

Level 2 Examiners' Report

Health and Social Care: Principles and Contexts
Level 2

Summer 2025

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Introduction

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

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

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

Further support

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

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

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| Exam Results Analysis | WJEC provides information to examination centres via the WJEC Portal. This is restricted to centre staff only. Access is granted to centre staff by the Examinations Officer at the centre. | Portal by WJEC |
| Classroom Resources | Access our extensive range of FREE classroom resources, including blended learning materials, exam walk-throughs and knowledge organisers to support teaching and learning. | https://resources.wjec.co.uk/ |
| Bank of Professional Learning materials | Access our bank of Professional Learning materials from previous events from our secure website and additional pre-recorded materials available in the public domain. | Portal by WJEC or on the WJEC subject page. |
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Executive Summary

Externally Assessed: Unit 1

Examination performance this year remained stable in relation to previous years with many candidates demonstrating good levels of knowledge and understanding. Some candidates approached the A03 questions by writing brief responses and/or bullet points which limited their marks. Centres should encourage candidates to extend their answers through focus on the command verbs and examination practice to add more balance to questions that ask for evaluation, discussion or consideration of a topic.

Past papers and mark schemes and examination walk throughs can support teaching of examination technique.

Areas of focus for teaching should be around the term Active Offer which is still misunderstood by many candidates and related to physical activity. Additionally, candidates should be encouraged to use practical application when discussing care and support plans, drawing up examples related to given scenarios.

It was encouraging to note that many candidates attempted all questions, despite some answers being brief.

Internally Assessed: Unit 2

Centres are to be commended on uploading work on time, and most with supporting documentation.

As both assignments take place under controlled conditions, evidence of notes made prior to the assessment and time logs to provide evidence of sector engagement hours should be uploaded with the work. Annotation signposting where candidates had been awarded marks was helpful to aid the moderation process; there was limited annotation on some of the work.

As candidates are required to carry out sector engagement within the health and social care sector, those placed in mainstream schools were at a disadvantage when completing some sections of assignment 2. Centres should make every effort to place candidates in settings where health and/or social care professionals can be observed. In mainstream education, this could be school nurses, educational psychologists or school social workers. Teachers and childcare workers do not provide candidates with the relevant breadth of knowledge for this assignment.

Candidates should understand how reflection on sector engagement can support their work in assignment 2, encouraging them to write about personal observation as opposed to making generic comments.

Please ensure that controlled assessments are carefully invigilated and monitored to reduce the use of AI and plagiarism in candidates' work.

Areas for improvement

- Examination practice, focussing on command verbs:
<https://healthandcarelearning.wales/resources/> Exam walk throughs and feedback from summer assessments
- Underpinning and developing knowledge and understanding:
<https://healthandcarelearning.wales/resources/> Learning resources

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 2

Summer 2025

Unit 1: Promoting health and well-being throughout the life stages

Overview of the Unit

Candidates were generally well prepared for this examination, with the majority making a clear effort to attempt all questions.

The assessment effectively covered all areas of the specification, as outlined in the mark scheme, and provided opportunity for all candidates to demonstrate their knowledge, application, and analytical skills.

Many candidates were able to engage with the material effectively. Some candidates limited their potential marks by offering overly simplistic answers, with some candidates writing in bullet pointed lists. Higher-value questions sometimes revealed a lack of depth in the response.

In their exam preparation, candidates should be reminded of the importance of the command verbs and marks available; with full mark answers requiring greater attention to detail and fuller development of responses. Encouraging regular practice with exam-style questions can offer support in this area. To support students in accessing higher mark bands, it is recommended that they be encouraged to write in full sentences and structured paragraphs. Bullet points should be reserved for questions that explicitly ask for a list.

Spelling, punctuation, and grammar were strengths for most candidates, and handwriting was legible in most cases, aiding the clarity of communication.

Legislation continues to be a challenging area. Candidates often find difficulty with questions asking to explain and evaluate named legislation. There are just two Acts listed in this specification and it is recommended that learning hours are given to thorough understanding of these two acts.

Comments on individual questions/sections

- Q.1 Many candidates scored well on this question, some showed confusion regarding the activity of catching a ball contributes to the development of gross motor skills.
- Q.2 (a) The age range of the adolescence life stage (13 to 19 years) was marked as either correct or incorrect, with no partial marks available. Most candidates answered accurately, though it may be helpful to reinforce precise age ranges during revision.
- (b) Most candidates could identify two physical changes in boys during puberty. To gain credit, responses needed to be clearly expressed and use correct terminology. For example, vague answers such as “hair” did not receive marks, whereas more specific terms like “facial hair growth” were credited. It is important to continue encouraging the use of accurate and appropriate language, as slang or informal terms were not accepted in line with mark scheme requirements.

- (c) Many candidates correctly identified hormones as a key factor in the emotional aspect of development during adolescence, a popular and relevant response. To access full marks, candidates needed to go beyond identification and clearly outline the impact of increased hormone levels on emotional development, such as mood swings, heightened sensitivity, or emotional instability.
- Q.3 (a) Popular responses included increasing his vocabulary, linking words in the text with their meanings and pronunciation.
- (b) Good responses for this question related to Oscar being 2 years old. Developed responses were able to access the full marks, such as singing songs and nursery rhymes together to develop tone, pitch and pace.
- (c) A range of responses were seen, whilst some answers were confused over this topic, most candidates did attempt the question. Middle/ Top mark band responses were required to show good and balanced discussion, not merely a list of points.
- Q.4 (a) Many candidates achieve full marks for matching the services. Some candidates were unfamiliar with an advocacy service.
- (b) The question was asking for the outcomes of the son's support for his father. Some candidates repeated the list of activities in the scenario but did not describe the impact. Top mark band required outcomes for both health and well-being.
- (c) The role and purpose of care and support plans are often misunderstood judging on candidates' responses. Top marks were awarded for responses that explained a care and support plan is a written document, constructed by a multidisciplinary team to identify Luke's ongoing needs and support services.
- (d) Active participation is a term that candidates often misunderstand. No credit was given for responses that referred to 'being active' and some candidates listed the services identified in question 4(a). To achieve top mark bands candidates needed to show their understanding of the term and make assessment on how active participation could improve the client's well-being outcomes and prevent passive care.
- Q.5 (a) Answered well by most candidates, popular responses included obesity and testicular cancer.
- (b) Responses needed discussion, showing depth and understanding of relevant points and not simply a list of reasons to gain top band marks. Both positive and negative effects were also required.
- Q.6 (a) Many candidates could not outline the term visual acuity.
- (b) This question was asking for ways to support visual acuity in infancy. Expected responses included mobiles above cribs, hand/ eye coordination games such as a shape sorter and a healthy diet including Vitamin A for healthy eyesight. Credit was given for eye testing.

Candidates found the question challenging.

- (c) Candidates could explain the importance of regular eyes testing. To achieve full marks, responses needed to address in depth, both its role in maintaining physical health, such as early detection of conditions, and its contribution to well-being, such as self-concept and confidence.
- Q.7 (a) Detailed responses that explained the influence of home environment on child development were credited full marks. Some candidates lost marks by explaining points that were very similar or not relevant to the home environment.
- (b) Detailed responses that explained the influence of family structure on child development were credited full marks. It was pleasing to see candidates using accurate terminology for the different types of family such as nuclear and blended.
- Some candidates lost marks by explaining points that were very similar or not relevant to family structure
- (c) Responses that explained the influence of culture and religion on child development were credited full marks. Some candidates lost marks by explaining points that were very similar, not relevant to culture and religion, or simply lacked depth and understanding.
- Q.8 (a) Candidates responded well to this question. Popular suggestions focused on nutrition and exercise. Candidates who showed understanding of goal setting, such as eating 5 a day, or walking a mile a day were able to gain full marks.
- (b) A range of responses for the Well-being of Future Generations (Wales) Act 2015 was seen.
- Some candidates could list some of the well-being goals, with some developing their response to explain the purpose.
- There were seven marks available for this question, but most candidates' responses lacked depth and understanding of this act.

Summary of Key Points

- Candidates should move beyond listing facts. Full-mark answers should include thoughtful discussion and explanation of relevant points.
- To reach the top band, students should consider both positive and negative aspects, showing an evaluative understanding.
- Practise using exam style questions and peer review to build discussion skills.
- Reinforce the meaning of command verbs, e.g., explain, discuss, evaluate and how they relate to mark allocation.

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 2

Summer 2025

Unit 2: Health and Social Care to support outcome focussed provision for person-centred care

Overview of the Unit

During the academic year 2024/25, candidates successfully completed both components of the qualification. Centres are to be commended for their continued commitment and effort in meeting the submission requirements. All centres submitted their samples for Assignment 1 and Assignment 2 within the required timeframe.

Generally, the samples were well presented, with candidate numbers correctly applied in most cases and authentication forms completed appropriately. However, a small number of submissions contained errors or omissions in candidate identification or authentication documentation.

Annotation by assessors varied significantly across centres from no annotation at all to detailed, well justified comments clearly supporting the mark band and grade awarded. Centres are reminded that effective annotation is essential to support the moderation process and to provide transparency in the application of assessment criteria.

Centres are reminded that, in accordance with the WJEC specification (page 33), all sector engagement logs must be submitted as evidence that candidates have completed the mandatory 60 hours of sector engagement. Compliance with this requirement is essential for the validation of learner achievement.

Centres have worked extremely hard to meet the submission requirements for this qualification. Generally, the samples submitted were well organised, and the quality of assessor annotation varied. Some centres included candidate notes and provided evidence of word count, which is in line with the expectations for controlled assessment conditions.

As both Assignment 1 and Assignment 2 were to be completed under controlled conditions with a word-count limit and allowance for notes, clear evidence of these elements was expected. However, in many cases, there was limited comment, reference, or supporting documentation from tutors regarding adherence to these requirements.

Assignment 2 required candidates to engage in a relevant Health and/or Social Care work placement and complete 60 hours of sector engagement. While some centres provided this evidence effectively, a few candidates attended primary school and nursery school placements, which placed them at a disadvantage when addressing the assessment requirements. It must be emphasised again this year that childcare placements are not suitable for this specification. Centres are strongly advised to refer to the WJEC guidelines to ensure appropriate placements are selected for the qualification.

The range of guest speakers and sector engagement activities varied between centres, which in some cases impacted the quality of candidates' work. Sharing a broader range of sector engagement opportunities may be considered good practice moving forward.

Additionally, centres must ensure that sector logs are uploaded with all submitted work, as required by WJEC guidelines. These logs are essential for verifying sector engagement and supporting the assessment process.

Comments on individual questions/sections

Assessment practices varied across centres. While some assessors provided clear and detailed annotation to justify the marks awarded, others offered little to no commentary, making it difficult to understand the rationale behind the grading decisions. In several instances, marks were awarded in the higher bands despite only partial coverage of the assessment criteria. Additionally, there were cases where marks appeared to be allocated without reference to the marking scheme or suggested responses, leading to concerns about the accuracy and consistency of assessment.

Centres are reminded of the importance of adhering to the controlled assessment conditions, including the submission of notes, time logs, and clear assessor annotation. These elements are essential to support the moderation process and ensure fairness and transparency in the awarding of marks.

Assignment 1

Task A

All candidates attempted the task; however, many responses lacked depth and did not fully apply Max-Neef's Fundamental Human Needs as required. While some candidates referred to Maslow's Hierarchy of Needs, this framework alone does not meet the assessment criteria. Outlines were often brief, with varied interpretation of the command verb. Inconsistent annotation and limited evidence of internal standardisation were noted across centres, impacting the justification of marks awarded.

Task B (i)

Most candidates demonstrated a strong understanding of person-centred care, clearly defining the concept and explaining the collaborative role of health and social care services. Well-being outcomes were generally well applied to case studies, with few marks lost in this area. This section was consistently well addressed across centres.

Task B (ii)

Task C

Few candidates achieved top band marks in this section. While some centres introduced the GATEAU mnemonic, its application was inconsistent. Many responses focused on personal or past challenges rather than future access to services, and key barriers were often overlooked. Candidates are encouraged to apply GATEAU more effectively to demonstrate a clearer understanding of access-related challenges.

Task D (i)

Candidates generally provided satisfactory explanations of the importance of promoting empathy, reliability, and patience when supporting individuals to achieve well-being outcomes. Some responses showed appropriate application to the case study, though further depth and consistency in linking these values to practical support would strengthen performance in this area.

Task D (ii)

Candidate performance in this section was mixed. While some demonstrated good knowledge and understanding of the role of conduct and professional practice particularly those achieving higher mark bands many responses were underdeveloped. In weaker submissions, there was little or no application to the case study and understanding of professional expectations was limited. Centres are encouraged to support learners in strengthening their grasp of these key principles and their relevance to real-world practice.

Task E

Most candidates demonstrated a sound understanding of the principles of the Social Services and Well-being (Wales) Act (2014), with well-considered discussions evident across the majority of submissions. Those achieving higher band marks effectively linked the principles to the specific outcomes of the case study individual, showing clear insight into how the legislation supports and promotes well-being in practice.

Assignment 2**Task A**

Candidates generally provided well-structured summaries of a range of health and social care professionals. However, some included roles not recognised within the context of the qualification. Centres are reminded to refer to the approved list on pages 44–45 of the specification. While summaries were often clearly presented, many lacked sufficient detail on the required career pathways for the selected roles, which limited access to higher mark bands

Task B (i)

Most candidates demonstrated a clear understanding of person-centred care, offering full definitions and effectively explaining the collaborative role of health and social care services in planning, delivering, and monitoring support. This was a well-addressed area across the majority of submissions.

Task B (ii)

Descriptions of the code of conduct and professional practice were generally well handled. Most candidates demonstrated a good level of knowledge and understanding, with clear application to the case study individual. The majority were able to identify and explain at least three benefits of adhering to professional standards, reflecting a solid grasp of the expectations within the sector.

Task B (iii)

Explanations of how health and social care workers promote person-centred practice and an outcome-focused approach were satisfactorily addressed by most candidates. Responses demonstrated some application of knowledge and understanding, though further depth and clearer links to practical implementation would strengthen performance in this area.

Task C

Candidates generally provided satisfactory explanations of how two principles were promoted and supported within health and social care settings. Most demonstrated an adequate understanding of safeguarding, though some confused it with general health and safety, citing examples such as hoists. Understanding of co-production was more limited, particularly among those who completed placements in school settings, where application was often unclear or underdeveloped.

Task D

It was encouraging to see that most candidates completed placements in relevant and appropriate settings, such as residential care homes. Reflections were generally well presented, with the majority identifying personal strengths, weaknesses, and areas for improvement. However, deeper reflection on how work placements and sector engagement enhanced candidates' knowledge and understanding of the health and social care sector was often limited. Logs and reflections were often submitted as separate documents. While most candidates reflected on their experiences, they are encouraged to make fuller use of these reflections within their written responses to strengthen the quality of their work.

Centres are reminded that, in line with WJEC specification requirements, all sector engagement logs must be submitted to confirm that candidates have completed the required 60 hours of sector engagement.

Supporting you

Useful contacts and links

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

Tel: 02920 265139

Email: hscpandc@wjec.co.uk

Qualification webpage: [Level 2 Health and Social Care: Principles and Contexts](#)

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

CPD Training / Professional Learning

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

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

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WJEC
245 Western Avenue
Cardiff CF5 2YX
Tel No 029 2026 5000
Fax 029 2057 5994
E-mail: exams@wjec.co.uk
website: www.wjec.co.uk