



Level 2 Examiners' Report



Health and Social Care: Principles and Contexts
Level 2

Summer 2024

Introduction

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

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

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

Further support

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

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

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

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Executive Summary

Overview of the Unit

Externally Assessed: Unit 1

Candidates were generally well prepared for the externally assessed unit, with candidates showing good knowledge and understanding. In some cases, there was evidence of some responses lacking in detail, particularly for the higher tariff questions. Some candidates limited their marks by writing simple responses, without taking the time to think a little deeper, using the information provided in the question to form their response.

As in previous series, candidates find the topic of self-concept and resilience difficult to understand and explain. It is recommended that centres utilise past papers and ensure that candidates are prepared for the external assessments.

Internally Assessed: Unit 2

Centres have worked extremely hard to meet the submission requirements for this qualification. Generally, the samples submitted were well organised and annotation by assessors was varied.

As both Assignment 1 and 2 were to be completed under controlled assessment conditions with a word-count limit and 'notes' allowance, evidence of this was expected to be included. However, there was little comment, evidence or reference from tutors on these elements. In a few cases candidates exceeded the word count. In a few cases, candidates had 'quoted' from the internet and not included appropriate referencing.

Assignment 2 required candidates to engage in a relevant Health and/or Social Care work placement and 60 hours of sector engagement. Some centres provided this evidence effectively, however, a few candidates attended primary school placements which put them at a disadvantage when addressing the requirements of assessment. It must be emphasised again this year that childcare placements are not suitable for this specification.

The range of guest speakers and sector engagement interaction varied between centres, and this sometimes related to the quality of the candidates' work. Sharing a range of sector engagement opportunities may be good practice moving forward.

Areas for improvement	Classroom resources	Brief description of resource
Exam question practice	https://www.healthandcarelearning.wales/resources/	Exam walk throughs (practical hints and tips)
Underpinning knowledge and understanding	https://www.healthandcarelearning.wales/resources/	Learning resources

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 2

Summer 2024

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

Overview of the Unit

Candidates were well prepared for this exam. The candidates' knowledge, understanding, application and analysis was assessed through all areas of the specification as detailed in the mark scheme.

In most cases, candidates attempted all questions, and a good understanding of the command words was shown. Spelling and grammar were a positive for most candidates, with handwriting legible in most cases. The candidates appeared to show good, all-round understanding. However, some responses lacked detail, particularly for the higher tariff questions. Some candidates limited their marks by writing simple responses, without taking the time to think a little deeper, using the information provided to form their responses.

As in previous series, candidates find the topics of self-concept and resilience difficult to understand and explain. It is beneficial to practice applying these topic areas to a range of different individuals and life stages.

Comments on individual questions/sections

- Q.1** Identifying the life stages and age ranges was completed well by most candidates. Some candidates were unclear about the correct terminology for later adulthood, suggesting incorrect terms such as 'pensioners' and 'OAP's'. Candidates were required to be accurate identifying the age range, there was no tolerance given.
- Q.2** (a) A wide range of responses were accepted for developing 2-year-old's thinking skills. Popular responses included completing puzzles, painting, and colouring. Activities must be age appropriate and specific, therefore activities such as writing were not given credit.
- (bi) & (bii) Responses gaining full marks explained in detail how learning a new language could help the brain function of a later adult, using memory, keeping the mind occupied, perhaps contributing to slowing down the onset of dementia. In relation to improving social development, again, a detailed response was expected for top marks. Many candidates' marks were limited by offering the simple response of 'making new friends'. Developed responses explained how attending a Welsh language course could lead to new friendships and further opportunities such as trips.
- Q.3** (a) Suggesting physical activities at an outdoor activity centre was answered well by most candidates. Specific activities gained credit, with generic activities such as 'exercise' not receiving credit.
- (b) Some candidates lost marks by defining resilience with no application to the scenario, and some responses explained possible difficulties of a child staying away from home with no link to resilience.

- (c)** Candidates who discussed in detail, the importance of an inclusion policy were awarded top band marks. Good responses used subject terminology to discuss the promotion of empathy, equal opportunity, preventing discrimination and raising aspirations. Whereas basic responses referred to individuals not being left out.
- Q.4** The questions investigated dietary needs of individuals. Most candidates gained high marks in this question. Responses to part (c) often lacked detail and were unbalanced, with a focus on either nutrition or hydration, which limited marks to the lower band. Top band responses could explain the importance of nutrition and hydration for individuals in the hospital scenario.
- Q.5** The question explored the impact of physical disability on the individual members of a family. It was pleasing to see that some of the top mark band responses gave both positive and negative impacts.
- Q.6** The role of Public Health Wales was described well by some candidates, showing detailed knowledge and understanding.
- Q.7** Most candidates could give examples of screening services, popular responses included breast test screening and cervical screening. Currently there is no screening service offered for prostate cancer or lung cancer. Candidates were less clear on the importance of attending screening appointments, such as early detection before physical symptoms appear. Candidates could outline the more obvious challenges of carrying out screening services, such as embarrassment, fear, and anxiety. To gain top band marks responses, candidates were expected to include a wide range of barriers such as geographical, financial and staffing issues.
- Q.8** This question required an assessment of the different types of promotional materials and methods for mental health charities. Most candidates responded well to the question but lacked detail in their answer which limited the marks awarded. A common response limited the number of material and methods described, with no assessment. These candidates could only access the lower band mark.

HEALTH AND SOCIAL CARE: PRINCIPLES AND CONTEXTS

Level 2

Summer 2024

UNIT 2: HEALTH AND SOCIAL CARE TO SUPPORT OUTCOME FOCUSED PROVISION FOR PERSON-CENTRED CARE

Overview of the Unit

During this academic year of 2023/24, the candidates have completed both components of this assignment.

Centres have worked extremely hard to meet the submission requirements for this qualification with all centres submitting their samples of Assignment 1 and 2 within the time frame. Generally, the samples submitted were well organised with the correct candidate numbers applied in most cases, and most were authenticated appropriately, although there were some errors or omissions. Annotation by assessors was varied, from no annotation to detailed justification of why marks are awarded.

As both Assignment 1 and 2 were to be completed under controlled assessment conditions with a word-count limit and 'notes' allowance, evidence of this was expected to be included. However, there was little comment, evidence or reference from tutors on these elements. In a few cases candidates exceeded the word count. In a few cases, candidates had 'quoted' from the internet and not included appropriate referencing.

Assignment 2 required candidates to engage in a relevant Health and/or Social Care work placement and 60 hours of sector engagement, to produce evidence of this and apply it to the tasks in Assignment 2. Some centres provided this evidence effectively, however, a few candidates attended primary school placements which put them at a disadvantage when addressing the requirements of assessment. It must be emphasised again this year that Childcare placements **are not** suitable or permitted under the guidelines of the specification.

The range of guest speakers and sector engagement interaction varied between centres, and this was sometimes related to the quality of the candidates work. Sharing a range of sector engagement opportunities may be good practice moving forward.

Comments on individual questions/sections

Assignment 1

This assignment consists of a choice of two case studies within a 6 hours-controlled task. Most centres showed evidence of a choice being offered, notes were submitted in some cases but not many. There were very few samples of a time log for the controlled task. Tutors sometimes marked generously when there was no justification given for why marks were awarded. Marks were awarded in higher bands, on occasion, when only part of a criteria had been met. In some samples marks seemed to be awarded with no reference to the marking scheme suggested answers.

Task A: All candidates attempted this task, yet many did not apply the fundamental needs of Max Neef to their chosen case study. Instead, PIES needs were discussed. There was a range of answers given adhering to the command verb 'outline'. Some evidence of standardisation of marking within centres would be useful.

- Task B: (i)** Very few marks lost here as most candidates applied the well-being outcomes from the case study.
- Task B: (ii)** Very few candidates achieved full marks for this section, either for not applying the role of the MDT to the personal well-being outcomes or for not describing how **each** member supported Kim/Steffan.
- Task C:** There were few candidates achieving top band marks in this section. There was some evidence of GATEAU being delivered, but not in all centres. Marks were lost where candidates had not applied the challenges to accessing services or had discussed personal challenges. In some cases, challenges were discussed in the past tense not how to access services in the future.
- Task D: (i)** A low success rate for Band 3 marks for this section. Candidates could offer some description of the three components of this criteria but very few 'explained' and related them to the well-being outcomes.
- Task D: (ii)** A good response to this section and a generally clear idea of what the codes of conduct are, but very few described specific codes of conduct relating to any members of the MDT or health care workers with a general description given in most cases.
- Task E:** A varied response to this section, with some very good responses where the candidate had a clear idea of the legislation. In many cases, the candidate described each principle as a separate answer to how they support Kim/Steffan. For example listing the five principles of the Social Services and Well-Being Act and offering a description of each one. Centres would benefit from a standardised approach to accepted responses to this section as there was little evidence of analysis or how the principles influence the case study. In some band 3 or 4 responses, a good discussion was given on the principles but not how they support well-being outcomes.

Assignment 2

- Task A:** All candidates attempted this section, with varied success. Centres could be encouraged to offer a wider range of sector engagement to enhance the candidates' experience of appropriate roles within the Health and Social Care sectors. Whilst roles within Primary schools are valuable to the candidates, they are not appropriate placements. A few candidates described roles of two sector engagement talks or it was unclear where their placement had been. Many candidates described qualities as a list rather than applying them directly to each professional. Marks were sometimes given as a whole mark out of 16 without showing each professional out of 8 marks each.
- Task B:** A few centres offered a total mark for this section, rather than out of marks out of b(i) 2 marks, b(ii) 3 marks, b(iii) 9 marks. Advice would be to offer individual marks or annotation to show how marks were awarded throughout this section. Most candidates offered a basic to good definition of person-centred care but very few gave examples to enhance their definition. Marks varied for b(ii) and b(iii) dependant on work experience. Candidates in school placements achieved lower band marks as it was evident that it was more difficult to apply person-centred care to primary school children, however, most candidates attempted this criteria and used their theoretical knowledge to describe the benefits of person-centred care.

Task C: All candidates sampled attempted this section. Few candidates achieved band 4 marks with an excellent explanation. Adhering to the command verbs and using a placement diary would allow for further, in-depth detailed explanation. Again, those candidates in childcare placements found it difficult to apply co-production to their setting, but this was the most popular choice to explain. In some cases, 'excellent' band 4 marks were awarded for incorrect descriptions of these areas.

Task D: Most candidates attempted this section, with some reflection on their own strengths and weaknesses. A few candidates reflected on how it benefitted their own knowledge, most just reflected on their strengths and weaknesses with a few very real accounts of their experiences. The quality of the reflection seemed dependent on the quality of the placement diary, if submitted. Some centres did this very well and submitted a clear detailed record of sector engagement to enhance the learning experience.

Supporting you

Useful contacts and links

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

Tel: 029 2240 4264

Email: hscpandc@wjec.co.uk

Qualification webpage: [Level 2 Health and Social Care: Principles and Contexts \(healthandcarelearning.wales\)](https://www.wjec.co.uk/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/) <https://www.wjec.co.uk/home/professional-learning/>

WJEC Qualifications

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

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



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