

WJEC Level 3 Health and Social Care: Principles and Contexts

Unit 1: Principles of care and safe practice within outcome focused person-centred care

Approved by Qualifications Wales

This qualification forms part of the new suite of Health and Social Care, and Childcare qualifications in Wales provided by City & Guilds/WJEC.

This Qualifications Wales regulated qualification is not available to centres in England.

For first assessment from 2024

Sample Assessment Materials (Internal)

Version 3 - January 2024



SUMMARY OF AMENDMENTS

Version	Description	Page number/s
2	Additional examples added to Case Study A Mark Scheme.	10-15
3	Centre Mark Sheet declarations updated.	20

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**LEVEL 3 HEALTH AND SOCIAL CARE:
PRINCIPLES AND CONTEXTS**

UNIT 1 NEA:

Principles of care and safe practice within outcome focused person-centred care

TIME: 20 HOURS

INSTRUCTIONS FOR CANDIDATES

YOU WILL HAVE 20 HOURS IN TOTAL TO COMPLETE THIS ASSESSMENT.

You must choose one case study (a or b) to provide your evidence for Task 1 and Task 2. The same case study must be used for both tasks.

Task 1: Report

You are required to produce a report based on either case study a or case study b. The report must be based on principles of care and safe practice within outcome focused person-centred care.

You should spend approximately **14** hours on this task.

The maximum word count for this task is 3500.

You may use the following resources when completing this task:

- ICT software
- case studies.

Class notes can be used. These should consist of a maximum of six sides of A4 paper. They may be handwritten or word processed. They should be in the candidates' own words and should not include pre-written answers. The teacher/assessor is responsible for reviewing the notes to ensure they are within the guidance above. All notes used by the candidate must be retained by the centre.

You are not allowed to access the internet whilst completing this task.

Task 2: Information Pack

You are required to provide information for staff who are new to working in Wales in the type of Health and Social Care setting featured in the chosen case study.

You should spend approximately **6** hours on this task.

The maximum word count for this task is 1500.

You may have access to any resources when completing this task, including:

- ICT software
- class notes
- case studies.

INFORMATION FOR CANDIDATES

It is important that you work independently from other candidates and the work produced should be your own unaided work. You and your teacher will be required to sign a declaration that all evidence presented, is your own work.

You are advised to check your work carefully to ensure that it is accurate and correct.

Choose one of the following case studies (a or b) on which to base your evidence for both task 1 and task 2:

N.B. The same case study **must** be used for **both** tasks.

Either:

Case Study A

Siân is 45 and is an experienced health care assistant. She works on a male surgical ward in a large hospital. Siân works as part of a team of health care assistants, registered nurses and other professionals.

During one of her shifts Siân works with Dafydd, who is 23 years-old and has additional learning needs. He lives in a residential care home and has been admitted for surgery on his leg following a fall. Siân introduces herself to Dafydd and explains that she will be caring for him.

Dafydd is accompanied to the hospital by a support worker from the care home and his mum. The support worker explains the person-centred approach which the residential care home uses to support Dafydd. She asks Dafydd if she can share his care and support plan with Siân and he agrees. Dafydd's support worker says that it is important to Dafydd that he makes his own choices and decisions about his daily life. However, he does need more time and support when making decisions around budgeting, shopping and being in unfamiliar situations. It is important to him that he can look after his own personal care and hygiene. Dafydd likes to watch television, listen to music and chat. The information that Dafydd, his support worker and his mum have shared is recorded on Dafydd's hospital record.

During his stay in hospital, everyone is keen to support Dafydd in achieving his desired personal outcomes which include: learning to live on his own, being able to look after himself and being able to get out and about to make friends.

Whilst talking to Dafydd about his operation and the care and support in hospital, Siân notices that he sometimes has difficulty in understanding what she is telling him. She suggests working with the support worker and the additional learning needs liaison nurse during his stay at the hospital. After speaking with the support worker and Dafydd, the additional learning needs liaison nurse makes sure that Dafydd understands his health needs and treatment and that staff in the hospital understand how to help him communicate his needs and choices. Siân then suggests that Dafydd changes into his hospital gown in preparation for his surgery and starts to close the curtains. Dafydd starts to become agitated by this. Siân asks him if he would like a male worker to assist him. He says he can do it himself. A male worker talks to Dafydd but stands outside the curtains and when Dafydd is ready he ensures his gown is comfortable and fastened correctly.

Dafydd is accompanied by the additional learning needs liaison nurse to theatre for his surgery. Later that day Siân takes a phone call from someone enquiring about Dafydd. Siân explains that she is unable to give out information without the permission of the individual. She takes a message to pass onto Dafydd.

After a few days and following a discharge assessment, Dafydd is able to return to his residential care home. Information relating to the care and support he will need following his surgery is recorded in his care and support plan, along with further details of how this support will be given.

Or:

Case Study B

Gwen is 80 years old and is a Welsh speaker. She lives alone in her own home and is living with dementia. Gwen's husband recently passed away and since then she has been finding it difficult to manage some daily living activities. Her daughter Lowri has suggested that she should have some help at home as her mum is having difficulty with her personal hygiene, taking medication and cooking.

Gwen enjoys her garden and being outdoors but finds it a bit difficult to manage without support. She loves cooking and baking and has won many prizes for her cakes but is unable to bake now without help. She really enjoys socialising, music and watching films.

Lowri contacts social services to ask for an assessment for her mum. Jan is allocated as Gwen's social worker as she also speaks Welsh. When Jan comes to visit, she introduces herself to Gwen in Welsh and explains that she is there to support her with decisions about the things that matter to her. Jan asks her what is important to her. Gwen says that she wants to stay in her own home, continue to take part in the community and to be able to meet with Welsh speaking friends. Gwen realises that she is having some difficulty in washing, dressing and cooking and doesn't always remember to take her medication. Jan listens carefully to Gwen and asks her whether a care assistant visiting each morning, to help her wash and dress and to make her breakfast would be helpful. She also asks if Gwen would like to visit the Dementia Day Service where there are other Welsh speakers that she might know and may like to chat to. The Dementia Day Service has a garden, music and films and she could have a meal at lunchtime. Gwen isn't sure but says she will visit to see what it is like.

When Gwen and Lowri arrive at the Dementia Day Service, they are greeted by a care assistant who introduces herself in Welsh and shows them around. The care assistant explains their person-centred approach to care and the various therapeutic activities, hobbies and interests offered. The care assistant asks Gwen what she would like to do. Gwen says that she would like to listen to music, watch films and work in the garden. She also wants to share her knowledge and skills of baking with others, in a supportive environment. Gwen can see that the Dementia Day Service could help her to do these things and that she can also chat with other Welsh speakers. The Dementia Day Service is run jointly by health and social care therapists and specialist nurses who work with the staff to help monitor and support people living with dementia. Transport is provided to and from the centre so Gwen can attend twice a week. Gwen feels that she wants to do this.

Following the care needs assessment, a care and support plan is put in place that includes Gwen's strengths and her desired outcomes. Home care is arranged, and a care assistant visits Gwen three times a day, but only twice on the days she goes to the Dementia Day Service. Each morning visit involves the care assistant taking the key from the key safe outside, knocking on the door and letting herself into the house. She will ask Gwen if she is ready for her shower. The care assistant will speak clearly when asking Gwen what she would like to wear, help her to get the clothes from the wardrobe and prompt Gwen to make sure her fastenings are done up properly. The care assistant will then ask Gwen what she would like for breakfast. She will prepare this for Gwen, remind Gwen to take her tablets from the bubble pack, make sure that she swallows them and then chat to Gwen while she eats. She will return at lunchtime to make sure that Gwen has lunch on the days she doesn't go to the Dementia Day Service.

During the evening visit the care assistant will offer Gwen a choice of light snacks and remind her to take her medication. She will ask her about her day. Before she leaves, she will make sure that Gwen is ready for bed. At the end of each visit the care assistant will ensure that she makes accurate records in Gwen's notebook. She will also check that the heating is on, if necessary, and lock the door on her way out placing the key in the key safe.

Gwen is doing well, enjoying the garden and the Dementia Day Service. Lowri is happy and reassured that her mum will be safe and well cared for both at home and when she visits the centre.

Unit 1 Task 1

You are required to produce a report based on either **case study a** or **case study b**. The report must be based on principles of care and safe practice within outcome focused person-centred care and must:

- (a) Give **three** examples of how the principles of care are demonstrated within the chosen case study and outline how each of these underpin outcome focused person-centred care.
[12 marks] [AO1, 1.1]
- (b) Explain how health and social care workers in the chosen case study are expected to demonstrate and promote outcome focused care in their work and how this benefits the individual they are working with.
[18 marks] [AO2, 1.5]
- (c) Identify **two** challenges that the health and social care workers in the case study would face in promoting quality care that is outcome focused; describe how these challenges could be addressed.
[16 marks] [AO1, 1.5]
- (d) Analyse the approaches and ethical principles of respecting equality, diversity and choice when providing outcome focused person-centred care in the chosen case study.
[12 marks] [AO3, 1.3]
- (e) Reflect on how the methods and skills used by the health and social care workers in the chosen case study:
- develop positive relationships and trust
 - demonstrate effective communication with individuals receiving care and support.
- [12 marks] [AO3, 1.4]

Total Marks: [70 marks]

Unit 1 Task 2

You are required to provide information for staff who are new to working in Wales in the **type of Health and Social Care setting featured in the chosen case study.**

Select **one** way in which to present the information from the list of formats below:

- an information booklet
- a blog
- a presentation.

The information must:

- (a) Explain how current legislation and national policies in Wales drive outcome focused person-centred care in the setting featured in the chosen case study.
[18 marks] [AO2,1.2]
- (b) Summarise how the codes of professional practice/conduct guide the care workers when working in the setting featured in the chosen case study.
[12 marks] [AO1,1.2]

Total Marks: [30 marks]

Total Marks (Task 1 and Task 2): [100 marks]

This is an abridged marking scheme the complete version inclusive of indicative content can be found on the WJEC secure website <http://www.wjecservices.co.uk/>.

Unit 1 Mark Scheme for NEA

Banded mark schemes

Banded mark schemes are divided so that each band within a section has a relevant descriptor. The descriptor for the band provides a description of the performance level for that band. Each band contains marks.

Before marking, assessors should first read and annotate a candidate's work to pick out the evidence that is being assessed. Once the annotation is complete, the mark scheme can be applied. This is done as a two-stage process.

Stage 1 – Deciding on the band

Beginning at the lowest band, assessors should look at the appropriate section of the candidate's work and check whether it matches the descriptor for that section's mark band. If the descriptor at the lowest band is satisfied, assessors should move up to the next band and repeat this process for each band until the descriptor matches the work.

If a candidate's work covers different aspects of different bands within the mark scheme, a 'best fit' approach should be adopted to decide on the band and then the candidate's work should be used to decide on the mark within the band. For instance, if work is mainly in band 2 but with a limited amount of band 3 content, the work would be placed in band 2, but the mark awarded would be close to the top of band 2 because of the band 3 content.

Assessors should not seek to mark candidates down as a result of small omissions in minor areas of their work.

Stage 2 – Deciding on the mark

Once the band has been decided, assessors can then assign a mark. WJEC will provide exemplar work already awarded a mark, and this should be used as reference material when assessing the work.

When marking, assessors can use these examples to decide whether a candidate's work is of a superior, inferior or comparable standard to the example. Assessors are reminded of the need to revisit the work as they apply the mark scheme in order to confirm that the band and the mark allocated is appropriate to the work submitted.

Where work is not creditworthy, that is, contains nothing of any significance to the project, or has been omitted, no marks should be awarded.

Internal standardisation

It is essential that where there is more than one teacher in a centre, work from all teaching groups is standardised internally. This is to ensure that the final assessment reflects a single agreed standard for all teaching groups involved. All centres will receive detailed feedback from moderation via the secure web site on results day.

Unit 1: Principles of care and safe practice within outcome focused person-centred care
Task 1

(a) Give three examples of how the principles of care are demonstrated within the chosen case study and outline how each of these underpin outcome focused person-centred care. [12 marks]	
Band	AO1: <i>Demonstrate knowledge and understanding of a range of key concepts, values and issues that are relevant to health and social care.</i>
4	10-12 marks An excellent response which provides: <ul style="list-style-type: none"> • three appropriate and detailed examples from the chosen case study • an outline demonstrating thorough knowledge and understanding of how the principles of care underpin outcome focused person-centred care.
3	7-9 marks A good response which provides: <ul style="list-style-type: none"> • at least two clear and appropriate examples from the chosen case study • an outline demonstrating generally secure knowledge and understanding of how the principles of care underpin outcome focused person-centred care.
2	4-6 marks A basic response which provides: <ul style="list-style-type: none"> • at least one appropriate example from the chosen case study • an outline demonstrating some knowledge and understanding of how the principles of care underpin outcome focused person-centred care.
1	1-3 marks A limited response which provides: <ul style="list-style-type: none"> • no examples from the chosen case study • an outline demonstrating little knowledge and understanding of how the principles of care underpin outcome focused person-centred care.
	0 marks Not creditworthy or attempted.

(b) Explain how the 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. [18 marks]	
Band	AO2: <i>Apply knowledge and understanding of health and social care principles and contexts.</i>
5	16-18 marks An excellent explanation demonstrating detailed and thorough knowledge and understanding of how the care and support workers in the chosen case study are expected to demonstrate and promote outcome focused care in their work. Detailed explanation of how this benefits the individual.
4	12-15 marks A very good explanation demonstrating thorough knowledge and understanding of how the care and support workers in the chosen case study are expected to demonstrate and promote outcome focused care in their work. Clear explanation of how this benefits the individual.
3	8-11 marks A good explanation demonstrating knowledge and understanding of how the care and support workers in the chosen case study are expected to demonstrate and promote outcome focused care in their work. General explanation of how this benefits the individual.
2	4-7 marks A basic explanation demonstrating generally clear knowledge and understanding of how the care and support workers in the chosen case study are expected to demonstrate and promote outcome focused care in their work. Basic explanation of how this benefits the individual.
1	1-3 marks A limited explanation demonstrating little knowledge and understanding of how the care and support workers in the chosen case study are expected to demonstrate and promote outcome focused care in their work. Little or no reference to how this benefits the individual.
	0 marks Not creditworthy or attempted.

(c) Identify two challenges that the health and social care workers in the case study would face in promoting quality care that is outcome focused; describe how each challenge could be addressed. [2 x 8] [16 marks]		
Band	AO1: <i>Demonstrate knowledge and understanding of a range of key concepts, values and issues that are relevant to health and social care.</i>	
	Challenge 1	Challenge 2
4	7-8 marks An excellent response which identifies and describes how the challenge of promoting quality care that is outcome focused could be addressed.	7-8 marks An excellent response which identifies and describes how the challenge of promoting quality care that is outcome focused could be addressed.
3	5-6 marks A good response which identifies and describes how the challenge of promoting quality care that is outcome focused could be addressed.	5-6 marks A good response which identifies and describes how the challenge of promoting quality care that is outcome focused could be addressed.
2	3-4 marks A basic response which identifies and describes how the challenge of promoting quality care that is outcome focused could be addressed.	3-4 marks A basic response which identifies and describes how the challenge of promoting quality care that is outcome focused could be addressed.
1	1-2 marks A limited response which identifies and describes how the challenge of promoting quality care that is outcome focused could be addressed.	1-2 marks A limited response which identifies and describes how the challenge of promoting quality care that is outcome focused could be addressed.
	0 marks Not creditworthy or attempted.	0 marks Not creditworthy or attempted.

(d) Analyse the approaches and ethical principles of respecting equality, diversity and choice when providing outcome focused person-centred care in the chosen case study. [12 marks]	
Band	AO3: <i>Analyse and evaluate health and social care theories and practice to demonstrate understanding, reflect on how they can influence practice, making reasoned judgements and drawing conclusions.</i>
4	10-12 marks An excellent analysis which demonstrates: <ul style="list-style-type: none"> • secure knowledge and understanding of approaches and ethical principles when providing outcome focused person-centred care • perceptive and informed discussion of the approaches and ethical principles of respecting equality, diversity and choice when providing outcome focused person-centred care • reasoned and detailed judgements in relation to their use in the chosen case study.
3	7-9 marks A good analysis which demonstrates: <ul style="list-style-type: none"> • generally secure knowledge and understanding of approaches and ethical principles when providing outcome focused person-centred care • generally valid discussion of the approaches and ethical principles of respecting equality, diversity and choice when providing outcome focused person-centred care • reasoned judgements in relation to their use in the chosen case study.
2	4-6 marks A basic analysis which demonstrates: <ul style="list-style-type: none"> • some knowledge and understanding of approaches and ethical principles when providing outcome focused person-centred care • some valid discussion of the approaches and/or ethical principles of respecting equality, diversity and choice when providing outcome focused person-centred care • some judgements in relation to their use in the chosen case study.
1	1-3 marks A limited analysis which demonstrates: <ul style="list-style-type: none"> • little knowledge and understanding of approaches and ethical principles when providing outcome focused person-centred care • limited discussion of the approaches or ethical principles of respecting equality, diversity and choice when providing outcome focused person-centred care • few or no judgements in relation to their use in the chosen case study.
	0 marks Not creditworthy or attempted.

<p>(e) Reflect on how the methods and skills used by the care and support workers in the chosen case study:</p> <ul style="list-style-type: none"> • develop positive relationships and trust • demonstrate effective communication <p>with individuals receiving care and support. [12marks]</p>	
Band	AO3: <i>Analyse and evaluate health and social care theories and practice to demonstrate understanding, reflect on how they can influence practice, making reasoned judgements and drawing conclusions.</i>
4	10-12 marks
	<p>An excellent and detailed reflection which:</p> <ul style="list-style-type: none"> • draws perceptive and informed conclusions on how the methods and skills used by the care and support workers in the chosen case study develop positive relationships and trust with individuals receiving care and support. • provides a reasoned and detailed evaluation of how effective communication with individuals receiving care and support is being demonstrated.
3	7-9 marks
	<p>A good reflection which:</p> <ul style="list-style-type: none"> • draws clear conclusions on how the methods and skills used by the care and support workers in the chosen case study develop positive relationships and trust with individuals receiving care and support. • provides a reasoned evaluation of how effective communication with individuals receiving care and support is being demonstrated.
2	4-6 marks
	<p>A basic reflection which:</p> <ul style="list-style-type: none"> • draws some conclusions on how the methods and skills used by the care and support workers in the chosen case study develop positive relationships and trust with individuals receiving care and support. • provides some evaluation of how effective communication with individuals receiving care and support is being demonstrated.
1	1-3 marks
	<p>A limited reflection which:</p> <ul style="list-style-type: none"> • draws limited conclusions on how the methods and skills used by the care and support workers in the chosen case study develop positive relationships and trust with individuals receiving care and support. • provides little evaluation of how effective communication with individuals receiving care and support is being demonstrated
	<p>0 marks Not creditworthy or attempted.</p>

Task 2

(a) Explain how current legislation and national policies in Wales drive outcome focused person-centred care in the setting used in the chosen case study. [18 marks]	
Band	AO2: <i>Apply knowledge and understanding of health and social care principles and contexts.</i>
4	<p style="text-align: center;">14-18 marks</p> <p>An excellent explanation which demonstrates thorough knowledge and understanding of how current legislation and national policies in Wales drive outcome focused person-centred care.</p>
3	<p style="text-align: center;">10-13 marks</p> <p>A good explanation which demonstrates generally secure knowledge and understanding of how current legislation and national policies in Wales drive outcome focused person-centred care.</p>
2	<p style="text-align: center;">6-9 marks</p> <p>A basic explanation which demonstrates some knowledge and understanding of how current legislation and national policies in Wales drive outcome focused person-centred care.</p>
1	<p style="text-align: center;">1-5 marks</p> <p>A limited explanation which demonstrates little knowledge and understanding of how current legislation and national policies in Wales drive outcome focused person-centred care.</p>
	<p style="text-align: center;">0 marks</p> <p style="text-align: center;">Not creditworthy or attempted.</p>

(b) Summarise how the codes of professional practice/conduct guide the care workers when working in the setting featured in the chosen case study. [12 marks]	
Band	AO1: <i>Demonstrate knowledge and understanding of a range of key concepts, values and issues that are relevant to health and social care.</i>
4	10-12 marks An excellent summary demonstrating thorough knowledge and understanding of how the codes of professional practice/conduct guide care workers working in the setting featured in the chosen case study.
3	7-9 marks A good summary demonstrating generally secure knowledge and understanding of how the codes of professional practice/conduct guide care workers working in the setting featured in the chosen case study.
2	4-6 marks A basic summary demonstrating some knowledge and understanding of how the codes of professional practice/conduct guide care workers working in the setting featured in the chosen case study.
1	1-3 marks A limited summary demonstrating little knowledge and understanding of how the codes of professional practice/conduct guide care workers working in the setting featured in the case study.
	0 marks Not creditworthy or attempted.

Mapping of NEA Unit 1 tasks to specification content and assessment objectives

Assessment criteria	Specification content					Mark allocation			
	Section					Total Marks	AO1 Marks	AO2 Marks	AO3 Marks
1.1	1.2	1.3	1.4	1.5					
Task 1									
(a)	(a)					12	12		
(b)					(b)	18		18	
(c)					(c)	16	16		
(d)			(d)			12			12
(e)				(e)		12			12
Task 2									
(a)	(a)	(a)				18		18	
(b)		(b)				12	12		
Total						100	40	36	24



Level 3 Health and Social Care: Principles and Contexts

Non-exam assessment – Unit 1: Tasks 1 and 2

Name of Candidate:

Candidate Number:

Name of Centre:

Centre Number:

Unit 1 Non-exam assessment: Tasks 1 and 2

Tasks	Max. Mark	Centre Mark	Mod. Mark	CENTRE COMMENTS
Task 1				
(a)	12			
(b)	18			
(c)	16			
(d)	12			
(e)	12			
Task 2				
(a)	18			
(b)	12			
Total	100			

TOTAL

100

Non-exam assessment: Comments

To be completed by the individuals supervising the NEA.

Please indicate where help beyond normal supervisory guidance has been given and how this has affected the marks awarded.

List the sources of information used in developing the NEA.

NOTICE TO CANDIDATES

The work you submit for assessment must be your own.

If you copy from someone else, allow another candidate to copy from you, or if you cheat in any other way, you may be disqualified from at least the qualification concerned.

DECLARATION BY TEACHER

I confirm that the candidate's work was conducted under the conditions laid out by the specification.

I have authenticated the candidate's work and am satisfied that to the best of my knowledge the work produced is solely that of the candidate.

The candidate has clearly referenced any sources and any Artificial Intelligence tools used in the work. I understand that false declaration is a form of malpractice.

Teacher's signature:

Date:

DECLARATION BY CANDIDATE

I have read and understood the **Notice to Candidates** (above).

I have produced the attached work without assistance other than that which my teacher has explained is acceptable within the specification.

I have clearly referenced any sources and any Artificial Intelligence tools used in the work. I understand that false declaration is a form of malpractice.

Candidate's signature:

Date: