marks have been awarded for:

1. The health and social care services will undertake an assessment of Finn's individual needs so they can identify and refer him to specialist support such as for his hearing loss. (2)
2. Finn can be referred to a support group so he can talk to others with Down's syndrome and interact socially to make friends. (2)

Poorer answer 2/4 marks: the two key identification points are in place but the expansion marks have not been awarded.

1. They could give him advice on what to do on the next stage of his program (1)
2. They could take him to a support group. (1)

2c Explain ways that health and social care workers can promote effective communication for children with learning disabilities.

Good answer level 3: accurate and thorough knowledge with good linkages in place.

You are able to promote effective communication in various ways for an individual with a learning disability. One of the ways being to support using communication strategies such as Makaton images rather than written instructions which can confuse a child. In this way a child can engage in a conversation and express their thoughts and feelings. Providing a child with an advocate is another good way to promote effective communication since they can act as a “professional voice” for the child. The child can still become involved in decisions , meetings and discussions about them and feel they are being listened to so they are indirectly communicating through the advocate and become empowered.

Staff should make use of non-verbal communication techniques such as eye contact and positive body language to show that they are interested to encourage the child such as Finn to communicate with them. The environment should be made positive and welcoming so it is comfortable for the child to communicate – not too dark, too noisy etc. Staff attitude and training in effective communication can ensure that communication is positive and they as the role models for effective communication with the child by using active listening techniques and by encouraging the child to communicate.

Poorer response level 1: limited knowledge and understanding:

They can promote positive communication by providing them with an equipment so they understand what is being said such as a read and write speak back device. By talking loudly and clearly so Finn can lip read. He could get an advocate too.

2 (d) Finn experiences communication barriers

Discuss other possible barriers that service users with a learning disability could face when accessing health and social care services (8)

Good answer level 3: detailed knowledge and understanding using examples appropriate to those service users with a learning disability.

Service users with a learning disability like Finn has could face a range of possible barriers such as geographical, financial and psychological ones.

Geographically they may live in a rural area and the required services are some distance away. This may mean that some distance has to be travelled and they will need to be accompanied. There could be financial costs involved which the family may not be easily able to afford. There could be transport costs for a bus or a taxi or fuel for their car and hospital parking charges are also expensive. Therefore the service user may not attend the required services because of these locational costs.

The person with learning disabilities may be unaware of the range of services available for them or may be embarrassed or lacking in confidence to use them. This psychological barrier may stop the person making best use of the services.

The person could have an additional sensory or mobility barrier so they could have difficulty accessing the building where the services are located because of steps so additional support would have to be put in place such a rails and ramps.

Sometimes it might just be the case that services are not available for them because of funding cuts and reallocation of resources to other priority groups.

Poorer level 1 response: reference to communication barriers although a reference to "other barriers" is required.

Barriers are things that may stop a person from accessing the health and social care setting.

They may not be able to communicate well and to read the signs or instructions around the hospital. They may not even recognise the professional who has been working with them so they get confused and can't or won't talk because they feel so worried in the health and social care setting.

3a Identify two skills required to be a care assistant (2 marks)

Good response 2/2 marks:

1. Patience
2. Effective communication
- 3.

Poorer response 0/2 marks: rubric error not answering the set question.

1. Qualifications
2. Training

3b Describe two ways that an organisation could improve its domiciliary services. (4 marks)

Good response 4/4 marks: two identifications and appropriate expansions.

1. Look at feedback reports from service users to see which areas of the domiciliary service care needs to be improved so gaps in care are addressed. (2)
2. Provide further training and ensure CPD is in place so the domiciliary carers are improving their skills and are up-to-date with the codes of practice and best care national standards. (2)

Poor response 0/4marks: answer does not relate to organisational strategies, but to individual care workers.

1. Make sure that the client still has their independency so the workers do not do everything for them.
2. Get to the client on time.

3c Explain how a voluntary organisation, such as Multiple Sclerosis Society UK, can support people with specific needs.

Good answer level 3: clear and balanced discussion providing a range of examples. A voluntary organisation such as Multiple Sclerosis UK can support Emily and other service users with specific needs by raising public awareness for this disorder. They act as a pressure group and can influence the government to allocate additional funding for MS sufferers. As a pressure group, MSUK gets media attention and more of the public become better informed about MS. Therefore the quality of care and services will improve.

These voluntary organisations can also help to raise the funding available to improve the services on offer to people with other specific needs such as Age concern for older people, for example. Other voluntary organizations who work to support people with specific needs include MIND UK – this organisation supports people with mental health issues and aims to raise public awareness to support sufferers and to reduce the stigma

surrounding mental health. There are support groups available online and also on a face to face basis where they can discuss their needs with others with a similar condition. This moral support from a support group offers therapy and can raise confidence and self-esteem levels of the service users. They can discuss treatments and problems so emotional support is provided and a safe place to talk openly about their specific care needs has been provided.

Poorer answer level 1: generic brief response with limited accurate knowledge and understanding being applied to the set question.

These organisations raise money to support them. This means can provide money for equipment which could cost a lot of money. They can help them meet their needs.

3d Discuss ways that health and social care professionals are regulated by professional bodies. (6)

Good answer level 3:

The Nursing and Midwifery Council regulates nurses while the GMC regulates doctors and the Health and Care Professional Council regulates health care workers across the UK. These regulatory bodies set the professional standards of conduct and work to protect the community from harm and abuse as a result of poor practice. In the case of Emily, a complaint to the HCPC could result in her care assistant Claire being required to do additional training to improve her work.

These bodies such as the GMC and the NMC keep a record of all their registered professionals who have met the NOS (National Occupational Standards). These bodies set out the sector training and skills education required for those hoping to work in health and social care they set the best standard of care which is used to assess health and social care professionals. These organisations have the power to restrict a professional's practice if following complaints or whistleblowing by other staff, they find the care provided to be inadequate. They also have the power to strike a professional off the register if practice has been especially poor and has caused damage or abuse to the service user.

For nurses, they are required to have a revalidation process every three years to ensure their skills are updated and this entails 450 hours of practice so they maintain their professional status.

These regulatory bodies work to protect the community from harm and require evidence that their members are taking part in CPD and frequently updating their skills and knowledge to provide high quality care.

Poorer answer level 1: Incorrect understanding and knowledge re the CQC but some reference to the NMC.

A professional body is a person that monitors what the employers are doing within the care setting. The Nurse and Midwifery Council makes sure that their workers are qualified and trained. The CQC then regulates nurses and midwives and inspects organisations.

4a

Social interaction is one benefit for Della going to the centre

Identify two other benefits of going to the centre for Della. (2 marks)

Good response 2/2 marks: two correct points

1. Della keeps her independence.
2. She gets help with personal care such as showering at the centre.

Poor response 1/2 marks:

1. Giving her social interaction. (0 mark since already given in the scenario – other benefits required)
2. Keeping her physical fit and mobile. (1)

4b Describe two ways a care assistant could provide for Della's everyday needs. (4 marks)

Good response 4/4 marks: two correct activities named and explained.

1. A care assistant could cook for Della so she is provided with a healthy and nutritious diet.(2)
2. The care assistant could spend some time talking to Della so she gets the benefit of social and feels better about herself.(2)

Poorer response 1/4marks

1. A care assistant could help Della wash, feed and dress herself. (1 mark; no expansion given such as to provide dignity or to maintain hygiene)
2. They could help to feed her. (0 mark since personal care has already been credited.)

4c Explain the responsibilities the manager of the day centre has towards the people who work there. (6 marks)

Good level 3 response: good range of knowledge and understanding explained appropriately for a care manager towards their staff.

The care manager has the responsibility to make sure there is a robust health and safety policy and procedures in place to keep staff safe while at work. It is the responsibility of the care manager to write and implement such policies in accordance with the laws of Health and Safety at Work.

The care manager must ensure that these policies are actively promoted and provide additional training if required. The staff should be kept safe in a clean environment free from possible disease and infection. The care manager must do regular risk assessments to assess potential risks and hazards. Staff should be trained to follow RIDDOR and COSH so they undertake safe manhandling of service users and dispose of clinical waste and hazardous substances appropriately.

The care manager will undertake internal staff observation and appraisal giving feedback and an annual review opportunity to identify any training needs required by a member of staff.

Finally the care manager should make staff aware of the complaints policy and the opportunity to whistleblow so that unsafe practices by other colleagues can be identified and stopped.

Poor response: Rubric error with no rewardable material (0 mark) since the answer refers to service users and not to staff at the day centre :

The care manager has to make sure that service users are kept safe and staff are not undertaking discrimination or unsafe activities which could endanger them. There will be a risk assessment so hazardous environments can be changed to keep the service users safe at all times. They must make sure that staff communicate and provide the necessary care for the service users.

4d Discuss how investigations into poor working practices have led to improved working practices within the health and social care sector. the child(8 marks)

Good level 3 response: a balanced and informed discussion with comprehensive links to the health and social care context.

Investigations have led to improved practices in several ways. The DBS (Disclosure Barring Service) checks were introduced following the murders of two children by their school caretaker who had already been identified as unsuitable to be working with children. The DBS (previously CRB checks) now identify unsuitable people who should not be working with vulnerable service users.

Investigations have led to the introduction of new legislation to protect service users such as the Equality Act 2014 which protects different groups of people by protected characteristics such as by gender, age, sexuality and marital status for example. Therefore, both direct and indirect discrimination are now less likely to occur since more staff are aware of the issues and resulting penalties for discrimination. Staff training has been introduced to support anti-discrimination and also to raise awareness of the signs of child abuse.

Key cases such as Victoria Climbié and Baby P have raised awareness of child abuse and the need for better partnership working and the introduction of MDTs so different professionals share their expertise and communicate more effectively to protect the holistic welfare of the service users.

The fact that the CQC inspections now produce a report and action plan means that poor organisations can be closed down and staff dismissed so that better care organisations remain and new better qualified staff can be appointed.

Hospitals now have different targets such as the maximum four hour waiting times in A and E and MRSA checks to ensure safe and hygienic wards are in place.

In conclusion it can be seen that investigations have flagged up poor practices and improvements have led to cleaner, safer environments with better qualified and knowledgeable staff but it is still not a perfect world and poor practices may still occur but hopefully being the exception rather than the norm.

Poor 0 mark response: confused and misunderstanding the question with no rewardable material:

They have identified the problems that have caused the practice to have poor working. This problems were then diminished through going into action and finding a solution to the problem.

They may have been given a choice of improving or having their practice shut down which makes them act on their problems and try to become a better working practice. Feedback from the investigations may have motivated the working practice to become better and of a better standard so they won't be humiliated again in front of other good working practices.

Summary

Advice to centres preparing learners for this examination:

- Centres are encouraged to focus on getting their learners familiar with the specification details and especially **key terms** and **vocabulary** in order to avoid rubric errors. For example, many learners did not understand the term “professional bodies” in question 3d which is clearly stated in the specification. There was a common misunderstanding and confusion over the role of NICE, OFSTED and the CQC.
- A number of learners incorrectly outlined the role of OFSTED within the health and social care sector. This externally assessed unit has a focus on working in health and social care, not within mainstream schools and educational settings. The role of OFSTED within the social care sector is relevant for children and young people within day care and residential care settings. However, a number of learners focused on schools and the educational setting (such as SENCOs) despite the question reference (question 2) to hospital settings and for hospital staff.
- Other key terms sometimes misunderstood were “equality.....which does not mean treating everyone in the same way”.
- Do offer learners some “**mock examination**” **experience** and get them to look at the mark schemes and even peer assess scripts so they understand how marks have been awarded , especially for questions (c) and (d) where criterion levels are applied.
- Encourage learners to be aware that the detail required for an “identify” question worth 2 marks is very little in comparison with the extended writing needed to achieve a mark band level 3 outcome for questions (c) and (d) worth 6 and 8 marks respectively. Focus on the **time allocated per mark**. Some learners wrote one side of A4 when only a maximum of 2 marks was available and could be achieved by a very short one word response per mark.
- Learners need **to read and answer the question set**. For question 1a, a number of learners stated “a doctor/ GP” yet this was already provided in the scenario. Also in question 1b some learners incorrectly described the support given to Daniel (the service user), instead of towards his family. For question 2b, some learners referred to educational/school services instead of to health and social care services, as required by the question. Question 2d did not require a reference to communication barriers, yet a number of learners outlined different types of communication barrier.
- Encourage learners to offer and **identify several ideas** for the 6 -8 mark responses. Often learners became fixated on discussing just one idea and this prevented them accessing mark band 2 and above on the criterion level

responses. Also learners sometimes repeated the same point instead of offering a different variable, such as for question 2d describing just one barrier, as opposed to identifying and discussing several different barriers.

- Learners should be discouraged from just **repeating information already given within the stem** of the question. (For example: Question 3b did not require a repetition of the detailed facts causing concern about Emily's care assistant Claire.)
- Learners should be familiar and understand the meaning of the **command verbs** used on this examination paper: identify, describe, explain and discuss. Some learners on 1a "identify" wrote in length and wasted valuable time for answer which could have been two words.
- Learners should be aware of the **grade descriptor requirements** to differentiate between a level 3 Pass and a level 3 Distinction so they can work to improve their application and success outcome on this examination paper.
- Centres are encouraged to provide relevant and **current information about working in the Health and Social Care sector**. This could entail supporting work experience placements for their learners or alternatively to offer appropriate visits and the involvement of health and social care professionals within the curriculum delivery. Learners should be encouraged to research more recent case studies. Question 4d often produced historic references to Baby P (2007) and the two Mid Staffs Trust hospitals (2005 and 2009), as well as to Victoria Climbié (2000).

A wide variety of scripts were seen, some excellent with relevant and appropriated reference to the health and social care sector, logically scripted with good quality written communication skills. However, some scripts tended to rely on everyday basic knowledge and contained weak writing and spelling skills at a standard below that expected at level 3.

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