Practice Marking Materials for Technical Qualifications in H&SC

2019

City & Guilds

Level 2/3 H&SC Technical Diplomas

Introduction

The synoptic assignments for the City & Guilds Technical Qualifications in H&S Care are externally set summative assessments which are internally marked by tutors. It is the centre's responsibility to ensure candidates' work is marked in a standard way across the centre, using the specified marking grid, in order to rank performance on a single mark scale.

Practise marking materials are useful to support centre staff with internal standardisation and as a pre-standardisation activity. The materials are produced to support staff in the process of marking including how to effectively use marking grids and assessment objectives (AO).

The marking materials must be considered alongside the Technical qualifications Marking and Moderation Guide

It is recommended that all tutors, including any unlikely to mark, are included in early discussions around the use of the marking grid, as all tutors should understand the basis of marking as it could shape their teaching by helping candidates practise bringing their skills and knowledge together to complete a problem, and helping them learn how to explain and justify their choices in terms of the subject knowledge in preparation for summative assessment. Tutors must study the *Marking and Moderation Guide:* *https://www.cityandguilds.com/techbac/technical-qualifications/resources-and-support* which provides detailed information about generic assessment objectives, and the marking grid, to ensure they are clear about the different AOs and how they may show up in evidence for assignments in the subject area. If there is more than one tutor carrying out marking at the centre, this process should be carried out as part of a group activity to ensure all markers are clear and in agreement about what sorts of evidence are relevant for assessment and which AO they fit into.

The following materials could form the basis for pre-standardisation practice and discussion could take place using evidence from trial runs/formative assessment activities. Standardisation should also take place using the evidence from the actual assignment set for that year, so along with utilising this tool, please ensure that activities surrounding the 2019 assignment also take place.

Within this pack, you will find

- a sample task brief for the Level 2 H&SC Technical Diploma
- a copy of the marking grid used for the above synoptic assessment
- a sample of materials responding to either last year's synoptic assignment or a sample set of tasks. This includes learner produced evidence and tutor observations of the practical performance.

And finally, the Principal Moderator has provided a breakdown of the marks for the different assessment objectives along with general hints and tips on the synoptic assessment.

Section 1 Task Briefs from 3625-20 synoptic assessment

Assignment brief A:

You are working as a support worker in a residential care home for young people with moderate cognitive impairments and physical disabilities. Marlie is 18 years old and one of the residents at the care home. She is a wheelchair user and has difficulty in managing her personal hygiene. In the last year, Marlie has experienced some bullying at college but she is keen to gain confidence in her relationships with other young people. She has said in her recent outcome based review that she wants to go on an activity holiday for a week in the U.K and meet some new people. Your manager asked you to support the key worker in planning the holiday for Marlie.

Marlie's personal budget will fund the holiday and enable her key worker to attend as well. The key worker has asked you to create a report that can be used to inform the planning of the holiday. She asks you to be mindful of the following when carrying out your planning:

- Marlie's preferences and needs
- health and safety
- safeguarding
- equality of access.

You should prepare your notes for the planning of Marlie's holiday under unsupervised conditions.

Assignment brief B:

You are working in a new care home for adults who have mild to moderate Dementia. The setting is planning an open day so that people from the local community can visit and get to know the setting. Your manager explains to the team that his aim is for the community to know more about Dementia and has instructed you to create an information leaflet. He also wants you to share with the team the core behaviours carers should demonstrate when supporting people who have Dementia. You should prepare your notes for the creation of the leaflet under unsupervised conditions.

Assignment brief C:

You are working in a nursery setting and your supervisor asks you to prepare a fresh fruit snack for a child aged 3 years. After preparing the fruit snack, you will write up an account explaining what you did.

Interview:

Your tutor will conduct an interview with you lasting 10 - 15 minutes (not including time to set up and close the activity). The purpose of the interview is to assess your knowledge and to confirm your understanding of the principles supporting your practice. Choose one completed work placement workbook entry for the planned interview with your tutor. The entry you choose should relate to a specific activity or event which occurred within your work placement. The activity should be one which you found was challenging to you but where your care skills and care behaviours were clearly demonstrated. Your workbook entry will need to show that you have demonstrated understanding of the following:

- the personal qualities required for working in healthcare, care or childcare settings
- workplace values required for working in healthcare, care or childcare settings
- person-centred approaches in healthcare, care or childcare work.

Your diary entry should provide a detailed account of what happened and you will need to be prepared to answer questions on this activity with your tutor. Use the prompts within the diary to reflect on your own learning and the skills and behaviours you have developed. Answer the questions asked by your tutor as fully as possible and give examples from the work placement activity or event where possible. You will need to consider and answer questions on the following aspects of your activity or event:

- the role played in the event or activity
- challenges presented
- actions taken and skills used to meet those challenges
- core care values and behaviours demonstrated
- changes to be made if the same event happened again
- any exemplary practice witnessed • any practice witnessed that could have been improved
- personal lessons learnt about self in the care role.

Section 2 Marking Grid

Please insert the L2 marking grids in from 3625-20 synoptic assessment grid

password Developm3nt17

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
20	**AO1 Recall of knowledge relating to the qualification LOs** • Does the candidate seem to have the full breadth and depth of taught knowledge across the qualification to hand? • How accurate it their knowledge? Are there any gaps or misunderstandings evident? • How confident and secure does their knowledge seem?	**(1-4 marks)** **Recall shows some weaknesses in breadth and/or accuracy.** Hesitant, gaps, inaccuracy	**(5-8 marks)** **Recall is generally accurate and shows reasonable breadth. Inaccuracy and misunderstandings are infrequent and usually minor.** Sound, minimal gaps	**(9-12 marks)** **Consistently strong evidence of accurate and confident recall from the breadth of knowledge.** Accurate, confident, complete, fluent, slick
		Examples of types of knowledge expected: professional/personal skills and qualities, regulations, safeguarding, values that underpin practice, codes of conduct, person centred care, inclusive care/practice, life stages and milestones, development theories, use of terminology, relevant legislation and initiatives, roles and responsibilities, health and safety / risk considerations, core behaviours, local services policy and resourcing services, wider health landscape and inequalities in health.		
		The candidate has shown basic knowledge with no clear links to concepts, for example how legal requirements influence practice. There may be some gaps in knowledge but no inaccuracies.	The candidate has shown a broad range of accurate, knowledge, making links across concepts and how these influence practice. The majority of explanations are detailed and examples are provided. They can cite relevant examples when providing explanations or descriptions e.g. theorists.	The candidate has shown in-depth knowledge of the links across a range of concepts, showing a high degree of confidence and accuracy. Explanations are detailed and corresponding examples are provided.

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
35	**AO2 Understanding** **of concepts theories and processes relating to the LOs** • Does the candidate make connections and show causal links and explain why? • How well theories and concepts are applied to new situations/the assignment? • How well chosen are exemplars – how well do they illustrate the concept?	**(1-7 marks)** **Some evidence of being able to give explanations of concepts and theories. Explanations appear to be recalled, simplistic or incomplete.** Misunderstanding, illogical connections, guessing,	**(8-14 marks)** **Explanations are logical. Showing comprehension and generally free from misunderstanding, but may lack depth or connections are incompletely explored.** Logical, slightly disjointed, plausible,	**(15-21 marks)** **Consistently strong evidence of clear causal links in explanations generated by the candidate. Candidate uses concepts and theories confidently in explaining decisions taken and application to new situations.** Logical reasoning, thoughtful decisions, causal links, justified
		Examples of understanding expected: concepts of skills and qualities, application of legislation and policy to situations (e.g. safeguarding), concepts of health, care and childcare values, concept of roles and responsibilities and their boundaries, principles of person centred care, principle of inclusion, developmental theories and principles, principles of communicating information to a range of age groups, risk management of activities, using a range of sources (e.g. internet, books, journals, relevant non-confidential workplace policies and procedures), reference list / reference to sources.		

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
		The candidate has shown limited understanding of concepts and theories. There is minimal evidence of background reading, some of which is not relevant. Limited range of sources used e.g. candidate has used only internet. Referenced sources are not always evidenced in assignment work. **To access higher marks** Limited evidence of reading around the subject. Basic referencing to sources that are evidenced within the work.	The candidate has shown a range of understanding of concepts and theories. Some links are made to the current best practice in settings throughout. Understanding is consistent with some reasoning and further reading is evident. Attempt at structured referencing list. The work reflects an awareness of health and social care values. **To access higher marks** Learner has provided explanations and examples to illustrate theories and concepts. Consistent evidence of background reading with some considered and relevant referencing. Referencing is clear, but may contain mistakes, and provides a small range of sources.	The candidate has shown clear, detailed explanations and strong links have been made between concepts, theories and practice across sectors. Consideration of how evidence produced could be adapted to different types of groups. Relevant and consistent evidence of background reading with well-considered referencing. Consistent use of a referencing framework which is clear and accurate. **To access higher marks** Work shows a high degree of confidence and accuracy. The work reflects an excellent understanding of the values of health and social care in practice. Referencing demonstrates depth and breadth of research sources including books, web based research, journals and more.

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
25	**AO3 Application of practical/ technical skills** • How practiced/fluid does hand eye coordination and dexterity seem? • How confidently does the candidate use the breadth of practical skills open to them? • How accurately/ successfully has the candidate been able to use skills/achieve practical outcomes?	**(1-5 marks)** **Some evidence of familiarity with practical skills. Some awkwardness in implementation, may show frustration out of inability rather than lack of care.** Unable to adapt, frustrated, flaws, out of tolerance, imperfect, clumsy.	**(6-10 marks)** **Generally successful application of skills, although areas of complexity may present a challenge. Skills are not yet second nature.** Somewhat successful, some inconsistencies, fairly adept/ capable.	**(11-15 marks)** **Consistently high levels of skill and/or dexterity, showing ability to successfully make adjustments to practice; able to deal successfully with complexity.** Dextrous, fluid, comes naturally, skilled, practiced,
		Examples of skills expected: Using a range of communication methods, overcoming barriers to communication, using active listening, following safety procedures, applying infection control measures, risk assessment activity, supporting safety and security, supporting patients of different ages (e.g. supporting mobility, preparation of food, feeding, bathing etc.), use of accurate presentation, assignment and report writing skills, layout and presentation, well expressed sentence structure (syntax) and grammar, consideration of target audience		

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
		The candidate has shown basic skills when completing tasks with considerable prompting during discussion. Limited range of communication methods and questioning displayed. Written explanation is weak and does not support the interview discussion. Candidate provides basic responses to assessment tasks. Work contains many grammatical and spelling errors. Responses to assessment tasks lack structure. Does not focus on the needs of the receiver/target audience. No attempt to consider the understanding of the end user. **To access higher marks** Communication methods, language and terminology are generally appropriate to assessment task. Responses to assessment tasks have some structure.	The candidate has shown a good range of verbal and non-verbal skills when completing tasks. Candidate demonstrates engagement and is able to widen discussions when prompted. Written explanation generally enables the candidate to address discussion topics. Some grammatical and spelling errors. Attempt to consider the needs of the receiver/target audience and their understanding. **To access higher marks** Communication methods, language and terminology are inconsistently appropriate to assessment task. Candidate provides generally consistent responses to assessment tasks.	The candidate has shown an excellent range of consistent and proficient skills including a wide range of non-verbal and verbal communication methods. Candidate demonstrates total engagement and is able to extend and widen discussions where possible. Written explanation enables the candidate to show depth and breadth of discussion topics. Few grammatical and spelling errors. Responses to assessment tasks have clear and cohesive structure. Communication methods, language and terminology are consistently appropriate to assessment task. **To access higher marks** Candidate uses reflection to analyse and evaluate. Candidate can extend topics to different situations and can discuss fully the impact.

%	Assessment Objective	Band 1 descriptor Poor to limited	Band 2 descriptor Fair to good	Band 3 descriptor Strong to excellent
20	**AO4 Bringing it all together - coherence of the whole subject** • Does the candidate draw from the breadth of their knowledge and skills? • Does the candidate remember to reflect on theory when solving practical problems? • How well can the candidate work out solutions to new contexts/ problems on their own?	**(1-4 marks)** **Some evidence of consideration of theory when attempting tasks. Tends to attend to single aspects at a time without considering implication of contextual information.** Some random trial and error, new situations are challenging, expects guidance, narrow. Many need prompting.	**(5-8 marks)** **Shows good application of theory to practice and new context, some inconsistencies.** Remembers to apply theory, somewhat successful at achieving fitness for purpose. Some consolidation of theory and practice	**(9-12 marks)** **Strong evidence of thorough consideration of the context and use of theory and skills to achieve fitness for purpose.** Purposeful experimentation, plausible ideas, guided by theory and experience, fit for purpose, integrated, uses whole toolkit of theory and skills.
		Examples of bringing it all together: Applying knowledge and understanding to a particular situation, justifying decisions/approaches taken, considerations of wider application across specific groups, working out solutions to problems, making links between practice in different areas, identification of common trends, consideration of the end user rather than just practice/process, adaptation of thoughts and approaches to meet different care needs, linking of theory to practice, linking values and behaviours to practice, interpreting, collating and filtering information for a range of audiences		

%	Assessment Objective	**Band 1 descriptor** Poor to limited	**Band 2 descriptor** Fair to good	**Band 3 descriptor** Strong to excellent
		The candidate shows evidence of using their knowledge and understanding to make key links between limited topics across the qualification.	Utilises a range of knowledge from across the qualification to analyse and problem solve. Integration of knowledge, understanding and skills which informs basic appreciation of the context of practice and its impact on the care receiver.	Utilises a wide range of knowledge from across the qualification to analyse and problem solve creatively and holistically. Integration of knowledge, understanding and skills which informs a full understanding of the wider context of health, care and childcare practice and its impact on the care receiver. Clear evidence of collating and filtering of information from a range of sources for different contexts.

Declaration of Authenticity

Candidate name 456456	Candidate number xxxxx
Centre name 000000	Centre number 78956

Candidate:

I confirm that all work submitted is my own, and that I have acknowledged all sources I have used.

Candidate signature 456456	Date 456

Tutor:

I confirm that all work was conducted under conditions designed to assure the authenticity of the candidate's work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the candidate.

Tutor signature 123123	Date 123

Has the candidate received any additional support in the production of this work?

Tick No

If the answer is yes, give details below and on a separate sheet if necessary.

n/a

Section 3 Learner Materials

Task A
Marline's I is 16 years old, she's planning to go for a holiday with her parents in London, on summer holiday. Her parents got separated when she was young and she stay with her mum. But she have some health condition for example, she gets asthma attract. Before she go for a holiday she must talk to her GP about her health and get some advice for safety. She must keep inhaler with her all the time, or someone stay with her. Sign and symptoms people who have asthma

- Chest tightness or pain
- When you sleep cant breath because of coughing
- Shortness of breathing problem

She went to see beach there might be some hazard and risk that she have to aware of for example water that can be dangerous also stay in place with other people around you.

However she might get asthma attract while running she also can do exercise and take some challenges.
The benefits is going on a holiday she can make a new friend and learn new thing and she can be more independent have experience

She might have special travel arrangement people who have asthma they might cant travel in public transport for example health worker might help her to booking transport.

Risk and assessment in relation to indoor so she might have special treatment at home where her parents might look after her really well as same as her school. In school they should also have her health report so they will know what to do. Also, they should be school nurse with all her health condition. She might be different from other children who can do everything by their self who who doesn't' need any support but marline is one of those children who need special treatment and someone who look after her well. She can't do PE in school like any hard activity for example running that could effect on her health condition however, she can do light activity for example exercise that could help her to build her breath.

Also have a monitoring that given by the doctor on her chest and that record her heart beat before exercise and after after exercise so they can tell the different and her school nurse make a new report from her school and give to doctor.

Reference list
www.healthandsafety.co.uk

Task 2
Dementia - What is dementia?
Dementia is mental processes caused by brain disease or injury and marked by memory disorder. Sometimes people with dementia it can changes their personality and how they act from normal people and impaired reasoning.

What are the common signs and symptoms people with dementia?

- Forgetfulness.
- Being anxious.
- Becoming disoriented.
- Afraid of something very little for example getting out of the bath.
- Getting stressed over simple things.

How to communicate with dementia people?
Positive attitude and positive body language. Also, set happy mood by speaking to your loved one in a pleasant and respectful manner. Because people with dementia they might talk a lot u have to be patient with them you can't shout at them that could effort on their mental health.
Facial expression, voice tone and physical touch to help convey your message and show your feelings and affection while you're communicating with them. It's really important to show your feelings and affection toward them if you want to be friendly with them and want to get closer people with dementia and know their thought.
State your message clearly, use simple words and sentences also, talk louder because some might can't hear clearly. Speck slowly and that could help them to understand and can also read your lip, and in a reassuring tone. If they don't understand you first time use the same wording to repeat your message or question when you're asking them. Ask simple and answerable question that u think they can answer easily. Most importantly, listen them with your ears, eyes and especially your heart because you have to understand them and feel them without they saying a word and be patient
Break down any activities into series of shape this makes many task much more manageable.

The service and health professional available to people who have dementia?
The hospital and she/he's GP they can support them by check up on them and any changes on them and what are they treatment for dementia people for example dementia people forget things easily and that related to their brain so they brain specialist will know about this kind of illnesses.
The mental health care service can support them and also guide them and give them all the support that they need.
However there is website where it talk about dementia and give advices people who have dementia and how can u support them and treat them with mental disorder. For example,www.dementiacare.org.uk

How individual lifestyle, family, friend, and community can support them?
The impact on the community people who have dementia for example youth worker because they guide and support people around the world and help them to reach their full potential the community can help by encouraging them and do fun things and that can support them to communicating with strange people can also, make new friend. However family can also be big supporter and encourage them do something challenges because the friend and family will know she/he better than anyone else.
Dementia also, can link to the mental capacity act 2005 because it is designed to protect and empower individual who may lack the mental capacity to make their own decision about their care and treatment.
Also, can link to the care act 2014 it protection support and representation for those in greatest needs?
How the core behaviours expected of a care when supporting people who have dementia?
Health and social staff should identify the specific needs of people with dementia and their cases arising from diversity including gender, ethnicity, age (younger and older) religion and personal care this also, relater to personal cantered care. People with learning disability and those supporting them should have access to special advice and support regarding dementia. Health and social care professional should away seek valid consent from people with dementia. However if the person who has dementia is finding difficulties to make a decision the mental capacity act 2005 must be followed.
People who have dementia are vulnerable towards abuse and neglect, all the social care staff who are supporting those people with dementia they should receive information and training and guide by the local multi-agency policy on about, protection. Also, social care staff should ensure that acre of people with dementia and support for their carers is planned also provide the framework of care management and co dementia.
www.dementiacare.org.uk
https://www.nice.org.uk/guidanne/cg42/chapter/1-guidance#principle-ofcare-for-peoplw-with-dementia

Task C summary

Firstly, I washed my hand with hand wash and clean water, because washing hand is most important part when you make snack for Children or care home resident. By washing had children will not get sick and it will not spread any germs, than I washed all the fruit such as pear, orange, and apple. I pealed the pear fruit because by pealing fruit cant also, stop spreading bacteria than I cut all the fruit for example pear, orange, and apple in to small cube. It is important to cut the fruit in to medium size not too big or not too small because in nursery the children might chock. Also, I pealed the pear but not apple because the apple of the skin have vitamin and that is good for children. Thirdly, I put all the fruit in to a clean bowl. Before I used the bowl I washed the bowl really well encase is the any bacteria. After I making my fruit salad. I cleaned the surface with clean wet towel also, washed the knife bowel with liquid. I have to be a careful with the knife when I wash it and I have to double check where to put the knife. Make sure it placed in a safe place. Where the children will not able to reach it. Lastly, I put all the peace of rubbish in the bin.

Assignment brief C observation recording form

Technical qualifications

Level 2 Technical Certificate in Healthcare, Care and Childcare (3625-20)
Level 2 Healthcare, Care and Childcare - Synoptic Assignment (3625-021)

Application of practical/ technical skill considerations	Summary of candidate skills observed
• Fluidity, hand eye co-ordination, precision, and dexterity when using utensils	Candidate peeled, chopped and sliced fruit very confidently. The task was not rushed and she displayed strong attention to detail with a steady pace.
• Confidently using breadth of practical skills	Candidate had clearly rehearsed the task on placement and expressed during that she enjoys doing it at home for siblings. She was well organised and prepared her workstation before beginning, to show assessor what she intended to do.
• Working following health and safety/risk assessment requirements/infection control measures	Candidate washed hands thoroughly before handling any fruit and utensils. She then washed the utensils and fruit. Candidate displayed good hygienic practice through when cleaning and disposing of waste. Then washed utensils, hands and the surface.
• Fruit snack was age appropriate to the task objectives (a 3 year old child)	Yes, candidate brought 1 apple, 1 tangerine and 1 pear. She explained these are different colours and textures for the 3 year old child. Peeled tangerine, removed pips from apple and removed the skin from the pear to make it age appropriate.
• Working with knowledge from across units	Candidate displayed knowledge from unit 205 when working safely, unit 202 and unit 208 showing knowledge of child development.
• Accuracy/success in using skills to achieve practical outcome	Candidate produced a successful fruit salad, which was age appropriate to the task, displaying a variety of essential skills. Organisation, good hygiene, confidence and safety.

Interview Record
Technical qualifications

Level 2 Technical Certificate in Healthcare, Care and Childcare (3625-20)
Level 2 Healthcare, Care and Childcare - Synoptic Assignment (3625-021)

Question	Summary of candidate response
Can you describe the placement setting where the event/activity happened?	In a care home with the elderly. Played games in a large lounge room.
Can you describe the event or activity chosen for the interview? (Refer to placement workbook entry)	Played jigsaws, helping the elderly put the jigsaws together. Helped them speak and explained how to do it loudly.
Can you describe the role you played during the event / activity?	A staff assistant. Stayed with service users in case they get up. Ask them if they require any support.
Can you identify the challenges that were presented?	When there is less staff (3 or 4) not enough. When it is lunchtime there is no support left for the residents, which is dangerous.
What action did you take and what skills did you call upon to meet those challenges?	Communication skills, gave clear instructions to residents. Used colourful jigsaws to help the residents.
On reflection how were the core care values expressed in your behaviour and actions during the event?	Dress appropriately. Be caring and have commitment. Be careful when feeding the residents.
What changes would you make if the same event happened again?	Have a bigger and more colourful jigsaw so they can properly. Ask the manager what they may do properly.
Did you observe any exemplary practice from other team members that enhanced your understanding of best practice?	Observed the procedure on how to take residents to the toilet. Explained the role of a supervisor. Said she was supervised as she is not qualified or trained.
Did you observe any practice from other team members that could have been improved?	Yes, left alone service users and not enough staff with them. Have more staff so the residents can go out.
What have you learnt about yourself in the care role?	Time keeping is good, confidence in front of staff and residents, patience, supportive and good loud communication skills.

Candidate Record Form

Technical qualifications

Level 2 Technical Certificate in Healthcare, Care and Childcare (3625-20)
Level 2 Healthcare, Care and Childcare - Synoptic Assignment (3625-021)

Candidate name	Candidate number
Learner 2	
Centre name	**Centre number**

Marker Notes *– Please always refer to the relevant marking grid for guidance on allocating marks and make notes that describe the quality of the evidence and justification of marks. Expand boxes as required.*

AO1 – Recall - Breadth, depth, accuracy

20%	1	2	3	4	5	6	7	8	9	10	11	12

AO1 Mark 5

Learner has shown some basic knowledge from across the qualification. For example, simple health and safety knowledge shown in task C hand washing and cleaning fruit to stop infection spreading. Shows accurate signs and symptoms of asthma, although this was not in the assignment brief, and limited use of good terminology, such as *vulnerable* and *multi-agency working.* Defines simplistically throughout, such as dementia and gives a brief mention of person-centred care linking to meeting individual needs.

PM- Examples provided of how learner showed a basic level of knowledge throughout synoptic tasks. Marker has also indicated where more marks could have been awarded (stronger use of terminology and links to legislation)

AO2 – Understanding - Security of concepts, causal links

35%	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

AO2 Mark 7

Learner makes poor attempts to reference, inaccurate with minimal web links.

No legislation links made throughout case study A.
Mental Capacity Act 2005 briefly identified to support dementia in case study B.

Learner has shown limited understanding of concepts and theories, such as brief links to core care behaviours and values throughout case studies and interview. No theory links made.

PM- Examples provided of how learner showed limited understanding throughout synoptic tasks. Marker has also indicated where more marks could have been awarded (limited links to theory and core care values)

AO3 - Practical skill - Dexterity, fluidity, confidence, ease of application

25%	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

AO3 Mark 7

Candidate was nervous during the interview causing limited verbal responses and recall of knowledge was also limited throughout. Communication methods, language and terminology are inconsistently appropriate to assessment task.

However, candidate was very confident during task C with skills such as safe working, organisation and hygienic practice demonstrated. Candidate was able to justify actions throughout the practical assessment task C and was able to summarise these actions.

Candidate presents poor spelling, punctuation and grammar consistently. English is not learner's first language.

Written communication skills identified during case study B: How to communicate with dementia people, positive body language explained, tone of voice described and facial expressions identified- these could have been developed in the interview section in order to gain more marks.

PM- Examples provided of how learner showed some confidence during the observed practical task. Acknowledged how the learner lacked confidence during the interview. Marker has also indicated where more marks could have been awarded (use of interview to gain more marks relating to understanding of communication)

AO4 – Bringing it together - use of knowledge to apply skills in new context												
20%	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
AO4 Mark 5	Utilises brief understanding of knowledge across the qualification, shows basic appreciation of the context of practice and its impacts on the care received, this was done throughout all task assessments but at a low level. Learner struggled to link legislation and theory consistently; it was briefly don't in case study B. Confidence during the interview was low but confidence during the practical assessment task C was very high, which led to a successful outcome. Learner was able to justify actions and link them to health and safety briefly. Practical skills have been shown but knowledge is limited and explanations are basic descriptions too often, rather than detailed explanations. PM- Examples provided of how learner showed limited ability to bring together, knowledge understanding and skills throughout synoptic tasks. Marker has also indicated where learner has struggled to achieve marks but has acknowledged her difficulties in writing in English fluently. Marker has indicated where more marks could have been awarded (limited links to links to legislation and theory and core care values). Acknowledges learner's lack of confidence during the interview											

Total
24

Section 5 Principal Moderator's guidance, hints and tips.

The marking was in alignment with the moderated marks and the markers comments provided justifications throughout. – see comments on CRF.

General notes

This practice marking material has been produced to be used for standardisation activities and for centre guidance in the early years of the qualification. The marks allocated to each learner are in accordance with the Principal Moderator marks and show the standard set for this qualification.

To make holistic judgments, it is necessary to ensure that all tasks are completed and submitted prior to assigning any final marks. Practical tasks should not be marked independently of written submissions so ensure that all tasks have been completed before assigning any marks.

When judging ephemeral performances / practical skills, centres must ensure that the evidence is in a format visible to the marker/moderator and gives sufficient qualitative detail to aid moderation. Observers and markers should ensure their notes are comprehensive, employing key words written in the marking grids and describing how, where or why the work is good or better.